Association of Gay and Lesbian Psychiatrists

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Toronto skyline from the Islands Park

photo by Stephen Atkinson, M.D.

Toronto Welcomes You for APA 1998!!!

Stephen Atkinson, M.D.
Local Arrangements Committee Chair

Our Local Arrangements Committee continues to work on the plans for an enjoyable, comfortable and exciting APA/AGLP Annual Meeting from May 30 to June 4, 1998. We can't think of a lovelier time of year for you to experience the delights of our great city! As we have told you in our previous articles, Toronto is blessed to have retained a wonderfully liveable and vital downtown core. Our newly-expanded Convention Centre promises to be a comfortable venue for the APA's meetings. Our penthouse Hospitality Suite will be an inviting and attractive site for our AGLP discussions. All of this is surrounded by bustling commercial, retail and entertainment facilities that, let's be honest, are always an important attraction to any Annual Meeting.

Our Church and Wellesley gay neighbourhood is practically at the doorstep of our official hotel, ready to welcome you, feed you and show you the good time of your choice! Our lakeside and island park and recreation networks are definitely worth a visit for those few of you who don't spend every minute working and earning your CME credits. Given that the United Nations has just identified Toronto as the world's leading city in the fight to reduce greenhouse gas emissions since 1990, you'll be able to do all this without getting short of breath or working up a globally-warmed sweat! Who could want anything more?

So we know you'll all be eager to make your hotel reservations right away, and that you'll want to support AGLP in various indirect financial ways by choosing our official hotel for your stay! It is a very gay-friendly hotel located in the gay section of town. Our Saturday Pre-Convention and the Opening Reception will both be held in this hotel. Besides the APA shuttle bus network which will serve our hotel directly this year, a streetcar line is located outside the door and a subway stop is just 2 blocks away. However, taxis are easily found in Toronto for the times when you're in a rush or going further afield. You can stroll to most downtown attractions safely when you have the time or the inclination.

Continued on page 4

ELECTION ISSUE

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, 1998.

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 ore 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 my never-ending quest for interesting topics for this column, I thought I would speak a bit about group therapy with gay men and lesbians; this is a topic that is near and dear to my heart, having presented on it in October at AGLP's course which was given at the Institute on Psychiatric Services in Washington.

My impression is that, although many of us lead groups as a part of our work, few receive specialized training, and there are few models to follow for those who are doing long-term insight-oriented work with gay men and/or lesbians. Also, prejudices against group work in general continue to minimize the numbers of referrals that non-group therapists will make for this treatment. In my experience, however, group can be an extremely powerful tool, either alone or conjointly with individual psychotherapy, and one which is still woefully underutilized.

Currently, I run one psychodynamic psychotherapy group for gay men in my practice, and I hope to start up another one soon. In May, I finished an extensive two-year training program in analytic group therapy at the Postgraduate Center for Mental Health, here in New York, where I was the only psychiatrist, as well as the only gay man, anywhere in sight. Although from most of my colleagues I received nothing but support for my efforts to work with gay men, a minority of the faculty viewed my work with indifference, or even disdain. I was very hurt when a supervisor I had respected criticized my contacting group members in between group sessions to tell them that a member with AIDS had suddenly died, at the request of his lover, in order to give them the option to attend the memorial service, I was also dismayed to see that some of the more rigid faculty members do not approve of homogeneous groups (eg. all gay). Some of them, although they do not see themselves as being homophobic, and certainly do not advocate reparative therapy, would interpret their gay patients' wanting to be in an all-gay group or even working with a gay therapist to them as "ghettoizing" themselves.

My training, then, was a mixed bag. Nevertheless, I have just been asked by one of the few faculty members who is a lesbian to return to the program in order to address the current class on my work with gay men. This brings me to the point of this column, which is to encourage further communication between those of us who are doing group work. That there is great interest in this was proven to me several years ago, when a large number of mental health professionals showed up for the first few meetings of a study group which was organized at Mt. Sinai by enthusiastic AGLP member Dr. Milton Wainberg. My impression of that worthy venture is that it fizzled out after a while, no doubt in part due to loss of funding. In preparing for my talk in Washington, I did an extensive literature search, and found that surprisingly little has been written in the field (and what there is is virtually all about men; I could only find one article on groups for lesbians). In closing, I would urge AGLP members to send me any references of which I may be unaware, and to alert me to the existence of study groups and peer supervision groups, and of any work which they may be doing. Perhaps eventually we can form an AGLP committee for those who are interested in group therapy with gay men and lesbians.

President's Column

Daniel Hicks, M.D.

We had a very intensive and productive course on "The Treatment of Gay Men and Lesbians in Psychiatric Practice" in October; the faculty was brilliant and the information cutting edge. Unfortunately, only 32 people were registered, despite massive mailings through the APA as well as local therapy groups. After consultation with several people, we decided to revise the course for next year. It will be offered as a full day session during the Institute of Psychiatric Services in Los Angeles, so that the registration for the meeting will include the course (no separate charge), and will hopefully attract more of the mainstream psychiatrists. Dr. Dan Fast has magnanimously agreed to coordinate the session, using much of the agenda and faculty from the course that the Gay/Lesbian Committee of the Southern California District Branch was going to put on this year. Despite low attendance, it seems very important to continue to have a presence at both the spring and fall meetings, to try to raise the consciousness of our colleagues on lesbigay issues.

Despite sponsorship of the APA and a generous grant from Eli Lilly, we barely broke even, and could not even pay all of our faculty's expenses. There is still a high percentage of people who did not pay 1997 dues, causing us to run into the red. Therefore, I am proposing a dues increase which will take place in 1999 if approved. It is the first time we have raised dues in several years, and seems the only way to continue to survive and take on the various tasks ahead for education of ourselves and our colleagues. Remember, in renewing for 1998, consider becoming a sponsor ($250) or patron ($500).

We are able to broaden our horizons and do much more than before, but not without funding

Speaking of having a presence at the meetings, make sure you call to get your hotel reservations in Toronto; we need to fill up our block of rooms or we will have to pay extra for our meeting space. It sounds like a tremendous location, and we will have more opportunities to interact in such a convenient location. Also, let Roy know if your presentation has been accepted, so that he can include it in the brochure. We are even competing against each other: a symposium I proposed based on issues raised in the course was turned down because one by Bob Cabaj had already been accepted - it sounds terrific.

The issue of conversion therapy is moving forward; the Committee on Lesbian, Gay and Bisexual Issues had developed a paper which apparently was passed by the next level in the APA administration. We have set up an e-mail group to develop a strategy for various district branches to move forward a common position supporting affirmative therapy to hopefully be brought to the Assembly. I met with the Washington District Branch and got approval to move forward with a proposal to be developed with our Assembly representatives who are supportive and know how best to present this issue.

Remember to vote in the APA elections; there are definitely some candidates who are clearly better allies for our work than others, so please help to make sure we are well represented.

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Toronto 1998
Continued from front page

The Best Western Primrose Hotel has set aside 150 of its 300 rooms for AGLP members at a rate of approximately $95 not including taxes. (The Canadian dollar has dropped in value since the last *Newsletter*, which is to YOUR benefit, but remember that we can't say now what the exchange rate will be next year, so our price is estimated for you in US dollars.) The rate is the same for single or double occupancy in either a queen- or king-size bed or two double beds. A limited number of refrigerators are available for rental at about $7.50 daily. There is underground parking and a restaurant on site.

photo by Stephen Atkinson, M.D.

The official AGLP hotel in Toronto

The absolute deadline for reservations is April 29, 1998, but you will add years to the lives of our hard-working AGLP Executive Board, not to mention our Committee, if you make them earlier than that. BE PREPARED TO QUOTE OUR GROUP RESERVATION NUMBER 18301. You must call the hotel directly at 416-977-8000 or 800-268-8082 to access this group rate and our block of rooms.

Some of you may want to extend your stay in Toronto to use it as a base for some travel in the area. There are many ways to do a day trip to Niagara Falls. The world-famous Stratford Festival of Shakespearean drama as well as the lesser-known but equally successful Shaw Festival are also located within an easy day's drive of the city, and can offer unforgettable theatrical experiences. Feel free to extend your reservation past the APA meeting itself, and continue to benefit from our group rate.

We can't wait to see you!

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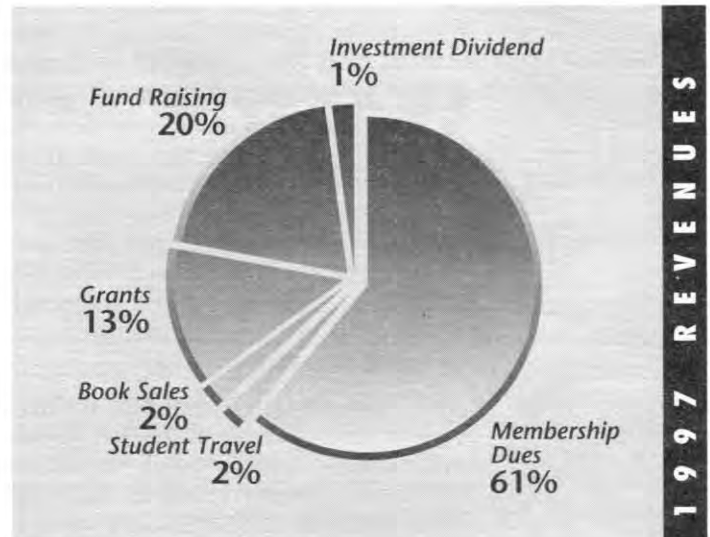
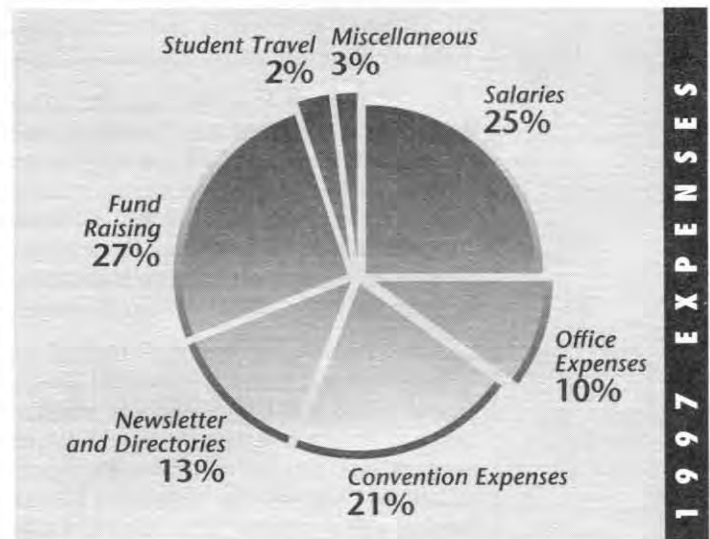
Association of Gay and Lesbian Psychiatrists
1997 Financial Statement
James Slayton, M.D., Treasurer





Ledger Summary

	1997	1996
Total Receipts	$78,603.73	$83,841.38
Total Disbursements	$85,697.46	$84,619.45
Receipts/Disbursements	-$ 7,093.73	-$ 778.06

Total Assets

Beginning of Year	End of Year
$35,400.43	$28,306.70

International Fears and National Affairs: Same-Sex Marriage in the Netherlands

Nicolaas F.J. Hettinga, M.D.

To some people Holland is known for its tulips and windmills, to others for the free availability of cannabis products, and to still others for its lively gay life. As you may know, the Kingdom of the Netherlands, or Holland for short, is a small country, just twice the size of Massachusetts. However, with its sixteen million inhabitants it is the largest of the small European countries. Because Holland is part of the European Union, there is pressure to conform with the views of other member states. This means that the margins to develop policy are limited; this applies to foreign as well as domestic policy. In spite of this, Holland has in some aspects chosen to go its own way contrary to prevailing opinion in the European Union. Holland has to make a strong effort to keep its own direction and has become a little frightened of making new laws and regulations that are contrary to those of other states. One of these new subjects is the new bill to regulate cohabitation.

In Holland there is a liberal attitude towards homosexuality and gay issues, being represented in practically every part of society. This has not always been the case. It was not until 1969 that the discriminatory age of consent for homosexuals was made the same as the age of consent for heterosexuals, now 16. This marks the beginning of many changes that slowly made homosexuality acceptable and resulted in a situation where the struggle for equality has almost been completed. Discrimination for any reason is forbidden in Article 1 of the Constitution. The antidiscrimination law of 1992 explicitly forbids discrimination because of sexual preference. Still, the High Council, the highest legal authority in the Netherlands, judged the heterosexual exclusivity of marriage as not contrary to the law. So this is the last area of anti-gay discrimination legislation in Holland.

The ongoing road to equal rights for gays and lesbians has been a struggle indeed. In 1940 the first gay movement was founded, called *Levensrecht* (right to live). Only a few months later the Germans attacked and conquered the Netherlands in World War II and started a very oppressive and cruel regime that, apart from the attempted elimination of Jews, actively prosecuted homosexuals. One of the founders of *Levensrecht*, Niek Engelschman, alias Bob Angelo, kept all the names and addresses of members in his mind and destroyed all papers and documents to prevent the Germans from obtaining this information. After the Liberation in 1945 the organization was refounded and called COC, now being the oldest and most influential gay organization and a serious counterpart for the state on subjects concerning legislation and homosexuality. In the seventies, the COC became more and more a leftist and anti-bourgeois organization, and as such wanted to abolish the institute of marriage rather than open it for gays and lesbians. Because of this attitude, there has long been little pressure on the government to develop some sort of gay marriage legislation. It was an organization representing the working class gays rather than the intellectuals around the magazine *De Gay Krant*, that organized a strong lobby to develop legislation on this subject. Much later the COC reluctantly joined this lobby. This is probably the reason why the Scandinavian countries were the first to open marriage to gays and lesbians, including regulations on parenthood and adoption.

Our Queen, Beatrix, is said to oppose gay marriage. At the same time, the Vice President of the State Council, Tjeenk Willink, the second most highly ranked government official, is a known gay man living with his partner. The Queen asked him to educate the Crown Prince and to prepare him for his task as a future king. The last government, a Christian/Social-Democratic coalition started the discussion on gay marriage and was willing to come to a certain regulation. The Christian Prime Minister, Ruud Lubbers, played an important pro-gay role. For example, on a state visit to Romania, notorious for its harsh attitude against homosexuality, he surprised his hosts by meeting the illegal Gay Movement of Romania and was photographed with his arms around the shoulders of one of them, saying "this is my friend," consciously embarrassing the Romanian authorities.

Continued on following page

Same-Sex Marriage in the Netherlands
Continued from previous page

The former Minister of Home Affairs, Ien Dales, was a woman, widely known to be a lesbian. She died in office and was posthumously outed by the Prime Minister who gave his condolences to her partner, Elisabeth Schmitz, the Mayor of the city of Haarlem. Now we have a new government, a Liberal/Social-Democratic coalition, with Elisabeth Schmitz as the Vice Minister of Justice, charged among others with designing a regulation on same-sex marriage. So finally, the stars seem to be aligned for satisfactory legislation to open marriage as we know it to gays and lesbians. But of all people, Schmitz hesitates; she is afraid that opening marriage to same-sex partners, including parenthood, custody and adoption, would encounter too much opposition from other countries within the European Union and outside. This is a fainthearted position where at the same time the majority of the population and even a majority in the Parliament is favor of opening marriage to same-sex partners.

Also, Schmitz was not sure if children growing up with two mothers or two fathers would not be at a disadvantage. So she installed a Commission to investigate this subject. In this Commission were child psychiatrists from Erasmus University of Rotterdam, who came to the conclusion that no harm could be found. On the contrary, the lesbian mothers seemed to function at least as well as the heterosexual parents, and their children certainly did not function less well than those growing up in traditional families. The lesbian mothers and their children functioned far better than children with mothers alone after a divorce. Unfortunately, few data were available about children growing up with two fathers. Schmitz sent a new note to the Parliament in early 1997 based on these conclusions, but unfortunately she maintained her faint-hearted position based on the international rules on adoption, fearing that other countries would forbid children from being adopted in the Netherlands. So she is allowing the opinion of other countries to prevent the passage of legislation that would end the last form of discrimination between gays and straights. Instead, we now most likely will have a law on cohabitation, to be effective on the first of January 1998, that is very similar to that in Denmark and other Nordic countries. Basically, we can say that we have lost an opportunity to be the first country that would open marriage to anyone irrespective of sex, gender or sexual preference.

First, we must realize the importance of the symbolical function of marriage to consolidate the heterosexual structure of our society. In Holland, I think this is much stronger than the idea of an anti-gay attitude. Probably many people who say that marriage should be open to gays and lesbians, at the same time find it difficult to "devalue" marriage as a symbol. Marriage is also a legal-technical construct with consequences in the field of family law, property and inheritance laws, social security, taxes and pensions, immigration and nationality laws. It gives a lot of rights and advantages. In all Member States of the European Union, marriage is a form of legally registered partnership between one woman and one man. This heterosexual character of marriage is not always spelled out in legislation. The Dutch Civil Code is silent on this point. The courts however are in no doubt.

In April 1996, the House of Representatives of the Dutch Parliament passed a resolution demanding the preparation of a bill to allow same-sex couples to marry. In a separate resolution, it demanded a bill to allow same-sex couples to adopt. And in a third it asked the Government to look closer into the possibility of the adoption of foreign children. Soon the Parliament will be debating and probably passing three other bills, all three proposing amendments to the Civil Code. The first bill introduces registered partnership. The second one introduces two forms of parental authority, namely co-custody and joint custody, for same-sex and different sex partners and to give more parental rights and duties to co-custodians and joint custodians. The third bill extends the possibility of adoption to unmarried different sex couples and to individual persons. Adoption will remain impossible for same-sex couples, although the Government has indicated that one partner in a same-sex couple would be eligible for individual adoption as long as the child would not get two legal parents of the same sex. All three bills could become law before the end of 1997. Same-sex couples in the Netherlands will then have available almost all rights and duties traditionally attached to marriage and/or parenthood. According to the new law one of the partners must be Dutch or a European Union citizen or possessing a residence permit in one of the European Union countries. This gives more opportunities than the Scandinavian countries offer in their laws on registered partnership. The partner is allowed to bear the name of the other partner. The Scandinavian countries recognize the registered partnerships of each other. The Netherlands will join this by means of bilateral treaties with the Nordic countries.

Whereas the laws on registered partnership in the Scandinavian countries are only open to gays and lesbians as a way to compensate them for the impossibility to really marry, in the Netherlands the new laws will be open to any couple, gay or straight, even to couples who cannot get married for reasons of consanguinity. The Vice Minister of Justice said that people of different sex may prefer a registered partnership rather than marriage, therefore she opens the register also to people of different sex. Unfortunately nobody at the Department of Justice realized that the reverse might be desirable as well. If marriage is maintained besides new legal forms of partnership, there will always be legal and symbolical differences between them. The conclusion is a paradox; a gay marriage identical to straight marriage is impossible, whereas a gay marriage that is different is intolerable according to the principle of equality as set in the Constitution.

But as the French philosopher Foucault said: "*Il n'y aura pas de civilisation tant que la marriage entre hommes ne sera pas admis.*" (There will be no civilisation as long as men are not allowed to marry each other)

It is still questionable whether registered partnerships will be recognized by the European Court for Human Rights. In a case of two British women vs. the U.K., the Court decided that "despite the modern evolution of attitudes towards homosexuality the applicants' relationship does not fall within the scope of right to respect

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THANKS TO THE FOLLOWING MEMBERS WHO HAVE JOINED AT THE SPONSOR AND PATRON LEVEL, AND TO THOSE MEMBERS AND FRIENDS OF AGLP WHO HAVE CONTRIBUTED TO THE STUDENT TRAVEL FUND

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Medical Student Column

Dennis K. Lin

Hi everybody! My name is Dennis Lin, and I'm the male (well, that might be a bit of a stretch) Medical Student Rep for AGLP this year. I've probably met most of you either at the San Diego conference or at the business meeting in Washington, D.C. Just in case you want to know what I look like, there is a picture of me in the "Snapshots" section of the November 1997 Newsletter. A pretty good picture wouldn't you say?

All kidding aside, I really did'nt know what to write for this article at first. As a second year MD/MBA student at Tufts University School of Medicine, I havent even done my psych rotations yet, let alone talking about applying for residencies. Why am I the Student Rep for AGLP at so young of an age then, you might ask? Well, I'm one of those few people who was sure I would do psychiatry even before I entered medical school. In fact, I would probably drop out of medical school if I should find out that psychiatry does'nt suit me, since I really cannot see myself being any other kind of doctor. That is the main reason why I've decided to get involved with AGLP so early. So far, I've definitely not been disappointed.

As someone who was "ultra-out" in college (I got my B.A. in French Studies from Harvard and was the co-chair of the Bisexual, Gay and Lesbian Students Association there), I found the lack of gay and lesbian activities in my medical school to be rather stifling. It is not a problem unique to Tufts. Given the small class sizes of most medical schools and the overwhelming amount of work, the few students who are out in different institutions usually find it difficult to organize and make their presence felt. However, groups like AMSA (American Medical Students Association) and AGLP give us queer students the opportunity to network with either other and with already established physicians. They are invaluable resources.

In addition to being the AGLP Student Rep, I'm also a regional coordinator for the Committee of Lesbian, Gay and Bisexual People in Medicine (LGBPM) of AMSA. When I took over both positions earlier this year, I realized that many of my fellow queer students did'nt know much about AGLP. Therefore, I've been informing them about the organization through e-mails and brochures. More importantly though, I've been telling them about the annual conference, and how they must attend even if they are just remotely interested in psychiatry. Speaking from my own personal experience, not only did I have a great time in San Diego, I also met many psychiatrists who have become mentors. However, most medical students cannot afford to attend these conferences without some kind of financial assistance. This brings me to probably the most important point of this article: Money! For all the physicians who are reading, the Student Travel Fund needs your support. Last year only seven medical students attended the conference, but we still did not have enough money to fully refund everyone's travel expenses. This year many more will want to go to Toronto (due to my urgings), so please dig into your pockets and contribute. We'll recognize your contributions in the *Newsletter*,

Continued on following page 9

News from the Couch: Psychoanalytic Committee Column

Paul Lynch, M.D.

It has been a busy and productive summer and fall for AGLP's psychoanalytic group, both nationally and internationally. I will be reporting here about some of the highlights from the American and the International Psychoanalytic Associations. In a later issue of the *Newsletter*, some of our members in the other ("non-American") psychoanalytic institutes will report on their activities. For example, Dr. John Gosling is working to get a nondiscrimination clause passed by the Jungian analysts, and several of our members have been teaching at psychoanalytic institutes.

Interest in gay and lesbian issues appears to be on the rise in the American Psychoanalytic Association, as evidenced by the great turnout for both the spring and fall meetings sponsored by the Committee on Issues of Homosexuality, and the number of invitations for Committee members to visit local institutes across the country. Twice each year, the Committee sponsors a Workshop called "Homosexuality in Psychoanalytic Education," and a Discussion Group titled "New Perspectives on Homosexuality." The Workshop has a fairly open structure in which representatives of the American's affiliate institutes discuss the ways in which homosexuality is being addressed in their institutes (or is not being addressed; much of the discussion continues to be about how to get things going in some unfortunate places). The Discussion Group has a different subtitle each time, and usually involves a more formal presentation to get the discussion going. For example, Dr.Sid Phillips once presented on the gay analyst and straight patient, and another time Drs. Susan Vaughan and Elizabeth Auchincloss presented on the gay analyst and straight supervisor. In addition to these presentations, several of the members of the Committee have had papers accepted for the scientific program. In December, Dr. Ralph Roughton presented a paper showing how the evolution of his understanding of homosexuality has affected his work with patients, and Dr.Paul Lynch presented a paper using Freud's ideas about the madonna/whore syndrome in straight men to understand the separation of love and sex in the anonymous sexual behaviors of some gay men. Paul's paper was recognized by the American with the Karl A. Menninger award during the December meetings.

Interest in gay and lesbian issues appears to be on the rise in the American Psychoanalytic Association

Due in part to exposure of our issues and ideas to representatives of the affiliate institutes, several institutes have requested presentations in their hometowns. Some of the institutes have covered the expense of bringing gay and lesbian analysts and candidates to their cities to meet with them, and the American Psychoanalytic Foundation has also contributed money to bring members of the Committee on Issues of Homosexuality to locales in need of a gay perspective. In many cities there have been attempts to bridge the gap between the analytic community and the community of gay and lesbian therapists. Some have focused on discussion of our difficult history, some have favored discussions of clinical work, and some have had a little bit of both. If anyone in AGLP would be interested in meeting with an analyst from your local psychoanalytic society, or starting a group discussion in your area (all it takes is a few phone calls), Paul Lynch would be happy to help with suggestions and with making friendly contact in the analytic world (Call 617-247-0630).

Looking back a few months, August was a difficult and exciting time to be gay in Barcelona, Spain. The International Psychoanalytic Association's Congress was in session, and Ralph Roughton presented in a panel on Homosexuality. In addition to being the only panelist who did not see homosexuality as an illness, Ralph let the audience know in no uncertain terms that they were listening to an openly gay training analyst, and that across the USA gay men and lesbians are entering psychoanalytic training (and with reports of excellent results from the institutes where they are training). The discourse was lively to say the least. Some continued to say that homosexuality is a delusional disorder (Brazil), and others worried aloud about what they will do when gays knock at the doors of their institutes (Switzerland). Ralph's coming out on stage, and his description of the dramatic shift taking place in American psychoanalysis, will certainly spur some new discussion of homosexuality in psychoanalytic circles around the globe.

Continued on following page

Psychoanalytic Committee Column
Continued from previous page

Back home, Ralph's presentation was lauded on the American's Internet Bulletin Board --- no longer just tolerated, our openness and raising of the issues is now bragged about by American psychoanalysts.

Paul Lynch also presented in Barcelona, at the pre-congress meetings of the International Psychoanalytic Studies Organization. Both Ralph's and Paul's presentations led to contacts with gay and lesbian psychiatrists and therapists in countries where analytic training is still out of the question, and two gay analysts from Amsterdam (of course), where homosexuality has not been an impediment to analytic training. As a Representative of the American to the International's House of Delegates, Ralph Roughton will be proposing that the International adopt a nondiscrimination clause. Based on the meeting in Barcelona, our battles still lie ahead.

On a lighter note, there are less political and less scientific ways in which the presence of gay men and lesbians is making a difference in the attitudes of analysts in the American. As with the general population, the most effective way of changing analysts' minds seems to be letting them get to know us. The growth of our contingent has allowed more analysts the opportunity to know a gay person as a colleague and/or friend. Another wonderful opportunity for less "scientific" discussion of the lives of gay men and lesbians came up when the American's Foundation chose a play with a gay theme for its annual theater benefit. Three hundred and sixty analysts paid extra to see the Off-Broadway play "Gross Indecency: The Three Trials of Oscar Wilde," and the Committee on Issues of Homosexuality sponsored an interactive discussion of the play the following day. Oscar, of course, provided great material for a discussion of the treatment of gay people in society and in psychoanalysis. As Oscar said, "The only thing worse than people talking about you, is people not talking about you." At the moment, we've got the psychoanalysts talking about us, and we plan to keep it that way!

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Medical Student Column
Continued from page 7

and I'll personally write you a letter of gratitude. And just remember, most medical students are young and cute and naive. In other words, you'll want us to be at the conference!

Well, I've run out of things to say. But once again, I urge all you doctors out there to give to the Student Travel Fund, and you can do so by contacting either me, or Roy Harker at the AGLP National Office. And for all the students, Roy and I are also the people to reach if you want to apply for travel assistance.

I can be contacted at 221 Mass Ave., #203, Boston, MA 02115, by phone at (617) 267-2239, or by e-mail at DKNL@aol.com. Finally, take care of yourselves and see you all in Toronto!

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Same-Sex Marriage in the Netherlands
Continued from page 6

for family life ensured by Article 8." So in this there is a difference to the situation in the US where the Constitution declares that full faith and credit shall be given in each state to the public acts, records and judicial proceedings of every other state.

Marriage travels well. A marriage concluded in one country is regarded as a marriage all over the world. There is free movement of marital status, frequently assisting free movement of married persons. Although marriage may be universal and mobile, thus far it is a contract which can only be made between a woman and a man. However the Dutch parliamentary resolution and a court case in Hawaii have now raised a question of great practical interest: Would a marriage contracted between two people of the same sex be recognized abroad?

To quote *The Economist* (January 1996): "Marriage may be for the ages but it changes by the year; wives are now equal rather than subordinate partners; interracial marriage, as recently as in 1967 still forbidden in some American states, is now widely accepted, divorce rates sextupled in the last 35 years. So is this the time to introduce gay marriage? Or is there a compelling reason to bar homosexuals from marriage? Traditionalists say that gay marriage is both frivolous and dangerous; frivolous because it blesses unions in which society has no particular interests, dangerous because anything which trivializes marriage undermines this most basic of institutions. But if marriage is to fulfill its aspirations, it must be defined by the commitment of one to another for richer, for poorer, in sickness and in health, and not by the people it excludes."

[Editor's Note: The preceding article is an abridged version of a paper delivered last May in San Diego. The following addendum, provided recently by the author, will bring us up to date:]

The hesitating Vice Minister of Justice, Elisabeth Schmitz, charged with the development of adequate legislation on this matter has installed a commission of 8 lawyers with the task to design an appropriate law on both same-sex marriage and the legal position of children in gay and lesbian relationships. This "Commission-Kortmann," named after its president, has presented its conclusions in October. On the subject of the legal position of children born in a registered lesbian relationship the Commission is unanimous; these children deserve legal protection equal to children growing up in a heterosexual relationship. The "social mother" in a lesbian relationship should be given legal parenthood, which does not mean however that the biological father is excluded. Also adoption should be made possible within a registered lesbian relationship. On the issue of same-sex marriage, unfortunately the Commission is as divided as the Cabinet and the Parliament; 5 out of 8 Commission members are in favor of same-sex marriage, meaning that all rights connected to marriage should be given to lesbian and gay couples who want to marry. Three Commission members oppose this idea with the "rational" argument that Dutch legislation at this point should not diverge from other countries in the European Union. This same division exists in the Cabinet where a majority of ministers oppose full rights for lesbian and gay couples, and the Parliament where a majority is in favor of this. Now it is up to Elisabeth Schmitz and the Cabinet to make a decision. This is not expected until Spring 1998...

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ANNOUNCEMENTS . . .

Baby News! Congratulations to Mary Barber, AGLP Secretary, and her partner, on the birth of Kennedy Ellen Barber-Fraser, 7 lb. 10 oz. baby girl, on October 23, 1997!

Staff Psychiatrist position is available at the Whitman-Walker Clinic in Washington, D.C. to work with mental health, day treatment and medical services: deliver psychiatric medical services to patients including psychiatric assessments, medical evaluation and management; establish relationships with teaching hospitals, psychiatric rotations and internships; supervise medical residents and interns; provide in-service education to staff on psychiatric issues. Requires D.C. license, Board certification preferred, and knowledge of or experience with HIV/AIDS issues and sensitivity to gay/lesbian and other minority populations. Union position, grade 15/16 depending on qualifications and experience. Benefits package includes medical insurance at end of initial probation; life, short- and long-term disability after one year; 13 vacation days first year plus standard holidays; flexible benefits plan; tax-deferred annuity savings plan with matching employer contribution after first year; and employee assistance plan. Women, minorities and disabled persons encouraged to apply. Contacts: Peter Miller, Director Human Resources Dept. at 202-797-3589 or Jim Lopresti, Ph.D., LPC, Director, Mental Health and Addiction Treatment Services at 202-939-1535. Send cover letter and resume to Director of Human Resources, Whitman-Walker Clinic, Inc., Box 1, 1407 S St., N.W., Washington, D.C. 20009.

The Department of Psychiatry at the University of California, San Francisco seeks a psychiatrist or licensed clinical psychologist to fill a position in the Substance Abuse Program at the SFVAMC. Responsibilities include: conducting clinical studies in alcohol and drug abuse with an emphasis on addictive behavior and clinical psychopharmacology, providing care to veterans with substance abuse disorders, and teaching medical students, psychiatry residents and research fellows about the diagnosis and treatment of substance abuse disorders. The position will be at the Assistant or Associate Professor level. Requirements include an excellent research record or demonstrated research potential, training and experience in substance abuse and clinical experience in caring for patients. U.S. Citizenship required. The position will be available after July 1, 1998. Deadline date for applications is February 27. Please send letter of interest and C.V. to Robert Malenka, M.D., Ph.D., Chair, Search Committee, c/o Rita Emelia-McLinn, SFVAMC (116A), 4150 Clement St., San Francisco, CA 94121.

The Department of Psychiatry at the University of California, San Francisco seeks a board eligible or board certified psychiatrist to fill the position of Psychiatrist, VA Mental Health Service. Responsibilities include research on the neuroimaging of major mental illness including schizophrenia, bipolar disease, major depression, substance abuse and PTSD; providing care to veteran patients with schizophrenia, mood disorders, and related conditions; and teaching medical students, psychiatry residents, and research fellows. The position will be at the Assistant or Associate Professor level. Requirements include an excellent research record or demonstrated research potential, training and experience in neuroimaging, and clinical experience in caring for patients with schizophrenia, mood disorders and related conditions. U.S. Citizenship is required. The position will be available after July 1, 1998. Deadline date for application is February 27. Please send letter of interest and C.V. to Victor I. Reus, M.D., Chair, Search Committee, c/o Rita Emelia-McLinn, SFVAMC (116A), 4150 Clement St., San Francisco, CA 94121.

Gene Nakajima, M.D. reminds us that he is coordinating the submission of symposia and workshops to the next World Congress of Psychiatry, to be held in Hamburg, Germany in August 1999. The deadline for abstracts is March 1998, so please contact Gene ASAP if you are planning to contribute something. He may be reached at 1740 Butler Ave.,#301, Los Angeles, CA 90025, phone (310) 312-0120, fax (310) 268-7811, e-mail GNakajim@medicine.medsch.ucla.edu.

American Psychiatric Association: The Candidates Respond

ELECTION ISSUE

CANDIDATES FOR PRESIDENT-ELECT:

Robert Michels, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Robert Michels, M.D.

Psychiatric diagnoses and treatments should be tools used to help people who suffer from psychiatric disorders. Of course some major disorders may interfere with the patient wanting help, or for that matter wanting to live, and involuntary treatment may be appropriate, but these situations are relatively rare and the professional and legal guidelines for them are clear. However diagnoses are labels, and we all know of situations in which psychiatric abuse has occurred, situations in which pseudodiagnoses and maltreatment have been employed by the dominant society in order to punish and induce conformist behavior in those they see as different.

DSM-IV emphasizes that Gender Identity Disorder is rare and that it must be differentiated from "simple nonconformity to stereotypical sex role behavior." "Behavior in children that merely does not fit the cultural stereotype of masculinity or femininity should not be given the diagnosis." Nevertheless many parents or guardians may become fearful and distressed when their children exhibit such behavior, and they may seek professional guidance. In part this may be because they believe that the behavior is a precursor of a homosexual orientation of which they disapprove. This is an opportunity for a well trained psychiatrist to help both the parents and the child, educating them about sexuality, facilitating the family's healthy functioning, and promoting a less conflicted developmental course for a gay or lesbian youth. It is an abuse of psychiatry, clinically wrong and ethically offensive for a psychiatrist to join with a family in trying to mold a child to fit a parental stereotype of what is "normal" or "ideal."

In addition to this clinical issue, the profession has a broader social responsibility as well. Societal intolerance of gender atypicality, like discrimination on the basis of sexual orientation, requires education and confrontation of societal discomfort with difference. As APA president I would be wholeheartedly supportive of efforts within the organization and its affiliated groups to promote this agenda. Forcing treatment on any group because of parental or societal dysphoria and the politicization of diagnoses violates the core values of the profession and therefore damages colleagues as well as patients.

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 continue my personal and professional friendships with lesbian, gay and bisexual psychiatrists, and to establish new ones. I expect to meet with the Association and the Caucus, exchanging and sharing views, and joining with them in planning how to address our concerns. I would anticipate that our continued battle against discrimination would be a central issue.

Allan Tasman, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Allan Tasman, M.D.

Of course, this is a problem. That is one reason why I have been meeting with the APA Committee on Gay, Lesbian and Bisexual Issues now chaired by Lowell Tong. During our meeting in September at the Fall Components Meeting, Lowell raised this issue and gave me the resource document prepared for distribution within the APA. I asked Rod Muñoz to assign me to be the primary reviewer when this issue came to the APA Joint Reference Committee. Since I had already been familiar with the topic and the resource document, there was no problem in convincing the JRC to unanimously agree to make the document available to the membership. I suggested that this

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information be placed on the APA web site, so that all members, not just those in APA leadership, could have access. Unfortunately, the misuse of the gender identity diagnosis to force treatment still reflects a significant problem with homophobia in our country. There is no question the APA needs to be on the front lines of leadership to combat gay and lesbian discrimination. One way of doing this is to strengthen our ties with advocacy groups who want to work with us.

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?

In my 20 years of APA service, and now as Vice President, I have worked closely with most of the past presidents of the AGLP, the leadership of the caucus, and the APA Committee on Gay, Lesbian and Bisexual Issues. Since I have had ongoing relationships with so many individuals, my intent is to continue what I have been doing personally. But personal contacts are not the only approach needed.

One of the important issues the APA must address is relationships with the many subspecialty societies in psychiatry. I think we can do much more to foster greater collaboration among all groups. The Assembly has already moved in this direction, and other components are considering ways of working together. I favor the designation of organizational "seats" on appropriate committees. For example, the APA could have an AGLP seat on the Committee on Gay, Lesbian and Bisexual Issues, appointed by the AGLP. Such a plan would clearly strengthen our ability to collaborate formally on a wide range of issues.

CANDIDATES FOR VICE-PRESIDENT:

Samuel Guze, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Samuel Guze, M.D.

I may not be fully familiar with the controversies surrounding the diagnosis "gender identity disorder," but my view is no one should be forcing "gay and lesbian youth" into psychiatric treatment. For many years, I have believed that homosexual preference is the result of processes that we understand only imperfectly, but that, in the great majority of cases can not modify significantly. I have always believed that gay and lesbian individuals should be accepted on the basis of their individual qualities and characteristics and that there should be no discrimination against them on the basis of sexual preference. Furthermore, during my many years as a medical school official and department of psychiatry leader, I did my best to treat homosexual students, residents and faculty members on a consistent basis of fairness and equality with their counterparts.

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 I am elected, I would expect to have a relationship with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists based upon respect, openness, fairness and sympathy. I do not anticipate any fundamental difficulties.

Richard Harding, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Richard Harding, M.D.

I am pleased to respond to the AGLP. As a child psychiatrist I am aware of the misuse of psychiatric diagnoses. This misuse allows ideology to override our professional duty to the individual patient we serve. Ethically, we need to fully inform a patient of the biases we bring into the treatment setting. The child needs to know whether we are working for another agent (parent) or attempting to change some aspect of the child the agent finds "pathologic." An adolescent with or without gender identity disorder needs a neutral, supportive and informed psychiatrist to help him or her deal with conflicting emo-

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tions, societal expectations and their sexuality. As you know, these cases are among the most challenging that we deal with as psychiatrists. Thoughtful, collaborative discussions among our diverse membership should provide us with guidelines on how to handle these and similar issues. Our duty is to be honest and non-judgmental, utilizing informed consent and confidentiality. We must always place the patient first.

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

The number of Gay and Lesbian psychiatrists elected and selected for leadership positions within the APA has not kept pace with the availability of qualified individuals. This loss of talented, energetic leaders to our association is unacceptable! AGLP members must see the APA as not only a fair and supportive organization but, also as an essential part of their daily practice of medicine and collegial activities. I am proud of the open administration I had during my year as Speaker of the Assembly. I would double my efforts in this area as vice-president. Members of the AGLP have been some of my most respected mentors and have shown me that one can represent one's constituency while serving as a leader for our entire association. The APA must thrive for the AGLP to thrive. While Speaker in 1996, the Romer case came before the Supreme Court. An executive decision by Drs. England, Sabshin and myself, signed the APA on with an amicus brief. The brief outlined the current scientific literature on homosexuality with the hope that the Court would use it as a reference in the Romer case and beyond. This approach has provided lasting benefits in the judicial system. The AGLP has contributed to the overall advancement of psychiatric care within our Association and for the citizens of our country with mental illnesses. I would expect this contribution, involvement and dedication to continue. I will do everything in my power to assure that opportunities are available for those with desire, talent and energy.

Candidates for Member-in-Training Trustee-Elect:

Satyanarayana Chandragiri, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Satanarayana Chandragiri, M.D.

Psychiatry must desist from being the arbiters of any prejudiced groups or those with any vested interests. Forcing psychiatric treatment on gay and lesbian youth under the guise of "Gender identity disorder" is clearly a case of misuse of psychiatry and must be discouraged. Psychiatrists must help the youth and preferably his family to understand the issues of sexual orientation and help them learn to accept it. They must understand the potential source of conflict the youth may be undergoing and address those issues to prevent any future mental health problem. The psychiatrist may involve in health education, network with various Gay and Lesbian organizations, schools and educational systems etc. to deal with these issues and help in this understanding and remove any misconceptions and ignorance.

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 as Member-in-Training Trustee-Elect,

I would like to establish a close working relationship with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists.

I would like to network with the Members in Training who have special interests in Affairs of Gay and Lesbian Psychiatry and the Association.

The details of the network I plan to have with Members in Training is in my web page http://members.aol.com/panguni/index.htm.

Advocate for the issues faced by the Gay and Lesbian students in medical school and in training.

Julie Schulman, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Julie Schulman, M.D.

The issue of Gender Identity Disorder (GID) has recently been receiving a great deal of attention in the media and in APA. I was present with Dan Hicks at an APA seminar on GID earlier this year, and the discussion was very heated. Most gay psychiatrists are aware that in some areas, gay or lesbian children and adolescents are being hospitalized to undergo "treatment" for GID.

I believe that the childhood version of GID should be eliminated from the DSM. The DSM itself recognizes that three-quarters of boys diagnosed with GID in childhood later define themselves as homosexual or bisexual and do not have concurrent GID, and states, "Only a very small number of children with GID will continue to have symptoms that meet criteria for GID in later adolescence or adulthood." The criteria for GID in children are so broad that a tomboyish girl who has "a marked aversion toward normative feminine clothing" and prefers to play with boys meets the criteria even if she never expresses the desire to be a boy. Similarly, an effeminate boy who

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"reject[s] male stereotypical toys, games, and activities" meets the criteria just as easily. Despite the DSM's warning that "behavior...that merely does not fit the cultural stereotype of masculinity or femininity should not be given the diagnosis [of GID]," this is precisely how it is used in many instances by misguided doctors and parents.

If the childhood version is eliminated, this would still allow psychiatrists to diagnose GID in adults, a diagnosis that is vital to many transgendered adults who wish to have surgery and require a diagnosis for insurance purposes. The adult criteria could then include the statement, "with onset in childhood or early adolescence," which would make a firmer distinction between transgenderism, which is lifelong, and late-onset gender dysphoria in adults with a history of cross-dressing, which is often transient.

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?

As an openly gay candidate and long-standing active member of AGLP, I plan to continue my efforts promoting lesbian, gay, bisexual and transgender issues in the psychiatric community. I was the national medical student representative and the resident representative to the AGLP for two years, and I am currently a member of the New York County DB Committee on Gay and Lesbian Issues as well as an active member of the NY G/L Psychiatrists group and the G/L Physicians of NY. At a workshop at the APA conference in San Diego, I presented a paper on the experiences of gay medical students with residency applications and interviews. Without a doubt, I owe much of my professional development to the AGLP members who mentored me and helped pay my way to conferences as a medical student, and I will never forget that debt.

I invite people to visit my website, http://www.geocities.com/HotSprings/Spa/5138/ and send me your comments and questions. Please spread the word of my candidacy to your friends, and don't forget to vote in January!

Peter Steiner, M.D.

1. Some allege that the diagnosis of gender identity disorder is being misused in order to force psychiatric treatment on gay and lesbian youth. What are your views on this issue?

Peter Steiner, M.D.

The incidence of misdiagnosis of gender identity disorder as a cover to force psychiatric treatment on gays and lesbians is probably greater in the "bible belt" where I am training than in many other parts of the Country. I have personally witnessed the havoc this has caused in people's lives generating extreme self doubt contributing to depression. This obviously has no place in psychiatry and should be regarded as a serious ethical violation. Going into child and adolescent psychiatry, I hope to be able to help my patients come to terms with their sexuality.

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 very close relationship with these groups as I currently have with my gay and lesbian colleagues in Louisville. I would actively encourage participation of the membership of these groups on committees in the APA and would seek counsel from my gay and lesbian colleagues. As a psychiatrist, I believe it is important to build bridges with various constituencies that represent issues in the patient community. The constituency of gays and lesbians needs greater support and representation, which I could offer.

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Gay and Lesbian Mental Health Conference in London

John Gosling, M.D.

The Section of Psychiatry of the Royal College of Medicine held a one day conference on October 14, 1997 in London, chaired by Professor Michael King. This was a significant event in that it was the first time that a conference on the topic of homosexuality was held under the umbrella of the Royal College of Medicine.

There were about 200 attendees, including several AGLP members - Drs. Howard Rubin and Gene Nakajima (They're everywhere! They're everywhere!), Richard Isay and myself. Howard presented a brief overview of hot topics in the US at present which included the controversy surrounding Gender Identity Disorder, reparative therapy, lesbigay parenting and gay marriages. Richard Isay discussed his battle with the American Psychoanalytic Association to end discrimination against homosexual candidates and analysts culminating in his triumph in 1992 with the declaration by the American of a non-discriminatory policy regarding sexual orientation. He ended his presentation to an enthusiastic ovation with the words: "It is love that lets us know who we are. Let no person or institution threaten to take this away."

Professor Andrew Samuels, a Jungian Analyst, delivered an impassioned speech about the issue of institutionalized homophobia amongst the analytic community in Britain. He and a few colleagues have taken on the British Psychoanalytic Society resulting in the adoption of a non-discriminatory policy towards homosexual candidates - a struggle similar to the one fought here with the American Psychoanalytic Association. He raised several interesting issues including that of self-disclosure in the therapy setting, suggesting that this whole concept be revisited; he raised the question of why sexual orientation is important in psychotherapy pointing out that sexuality is a fascinating enigma and that the professional opinions of the therapist will influence and determine the discourse on sexuality and the attitudes in the therapy setting - hence the need for training and education in the area of sexuality and especially homosexuality in training institutes.

Attending this conference provided an opportunity to meet and socialize with colleagues across the Atlantic (not to mention an excellent excuse for a few days break in London!). It was interesting to see that the issue of institutionalized homophobia is being addressed both here and in the UK - clearly it is time to make an all-out effort to claim our rights and curb the abuse and discrimination to which we have been subjected for too long by institutions that have become mired in rigid theories and outmoded dysfunctional patterns of behavior.

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This was a significant event in that it was the first time that a conference on the topic of homosexuality was held under the umbrella of the Royal College of Medicine

BOOK REVIEW

AIDS AND PEOPLE WITH SEVERE MENTAL ILLNESS: A HANDBOOK FOR MENTAL HEALTH PROFESSIONALS

Francine Cournos, M.D. and Nicholas Bakalar, M.D., Editors

Yale University Press, New Haven and London, 1996

Howard Rubin, M.D.

One of the disappointments at several international AIDS conferences in past years has been the dearth of research on mental health and HIV. The number of posters and presentations relating to the psychiatric manifestations and treatment of HIV has been even smaller. Alternately, psychiatric conferences often focus on "AIDS 101" courses for the general practitioner, but rarely go into the kind of depth that would help the clinician working with people with HIV on a daily basis.

AIDS and People with Severe Mental Illness: A Handbook for Mental Health Professionals, tries to make up for some of the deficiencies in professional knowledge and practice. The authors hope to "provide in one volume, all the information health care workers need to help contain the spread of HIV among people with severe mental illness [SMI] and to provide services to those who are already infected." An ambitious task! They believe that the book will be useful to administrators, policy makers, clinicians, and social service providers.

Difficulties abound in the lives of people with SMI and HIV. The burden of living with two stigmatized illnesses, obtaining access to care, and enduring periodic homelessness makes treatment quite challenging. Successfully negotiating the barriers in our health care system to obtain proper medical care can be exceedingly difficult. The additional problem of drug use and abuse in this population complicates their ability to use services and obtain treatment as well.

Difficulties abound in the lives of people with SMI and HIV. The burden of living with two stigmatized illnesses, obtaining access to care, and enduring periodic homelessness makes treatment quite challenging.

The first hundred pages of the book describe what we know and don't know about basic information on HIV and the SMI. The data on the epidemiology of HIV among the SMI is sobering. In a study of patients in two New York State psychiatric hospitals, 5.2% of the men and 5.3% of the women were HIV+. Of 120 patients on a dual diagnosis unit in New York, 23% were HIV+. Chapters on psychiatric and medical manifestations offer a brief review of material that has already been covered in many review articles, but with additional information about the SMI. Another chapter reviews data on the sexual and drug use behaviors that put the SMI at risk for HIV. The one following it is devoted to a discussion of the importance of taking a good sexual and risk assessment history from the SMI. It stresses that mental health care workers do not know how to perform or are too reluctant to take good sexual histories on their patients.

The second and much more interesting section of the book describes interventions used with the SMI with HIV. Several chapters review general treatment issues and risk reduction strategies including small inpatient groups, drop-in groups, and groups in homeless shelters. A small third section concerns mental health policy relating to legal problems and health care workers. An extensive appendix reprints many CDC testing, treatment and diagnostic guidelines.

Unfortunately, the book offers little to the psychiatrist working with people with HIV with respect to psychopharmacologic treatment. Only a couple of pages are devoted to treatment with antidepresssants, and scant attention is paid to antipsychotics. Since the book was published in 1996, it does not address important issues relating to the use of protease inhibitors in the SMI: concerns with compliance and interactions with drugs of abuse as well as with psychotropic medications.

This book will make a valuable reference for a psychiatric hospital or clinic's library. It will be quite helpful for those who need a general background in HIV, especially as it relates to the SMI. For the researcher, it points to several directions for future studies. For all of us, it serves as a powerful reminder of the tremendous effort needed to reach and treat the SMI, to ameliorate their suffering, and help prevent the spread of HIV.

BOOK REVIEW

On the Road to Same-Sex Marriage

Robert P. Cabaj, M.D. and David W. Purcell, J.D., Ph.D., Editors

Jossey-Bass Publishers, San Francisco, 1998

James M. Slayton, M.D., M.B.A.

Bob Cabaj and David Purcell have compiled a thoughtful and provocative volume of essays which review same-sex relationships since ancient times, and document current psychological, political and legal issues which face queer people seeking recognition of those relationships.

The book begins as Cabaj documents homosexual relationships and homophobia across the ages. Some may be surprised to learn that formal rituals and blessings of same-sex relationships were sanctioned until the fourteenth century. More recently, Cabaj follows the trend in our own profession, from Freud's view of homosexuality as a developmental arrest, to the depathologization of homosexuality by the American Psychiatric Association in 1973.

Purcell follows by describing current trends in same-sex "marriage." Although no state has yet intentionally sanctioned such a marriage, a Hawaii circuit court judge in 1996 declared that state's ban on same-sex marriage to be an unconstitutional infringement of equal protection rights under state law. The federal government and various state governments nationwide have responded with the Defense of Marriage Act and derivative state acts to circumvent recognition of Hawaii marriages in the event that the Hawaii judge's opinion is upheld by its state Supreme Court, expected by early 1998. Meanwhile, the Hawaii legislature has acted to give gay and lesbian couples legal rights surpassing those of most other states, in order not to sanction same-sex marriages. Elsewhere, legal contradictions such as centuries-old sodomy statutes are contrasted with more progressive gay non-discrimination legislation in historically homophobic states such as New Hampshire, which along with Florida still prohibits gay men and lesbians from legal adoption.

Lesbian couples and gay male couples creating families are compared and contrasted in chapters by Kathryn Kendell and Michael Bettinger. While enumerating the potential benefits of marriage and family, Bettinger goes further in hypothesizing that pressures of legal marriage might destabilize some gay couples in otherwise committed relationships, along with the legal difficulties of gay separation and divorce. Still other couples may find civil recognition of their relationships too "hetero-mimetic" and too restricting in creating legal obligations toward one another.

Difficult mental health issues of gay men and lesbians in relationships are described by Mark Townsend, who illustrates the devastating impact of adverse legal judgments and illness in relationships which are not officially sanctioned or recognized. For example, gay parents nationwide felt threatened by the Virginia court judgment against Sharon Bottoms, who lost custody of her son in the context of a lesbian relationship. Similar alienation occurs when one member of a gay couple dies intestate. Not only does the right of succession or inheritance not exist for a person who is not related by marriage or birth, but the possibility exists for children to be raised by relatives who may be hostile to the remaining partner in the couple.

Perhaps the most interesting passages are those by Lowell Tong and Leslie Goransson. Tong describes progress beyond antimiscegenation (mixed race) laws in the United States, analogous to progress in legal recognition of gay and lesbian relationships, while Goransson explains how much further other nations have come in official recognition of such relationships compared to the United States. Both provide an optimistic view of potential progress on legal recognition of gay unions in the coming decades. Goransson's point that historical conservative European nations (eg. Hungary) have modified their laws on social policy in order to be included in the European Union indicates the value of international human rights legislation in promoting social change.

Those who are familiar with progress toward same-sex marriage will find this volume useful in providing a summary of most recent trends and events nationwide and internationally. For those who are new to the topic, the book will document how deeply rooted the desire to bond and be recognized in our relationships has been, and how several couples have actually gone about it. Newly released, the book will likely be cited by those decades from now who will regard homophobic "defense of marriage" legislation as a quaint anachronism.

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Classifying the Classifiers: Residents Column

Petros Levounis, M.D.

So, what do they really think about us? What do attendings, residency training dirctors, interviewers, supervisors, and unit chiefs think of us as gay and lesbian psychiatry residents? Sure, these days, almost everybody is PC enough so that we rarely hear the roar of raging homophobia out loud. But we do know that homophobia still exists, to some degree, in some fashion, inside some faculty members. Therefore, after four years of life as a gay psychiatry resident, I offer a classification system of attending psychiatrists according to their attitudes toward gay and lesbian residents.

1. The "Morally Outraged" Type:

Archaic, often part of an older establishment, they are just not having it. For them, homosexuality is wrong! They cannot imagine anything worse happening to their children and are eager to suggest to their gay patients to work on getting over it. At best, they are thinly veiled major homophobes.

Homophobia Index: Severe.

2. The "Disease Model" Type:

This bunch sees nothing morally wrong with homosexuality, but they consider it a mental disorder and have never really accepted its removal from the DSM system. In particular, they have a problem with openly gay therapists. A few years ago, they might have said, "There is nothing wrong with being blind, but would you like to have a blind person as your pilot?" Today, they seem to fancy a "Don't ask, don't tell" policy.

Homophobia Index: Moderate to not so moderate.

3. The "Real Politique" Type:

This is the nineties group: the corporate mentality, the Internet, the new politics. Homosexuality is not wrong, not a disease, not good, not bad. It just is. Like women and minorities, gays and lesbians are evaluated on their merit, but also on their potential for profit and image enhancement of the person/institution versus their potential for damage. Today, they seem to be sympathetic to us, but we should not count on their lifelong unconditional love and affection.

Homophobia Index: Mild, and for the most part, acceptable.

4. The "Friends and Family" Type:

Gays and lesbians themselves, all-out gay groupies, enlightened elderly psychoanalysts, secure heterosexuals, these are our friends and family. And it seems like there are a lot of them. Subscribing to stereotypes of questionable validity, they often see gay men as sensitive and kind, and lesbians as assertive and strong. True or not true, they believe that we are uniformly wonderful residents and we will make the best shrinks.

Homophobia Index: Near absent to more than absent.

Sure, my narcissism would love to hear residents refer to their seniors as "clearly a Petros 4" or "a likeable Petros 2 and a half." However, I have to admit that this classification system suffers not only from a healthy dose of paranoia but is also of little practical value. In the long run, we are almost always better off being consistently (if not aggressively) open about our sexual orientation, irrespective of whom we are dealing with. In other words, stick to the classics, at all times. For example, to the professor's curiosity, "Are you married?" a lesbian resident can reply, "No, I haven't found the right woman yet." And to the supervisor's amazement, "I would have never thought you are gay, you don't look it!" a gay man could explain, "Yes, I know, I've been so busy with med school and internship that I haven't had time to work out."

So, what do you think? Will my categories be introduced to the DSM-V? Make sure that you attend the APA in Toronto in the spring, and we will talk about such matters and a lot of other interesting topics. And, as always, we will have more fun at the convention than the entire medical and surgical house staff has had in a year. If you need to find someone to split the cost of a hotel room at the convention, I will be happy to help you find another resident to share a room; just give me a call at (212)662-7909. See you at the APA. Until then, classify away!

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This month's Highlighted Reading...

TEXTBOOKS AVAILABLE FROM AGLP

Textbook of Homosexuality and Mental Health

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

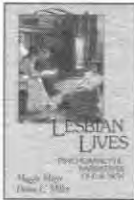
Textbook of Homosexuality and Mental Health brings together in one volume the entire range of material and variety of perspectives concerning homosexuality and mental health. With more than 50 chapters written by leaders in the field, this book is the most complete review of the topics of homosexuality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

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

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

Lesbian Lives; Psychoanalytic Narratives Old & New

Maggie Magee and Diana C. Miller
Analytic Press



In this groundbreaking revisioning of lesbianism, Magee and Miller transcend a literature that, for decades, has focused on the timeworn and misconceived task of formulating a lesbian-specific psychology. Rather, they focus on a set of interrelated issues of far greater salience in our time; the developmental and psychological consequences of identifying as homosexual and of having lesbian relations. Lesbian Lives is a heartening sign of the generous scholarship and humane impulse that are transforming psychoanalysis in our time.

AGLPB0018-1997/448 pages/ISBN 0-88163-269-4/hardcover/$55.00

Violence in Gay and Lesbian Domestic Partnerships

Edited by Claire M. Renzetti and Charles Harvey Miley
Haworth Press

Violence in Gay and Lesbian Domestic Partnerships provides a thorough look at same-sex domestic violence, addressing the major theoretical and treatment issues for both its victims and perpetrators. Its contents raise awareness among readers of the problem of same-sex domestic violence and emphasize the need for special services for both victims and perpetrators.

AGLPB0017-S-1996/121 pages/ISBN 1-56023-074-4/softcover/$12.95

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 withing American Indian culture.

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)

Journal of Gay and 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

VIDEO TAPES

Anatomy of Desire

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

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

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

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Make check out to "AGLP" and mail to:
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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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Address: ____________________

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City: ____________________

State: __________ ZIP: __________

* APA Membership Status: ____________________

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

Signed: ____________________ Date: __________

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

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

photo by Stephen Atkinson, M.D.