

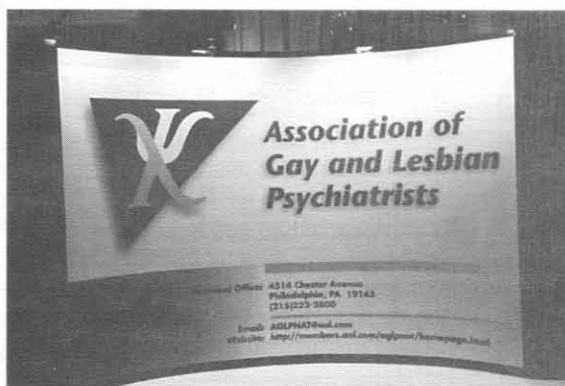


# Association of Gay and Lesbian Psychiatrists

VOLUME XXV(1): JANUARY 1999

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Our booth as it appeared at the Convention Center in Toronto

## President's Column

Dan Hicks, M.D.

It is only a few short months until the Annual Meeting, which promises to be very exciting. Please make sure you reserve a room at the Washington Plaza Hotel as soon as possible; when I last checked, there were only 25 reservations, and we need to fill our block of 150 to ensure we get our hospitality suite and meeting spaces for free. Last year, we ran out of rooms, and there were none anywhere in Toronto; Washington should be even more popular, so don't wait. Call (800) 424-1140 and ask for the AGLP block, #6137. Cost is \$145/night plus tax, \$165 night for triple or quad. Remember that all of our meetings and hospitality suite will be in this hotel, so it is very convenient.

The information about APA candidates is listed in this *Newsletter*. Please be sure to vote; our block of votes really does make a difference. Congratulations to Drs. Margie Sved and Jack Drescher, our new Caucus reps. A contest between three candidates was averted when Dr. Phil Cushman declined to run due to his many time commitments. By the way, if you are not a Caucus member, please send in the application form on the back of the *Newsletter*.

Our Treasurer Dr. Jim Slayton, and Roy Harker, have been working hard to look at our finances and come up with a proposed budget for 1999. It is based on all of our members paying their dues, so please be sure to pay as soon as possible so that we don't have a shortfall again this year. Jim is also pursuing other sources of revenue and needs input from anyone who has good contacts with pharmaceutical companies, *locum tenens*, and other sponsors who may be able to help us tackle new projects, such as an interactive web page, and increased programming at the Institute meeting in the fall.

We are also working to set up a lobby day for folks interested while they are here for the Annual Meeting. The Human Rights Campaign Fund will help us set up a lobby day, and they have a whole packet of material about what to do. I asked people on the web if they were interested, and so far, I only received 3 responses. If people really want to do the lobby day, they

CONTINUED ON PAGE 10

**BEFORE YOU VOTE!  
THE APA CANDIDATES  
RESPOND  
ON  
PAGE 7**

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

Editor, Guy Glass, M.D.

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

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

**INFORMATION FOR AUTHORS**

Persons wishing to submit articles for publication should send them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone: (212)982-0328, FAX (212)982-1879, E-mail: GFGMD@aol.com) Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which word processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is February 28, 1999.

**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.

**F**ew members seem aware of the fact that AGLP celebrated its 20th anniversary in 1998.

Why, you might ask, am I publishing this information in 1999? Actually, I have been trying to get people interested in putting something together for the last year, without luck. A couple of years ago we spoke in our business meetings about arranging something celebratory for Toronto, but no one followed through. Repeated notices in the *Newsletter*, and even personal letters from me asking members to provide reminiscences about "the early days" have been ignored. Oh Well, I don't want to sound like a bitter queen; there are plenty of members who work very hard for AGLP, and I have never seen it as being an apathetic organization. Perhaps we can plan something really super for our 25th anniversary!

I did look over some old issues I had of the *Newsletter* of the Gay Caucus of Members of the American Psychiatric Association (which eventually became the *Newsletter* of the AGLP). These date from 1979-80, and were supplied to me a few years ago by Dr. Lawrence Mass, formerly *Newsletter* Editor (he actually ended up not going into psychiatry at all; the reasons for this are detailed in his book *Confessions of a Jewish Wagnerite*).

Aside from our adopting a less cumbersome name, it was interesting to take note of a few other ways in which AGLP has grown through the years. The length of the newsletters I have run from 4 to 10 pages; most of our issues now are routinely around 20 pages. Furthermore we now have Roy Harker doing such a beautiful and professional layout job for us. From what I can tell, the layout in those precomputer days was done by the old "cut and paste" method.

In October 1979, our annual receipts were listed at \$11081.21, and annual expenditures were \$8466.50! Just take a look at the financial statement in this issue to see how much we have grown financially (even allowing for inflation).

Most gratifying, it is nice to read some of the articles in these old newsletters to see how far we've come in our mission: While Socarides and his antediluvian theories were also our "villains" twenty years ago (gosh, he must be a hundred by now), just read Terry Stein's article in this issue of the *Newsletter* to see how much more clout is being given to our message than in 1979.

I wish you all a healthy and happy New Year. At the time of writing this column, it has just started to get cold in New York and I am looking forward to a warm May in D.C.!

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## Vice-President's Column

Mary Barber, M.D.

I'm writing this in a state of blissful relaxation, following a long Thanksgiving weekend during which I am BETWEEN daycare-inflicted viruses. What more could I ask for? I hope things are going just as well for you as you're reading this. Now, let me give you a few tidbits about the May '99 AGLP program, which is really starting to take shape!

The Saturday pre-convention symposium will be "Queer Theory and Treating Patients: What's the Connection?" Our keynote speaker will be Biddy Martin, professor of German Lit at Cornell University and author of *Femininity Played Straight: the significance of being a lesbian*. Discussants will be our own Jack Drescher, Maggie Magee and Diana Miller. It promises to be a lively and unique meeting of clinical and theoretical minds. I'll give you more info about the symposium in the next *Newsletter*.

We're also trying to set up a lobbying morning on either Tuesday or Wednesday of the conference week. This would consist of interested people meeting, getting a briefing on issues and effective ways of discussing them, then going to Capitol Hill together to meet with their respective Congresspeople. Both Human Rights Campaign and the APA have agreed to help us with this project. If interested, you need to let me know in advance, and let me know your state and district (or you could let me know who your senators and reps are), because we'll need to set up appointments in advance. Also, let me know which day would be better for you, before I've nailed it down! This could be a great opportunity for us as physicians and leaders in the lesbian and gay community to have our views heard, and given events of this past year (Trent Lott, ex-gay ministries ads, and Matthew Shepard), our views NEED to be heard.

Other activities planned for the AGLP Hospitality Suite: Drs. Margie Sved and Mark Townsend will lead a parents' discussion group, to which kids are welcome as well. Our pres, Dr. Dan Hicks, will encore his discussion on spirituality and sexuality. Drs. John Gosling and Chris Sekaer will show and discuss the film, "La Vie en Rose."

I could give you more, but wanted to keep this column short, so I'll save some for the next issue, which will have the whole schedule. Hope to see you in D.C. this May!

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## Membership Committee Column

Cheryl Chessick, M.D. and John Gosling, M.D.

According to Roy Harker, membership renewals are coming in fast and furious. We would like to encourage members to pay their dues by the end of the year thereby not only generating timely income for AGLP but also taking advantage of the tax deduction for 1998.

About 30% of members are taking advantage of the recently available facility of paying dues by credit card, the international members using it the most. We would like to remind members of this newly available payment method -- take advantage of this and earn a few extra bonus miles while paying your AGLP dues!

We would like to encourage members to consider upgrading their membership category at this time. Roy reports that so far six members have upgraded their membership from Full to Sponsoring members. Congratulations and thank you. Your support for this organization is much appreciated and has already generated an additional \$600.

Total membership as of 11/30/98 is as follows:

Founding	1
Patron	1
Sponsoring	15
Full	358
Associate	31
Resident	109
Newsletter	66
Medical Student	24
International	30
Total	638

Let us make an all-out effort to increase this number to 650 by the end of 1998. Expect a call from either Cheryl or John who may request that you join us as members of the Membership Committee. We would like to have at least one member from all fifty states. We will also be calling all new members to welcome them to AGLP and to encourage them to join our vibrant and very active committee.

Just a reminder once again of just a few of the advantages of being a member of AGLP:

-- Receipt of the *Newsletter* published quarterly as well as a free subscription to the *Journal of Gay and Lesbian Psychotherapy*.

--The opportunity to participate in several social events at the Annual Meeting of the APA as well as the chance to attend lectures and seminars by invited guest speakers and AGLP members on cutting edge topics of interest to our community. Mary Barber, M.D., the Vice-President of AGLP has indicated that she hopes to invite a speaker who is a queer theory scholar. This will include a panel discussion that will focus on ideas taken from poststructuralism and postmodernism, particularly the idea that identities such as male, female, gay and straight are socially constructed, products of our time and social context. It should prove to be provocative and thought-provoking.

John Gosling, M.D. and Chris Sekaer, M.D. will be co-chairing a panel discussion of the recent film "Ma Vie en Rose" (My Life in Pink) about a 9 year old boy who is in the process of discovering his gender nonconforming desires and behaviors and the subsequent consequences when this proves to be more than just a "phase."

-- The opportunity to stay abreast of and become involved in influencing APA policies affecting our community and the way we practice Psychiatry. For example, several of our members have been instrumental in the position statement on so-called reparative therapy which is expected to be passed by the APA Assembly. This is a major advance compared to a few years ago when a similar statement was rejected even before it reached the Assembly.

We would still like to see more women becoming members of AGLP and anyone with ideas on how we may facilitate an increase in lesbian membership is encouraged to call either Cheryl or John.



## Caucus Column

Margie Sved, M.D.

**D**r. Phil Cushman and I spent November 5-8, 1998 in Washington, D.C. at the APA Assembly meeting as the Representative and Deputy Representatives from the Caucus of Gay, Lesbian, and Bisexual Psychiatrists. Lots of meetings, and lots of worthwhile things for me to report.

Most importantly, a position statement against "reparative" or "conversion" therapy passed the Assembly this year. By the time you read this, it should have been approved by the APA Board of Trustees as APA policy that can be quoted in any necessary place. The final paragraph will read, "Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as 'reparative' or 'conversion' therapy which is based upon the assumption that homosexuality *per se* is a mental disorder or based upon the *a priori* assumption that the patient should change his/her homosexual orientation." Thanks to everyone who this year or in the past worked on making this a possibility. With a few changes in words from the CGLBI's original policy statement, this was able to be passed without any debate on the floor or vocalized opposition. The full text will be in the next *Newsletter*.

Each of the minority caucuses is trying to obtain a budget from APA, in order to have some means of staying in contact with our constituency. There is at least enough overlap between "official" caucus members and AGLP members, that AGLP has always used this *Newsletter* for Caucus business, news, etc. Not all the caucuses have a similar relationship with an "outside" group, and having at least one or two mailings a year from the reps to the caucus members would remind everyone of the different roles of the groups.

The Committee of MUR Representatives (all the minority reps and dep reps in the Assembly) is also going to start maintaining a list of minority members qualified to be appointed to APA committees and components. Anyone who would like to be considered for any of these should let me know. Sending a CV and your areas of interest and expertise will be most helpful. The best way to be appointed continues to be through service at the District Branch level, but the past few years the AGLP President and Assembly representatives have been asked for recommendations as well.

The Assembly discussed and debated 42 Action Papers as well as a variety of issues from some of the component reports. The majority of these papers were reviewed by reference committees which each had an area of focus: Membership and District Branch Issues; Government Relations; Organization and Governance Issues; Education, Standards and Research; and Managed Care and Economic Affairs. The Action Papers covered a wide range of issues relevant to psychiatrists such as: support to decrease national APA dues (passed), developing guidelines for telephone triage for psychiatric emergencies (passed), limiting term lengths of Assembly reps (postponed), APA withdrawal from the National Committee on Quality Assurance (defeated), Discriminatory employer-sponsored disability insurance (passed). Contact me if you would like a complete list, or look for articles about the November Assembly in *Psychiatric News*.

Elsewhere in this issue are responses from many of the candidates for national APA offices. One of the areas addressed is Rodrigo Muñoz's APA Plan on Minority Concerns and Issues. During Dr. Muñoz's year as President-Elect, he held a forum to address the concerns of minority members of the APA and the populations they serve. The information gathered was organized into a plan that involves all areas and components of APA. The Committee of MUR Representatives and the Council on National Affairs will be monitoring the implementation and reporting on the progress. All APA components have been asked to develop specific plans to address the following:

- a) Encourage cultural diversity both in the training curricula and in the workforce. Ensure that in all treatment guidelines developed by APA, the issue of diverse cultural issues of our patients and their impact on treatment are addressed
- b) Advocate with legislative and regulatory bodies for issues of concern to our minority members and to the patient groups which they represent
- c) Increase the awareness within the APA about issues of concern to our minority/underrepresented group members through more effective member education by the Division of Public Affairs, *Psychiatric News*, and other methods of educating the membership

## Symposium Held in Los Angeles

Dan Fast, M.D.

A full-day symposium, "Lives of Lesbians and Gay Men: What You Must Know," was held on October 5, 1998 at the American Psychiatric Association Institute on Psychiatric Services at the Bonaventure Hotel in downtown Los Angeles. This was jointly sponsored by AGLP and the Southern California Psychiatric Society. (Some AGLP members will recall that this program was originally scheduled last November but cancelled due to lack of pre-registration.)

Daniel Fast, M.D., the Chair, welcomed the forty or so attendees at 8:30 AM. The program began with It's Elementary, a video exploration of elementary and middle school children's attitudes toward homosexuality. A lively panel discussion ensued among Judd Marmor, M.D., Stanley Harris, M.D. and Dr. Fast. Dr. Marmor noted the evolution of ideas about homosexuality since his days as President of the American Psychiatric Association in 1973, overseeing "depathologization" and the need for education of parents to live and let live," i.e. to respect their gay children. Dr. Harris commented on the significant burden placed on gender non-conforming youth in schools who are more readily identified and thus become targets of abuse by peers and families. Dr. Fast noted that, at long last, children can have the opportunity to discuss their assumptions and prejudices about sexual orientation. Today's more open environment recalls Truman Capote: "Homosexuality was once the love that dared not speak its name and now it just won't keep quiet."

Diana Miller, M.D. then presented a "Review of Current Biological Research into the Etiology of Homosexuality." Her data is extremely well-researched, showing that over 1000 studies in the past century have failed to provide any consistent or conclusive proof of a biological origin of homosexual orientation, in either men or women.

Attendees then selected from one of three workshops. "Adolescence" was led by Norman Hartstein, M.D. and Dr. Fast as well as Larry and Lynette Sperber, local co-Presidents of Parents, Families and Friends of Lesbians and Gays (PFLAG). While much more information about homosexuality is available in today's media, each child must still "come out" to a family and culture that is overwhelmingly heterosexual in attitudes. The required teenage struggles are complicated by having one's sexuality hidden, with delays in individuation a problem for young lesbians or compensatorily overdeveloped sexual behavior in young gay men. Parents must mourn the loss of the hoped-for grandchildren.

In "Young Adulthood," Mary Andres, Psy.D. and Dr. Harris addressed the needs of young people in a university setting, particularly the need for peer group support in developing normative social and dating skills. The group on Bisexuality led by Pat Alford-Keating, Ph.D. was extremely well-attended, with an extensive six-page guide to the literature on this challenging topic. Each of us must determine our place on the Kinsey scale, 0=exclusively heterosexual to 6=exclusively homosexual, which can vary over time and culture. I referred to it as the "issue guaranteed to provoke everyone."

Following lunch, we heard from Bob Cabaj, M.D. on "Substance Abuse and the Impact on Gay, Lesbian and Bisexual Identity Formation." Dr. Cabaj noted that the denial and dissociation of internalized homophobia and living "in the closet" are a fertile ground for the same attributes which characterize chemical dependencies. There is a two to three times greater incidence in the gay and lesbian community of alcoholism and substance abuse, particularly amphetamines on the men's "party circuit."

The afternoon workshops convened. "Gay and Lesbian Parenting" was led by Dr. Alford-Keating where participants were able to share their common challenges in raising children in a "heterosexist" society. "Sexual Compulsion" led by John Sealy, M.D. served as an introduction to the basic concepts of this under-recognized disorder. "The HIV Epidemic and Multiple Losses" was facilitated by Keith Young, M.D. and Tom Newton, M.D. "Minority Issues and Double Stigma," co-led by Gene Nakajima, M.D. and Duane McWaine, M.D. identified the struggle of many gay men of color between ethnic affiliation and identification with the majority culture. Asians must contend with the strong influences of Confucian duty to family, while African-Americans cope with the condemnation of homosexuality by many Christian churches which are such a strong organizing influence in those communities.

At the end of the day, there was a lively discussion of the issues raised in the day's presentations. This full-day symposium was recorded and audiotapes are available through the APA.

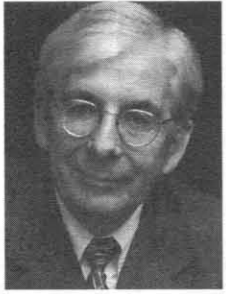
*[Editor's Note: Dr. Fast has recently become the first openly gay person to enroll for psychoanalytic training at the Los Angeles Psychoanalytic Society and Institute]*

## American Psychiatric Association: The Candidates Respond



### Candidates for President-Elect

#### Daniel B. Borenstein, M.D.



Daniel B. Borenstein,  
M.D.

1) *How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

The APA Board of Trustees, on which I serve as Vice-President, and our President-Elect, Alan Tasman, support Dr. Muñoz's "APA Plan on Minority Concerns and Issues." The APA Council on National Affairs and the Assembly Committee of Representatives of Minority/Underrepresented (M/UR) groups have been charged with monitoring this effort and reporting its progress to the Board of Trustees on a regular basis. In September 1998, the components received their specific responsibilities as outlined in the plan. Therefore, implementation of the plan is underway, and I remain a vigorous supporter of it. In my ten years on the Board of Trustees and previously in the Assembly, I have consistently supported increased M/UR group representation and APA efforts to address specific issues of concern to M/UR members and their patients. For example, the Board requires that industry-supported symposia include appropriate M/UR representation on their faculties. If elected, as President-Elect and President, I will ensure that the plan is fully implemented.

Recently, I played a major role in the development of APA's new Psychiatric Institute for Research and Education. This entity will be able to obtain additional grant money to fund career development grants for minority researchers. In conjunction with academic programs, the Institute will also play a significant role in the design and development of educational training programs, taking into consideration M/UR issues.

As President-Elect, I will insist on database information on membership geography, gender, ethnicity, minority status and current composition of components in addition to expertise which will help me appropriately consider these factors in appointing members to components. In addition, one of my initiatives as President is to increase District Branch involvement in APA activities. I intend to meet with DB Presidents and Presidents-Elect to initiate a number of actions, including increased M/UR representation and involvement in their DBs. Above all, it is my fervent hope that M/UR issues and members will be "mainstreamed" throughout APA in the near future.

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 worked closely with a number of the past Presidents of the Association of Gay and Lesbian Psychiatrists (AGLP), especially Marshall Forstein, Bob Cabaj and Jim Krajeski, and with many other AGLP members in the Assembly, on components and on the Board. If elected President-Elect, I will continue my established relationships with AGLP and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists. I welcome your input and will appreciate your keeping me informed about your concerns to assure our working together for all of our members and their patients.

#### Lawrence A. Stone, M.D.



Lawrence A. Stone, M.D.

1) *How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

Regarding the first question pertaining to Dr. Muñoz's APA Plan on Minority Concerns and Issues, I wholeheartedly concur with the five major aspects he set forth for all components to address. However I want to remind us all that it is a long time from a plan now, to what the realities will be in two more years. Minorities represent smaller qualities or quantities of something. How and what happens, both overtly and covertly, because of the existence of a minority is basically determined by the prevailing numbers, attitudes, and/or actions of the remaining, or the majority, which may include coalitions of minorities. At the same time, the attitudes and actions of the minority, at times can directly or indirectly influence the majority, but usually only in small increments.





Lawrence A. Stone, M.D., (con't.)

As scientists of human biopsychosocial aspects of growth, development, learning, behavior, thinking, and emotions, we must bring together all of our APA members with all of their human diversities and create a union with differentiation, consolidation and equality. We must prevent the misdirection into an institutional conglomeration, with inherent diffusion and confusion.

Our society is extremely complex and is demanding maximum adaptability for all to survive. We must cease from insisting that everything be homogeneous, and, rather we must synthesize differences and differentiate their effects, their positive and negative values. We must acknowledge differences without automatically invoking discrimination, segregation and/or denigration.

I believe these to be true, and as such have tried to follow them in all of my life. I now believe and pledge to support equality of skills, of opportunity and of competence, and to eliminate bigotry, prejudice, and discrimination in all of the offices, staff, components and the business of the organization. We shall all work together toward true scientific understandings of all differences and their unique role and/or contribution to life, while minimizing the stigmatizations, polarizations and prejudices that may exist or arise from half-truths, i.e. before we know the real reality.

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 your APA President I would reaffirm the above principles. I would work with the Association of Gay and Lesbian Psychiatrists through a very direct approach. I would want to be associated with and appoint, if appropriate, those individuals with the established skills, experiences, knowledge and judgement, to every component that could benefit from their learned input. These issues are often bilateral in a way, meaning intellectual, scholarly, and scientific; and bigotry, prejudicial, and dogmatism. Our successful organization will require leadership with productive liaisons with constructive leaders, with both authoritarian and statesmanship leadership. We will have these alliances, you can count on me, and I will count on every member of the Association of Gay and Lesbian Psychiatrists.

## Candidates for Vice-President

Paul S. Applebaum, M.D.

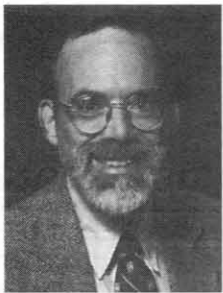
1) *How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

The Muñoz plan offers a comprehensive blueprint for increasing the participation of members from Minority/Underrepresented (M/UR) groups in APA, and for focusing APA's attention on issues of concern to these members. I support both the intent and the specifics of the plan. Let me concentrate here on several aspects that are worthy of particular attention.

No element of this plan, in my view, is more important than ensuring effective representation of M/UR group members on APA components and in APA governance. Issues of concern to any group can best be identified by members of that group, who are also the most likely to propose reasonable strategies for dealing with those issues. That is precisely why representation is critical: if you want your voice to be heard, you have to be at the table.

Appointments to components are in the hands of the President-Elect. Nominations to the Board rest with the Nominating Committee. Both sets of decisionmakers must have in hand accurate data speaking to the current representation of M/UR groups relative to their membership in the organization as a whole. Efforts must be made to solicit suggestions for potential component members and nominees from the committees and caucuses representing these groups within APA, as well as individual members. Taking an approach like this, it is inconceivable that progress cannot be made.

Sensitivity to M/UR group concerns, however, ought not to be the exclusive preserve of members of those groups. The APA Board of Trustees should invite M/UR components and caucuses to participate in the development of multiyear action plans reflecting the priorities of M/UR groups, commit to the implementation of these plans, and develop means for monitoring progress. Once committed to an action plan, the Board should be held responsible for its implementation.



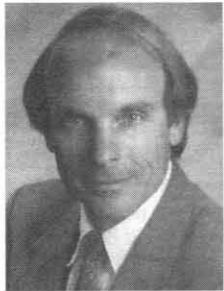
Paul S. Applebaum,  
M.D.



Paul S. Appelbaum, M.D., (con't.)

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 long had good relationships with many of the individual members and leaders of the Association and the Caucus. Indeed, the Department of Psychiatry that I chair at UMass has a deserved reputation as a comfortable home for gay and lesbian faculty and residents. I would expect my relationships with the Association and the Caucus to deepen, as I looked to them for guidance in dealing with issues of importance to the gay and lesbian psychiatric communities, and as we worked together to achieve our mutual ends.



Jeremy A. Lazarus, M.D.

Jeremy A. Lazarus, M.D.

1) *How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

Dr. Muñoz' APA Plan on Minority Concerns and Issues first asks for each council and constituent component to develop recommendations as to how minority concerns and issues can be implemented. After receipt of these responses, the APA Board and Assembly should determine both short and long term implementation strategies consistent with the APA Strategic Plan. Specific implementation actions should be time lined and discussed prior to implementation with all of our M/UR committees and representatives. Extensive feedback should be sought so that there is mutual support for programs to be developed. If, for some reason, there is insufficient implementation of the plan, I will work with our M/UR Committee to initiate an action in the Assembly to provide impetus for action. If elected, my dual roles on both the Board and Assembly will provide the opportunity to build consensus within both governing bodies.

As Speaker-elect I strongly advocated for appointment of members as spelled out in Dr. Muñoz's plan. If I again have an opportunity to do so, I will continue to advocate for diversity in appointments.

We must initiate actions within the Assembly Executive Committee and Assembly to develop and implement a strategic plan to increase grassroots involvement of minorities/underrepresented groups at local levels in chapters, DB's and Area Councils. I will work together with M/UR representatives in the Assembly on these proposals.

We must initiate programs within the Board and Assembly to increase sensitivity to diversify in the APA and facilitate program development for minority/underrepresented groups that meet the needs of those groups. It is high time that our governance educates itself more thoroughly on these issues.

I will support the recommendations regarding the Council on Internal Organization to insure diversity in industry-supported symposia and that our scientific program content addresses minority/underrepresented group issues.

I initiated a demographic study in the Assembly and would advocate for a similar database to be kept and published on an annual basis.

I will strongly advocate for the rights of minority/underrepresented groups in both APA and our society with the goal of ending discrimination.

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 hope to continue the collegial and cooperative relationship I have already developed with many members of the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists. There should be regular meetings together to address issues of concern from both groups and to develop a set of agenda issues to carry cooperatively forward to our Board and Assembly. We need to work actively together to advocate strongly for the benefit of all APA members and the patients they serve.

election

## Candidates for Trustee-at-Large



Richard Balon, M.D.

**Richard Balon, M.D.**

*1) How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

I am fairly familiar with Dr. Muñoz's Plan on Minority Concerns and Issues, as I have, as with many other leaders of minority groups, participated in its creation. I am a staunch advocate of minority issues. I have chaired the APA's Committee on IMG's and the Committee of Representatives of Minorities/Underrepresented Groups where I represented the IMG Caucus. I have fiercely fought for minority issues as a member and chairperson of these committees. I have consistently pointed out the underrepresentation of minorities to the APA's Presidents and other leaders. As your Trustee-at-Large, I will fight energetically and courageously to achieve the goals of this plan. I will fight for the increased involvement of minorities in the APA leadership. I will fight against the discrimination of minorities, and push for more education about minority issues within the APA and in the general public. The recent tragedy-hate crime in Wyoming, and the Senate's refusal to appoint the first openly gay American ambassador illustrate that we have a long way to go in accomplishing the goals of our fight against discrimination.

*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 continue the friendly, cordial, and collegial relationships which I have established over the years with many leaders and members of the Association and the Caucus. I would like to foster personal meetings and discussions with the members and leaders of the Association and the Caucus. I would continue promoting the increased participation of talented Gay and Lesbian psychiatrists in the leadership of American psychiatry. The appointment of *Psychiatric News* editor was just a good start. I would also strengthen the collaboration between AGLP and APA on a number of issues.



Ezra E. H. Griffith, M.D.

**Ezra E. H. Griffith, M.D.**

*1) How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

It is important I emphasize that Dr. Muñoz's Plan summarizes strategies I have been implementing and pursuing throughout my professional life. I developed the first Transcultural Psychiatry course for residents training in the Department of Psychiatry at Yale, a course that considered the complex interaction between dominant and non-dominant group members. I have served on the Yale Medical School Admissions Committee for over fifteen years, advocating for the admission of qualified applicants coming from many different minority groups. I recently served on APA's Strategic Planning Committee and advocated vociferously for the consideration of minority concerns and interests as we contemplated ways to improve APA's structure and function. I have been a strong voice for the notion that all groups deserve serious respect, recognition, and affirmation.

Dr. Muñoz recommends that the ideas of equity and fairness embodied in the Plan be adopted as a priority of APA. This means that the Board of Trustees must adopt the Plan as a cornerstone of its interests and objectives, and these central principles must be explained to Council Chairs, Assembly leadership and key staff. The outcome must also be monitored on an annual basis, and these results should be reported to the Board and Assembly and disseminated by internal media throughout the association.

*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 expect my relationship with both groups to be solid, pleasant, friendly, and mutually supportive. I have worked and socialized with gays and lesbians in many different contexts during the last 30 years and have enjoyed the interactions in the same way as I have enjoyed my relationships with non-gays and non-lesbians.

The Association and the Caucus will, from time to time, disagree with me on some political issue or other. But such differences will never flow from any doubt about my profound respect for both groups, whose autonomous choice of personal and group identity I fundamentally affirm.



Ann S. Maloney, M.D.

**Ann S. Maloney, M.D.**

*1) How do you intend to implement Dr. Muñoz's APA Plan on Minority Concerns and Issues?*

A 47 year old woman three years out of her residency, I've already worked to promote the issues of others, like my gay and lesbian colleagues, whose voices have not been sufficiently heard in the governance of the APA. I have specifically striven for parity in representation and for the APA's accountability to its entire membership.

In this regard, Rod Muñoz's sensitive and ambitious Plan, which obviously comes from the heart, represents a stride in the right direction. In it, he proposes that the APA encourage cultural diversity, lobby with legislative bodies and governmental agencies regarding the concerns of minority and underrepresented members, "mainstream" their issues, mount educational initiatives and develop leadership programs for these groups. He further suggests specific agenda for the Board, the Assembly Executive Committee and specific Components to realize these goals. This Plan brings to the fore issues of the utmost importance not only for the AGLP but for the APA at large and sets forth agenda that I wholeheartedly endorse.

As a Trustee-at-Large, I would act to help support and refine these objectives in the following ways. First, I would specifically include in Rod's listing of the groups who need to be appointed to the components the gay and lesbian contingent. Second, not only would I promote yearly meetings of independent minority organizations with the Board, as Rod suggests; I would also foster systematic dialogues among the various minority and underrepresented constituencies in order to educate what otherwise would amount to separatist advocacies about both their shared and their specific needs. In a word, I would make every effort to guarantee that the AGLP continues to have access to the leadership and an expanded role in informing the APA governance and membership about their concerns.

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

It goes without saying that if elected Trustee-at-Large, I would maintain my ongoing intimate relationship with the AGLP members who constitute the Caucus of Gay and Lesbian Psychiatrists. Gay and lesbian psychiatrists have been among my closest collaborators in establishing the Assembly Committee of Early Career Psychiatrists, which I chaired at its inception and which is now presided over by Bill Callahan. The issues of the ECP's and of the gay and lesbian constituencies dovetail as to impel the long overdue democratization of the APA.

In addition to organizational changes, the needs of our gay and lesbian patients remain a central priority. Apart from our increasingly successful and ongoing challenges to diagnostic chauvinisms (manifest in the Assembly's recent approval of an action paper requesting that the APA change its position statement on psychiatric treatment and sexual orientation to oppose "reparative" or "conversion" therapy), one particular initiative comes to mind. We need to study more systematically the high incidence of major depression and suicide among gay teenagers and to develop preventative and therapeutic strategies to deal with a relatively neglected epidemiologic trend. My sense is that this group is particularly vulnerable not so much to any biologic predisposition but rather to the prejudicial impingements of their society at a time of life when the consolidation of identity and self-esteem are urgent priorities. The APA needs to mount major initiatives aimed at educating not only itself but, more important, the culture in which it is embedded about the nature of sexual orientation. It needs to collaborate with other professional organizations and governmental agencies to implement programs at the grass roots level - - for example, in the schools where these young people spend their formative years.

In closing, I would simply reiterate my commitment to the AGLP's concerns about issues inside and outside the complex inner workings of the APA.

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election 99



ANNOUNCEMENTS

The LAGCAPA (lesbian and gay child and adolescent psychiatry association) winter meeting is January 15-18 in New York City. There is a block of rooms reserved at the new hotel "W" at 541 Lexington Avenue (between 49-50th Sts.) at the special price of \$135 a night. Make reservations through Juan Tamarit at (212) 334-1350 ext 475 no later than December 15. For more information, contact William Womack, e-mail: bilfyre@uwashington.edu or (206) 324-3814. There will be a welcoming cocktail reception, group dinner, theatre event as well as two business sessions.

The Department of Psychiatry at the University of California, San Francisco (UCSF) seeks a board certified psychiatrist to fill the position of Director, Medical Student Education Program in the Department. The position will be at the Associate Professor or Full Professor level. The position will be available after July 1, 1999. Deadline date for applications is February 8, 1999. Please send a letter of interest and curriculum vitae to: Charles R. Marmar, MD, Chair, Search Committee; c/o Rita Emelia-McLinn, SFVAMC (116A); 4150 Clement Street, San Francisco, CA 94121.

CGLBP COLUMN  
CONTINUED FROM PAGE 4

d) "Mainstream" minority/underrepresented group issues so that they become priorities of the APA rather than just those of the minority/underrepresented groups

e) Develop programs of leadership training and make such training available to appropriate minority/underrepresented group members

There were other areas for specific components to address. Let me know if you would like a copy of this whole plan.

As usual, I will be sending out my recommendations of who to vote for in the APA elections, mostly by e-mail. Please let me know if the AGLP office does not have your e-mail and you would like to receive this information from me.

Again, feel free to contact me about any APA-related issue: work: (919) 733-9917; home: (919) 851-8851; e-mail: msved@thr.state.nc.us

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MEMBERSHIP COMMITTEE COLUMN  
CONTINUED FROM PAGE 3

Remember, membership materials are readily available to share with your friends from Roy Harker at (215)222-2800. Why not give him a call today and ask him to forward some to you so that you have them on hand to give to any potential new members.

Have a great Solstice Celebration, Hanukkah, Christmas or whatever and don't be surprised if you get a call from one of us in the near future!

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PRESIDENT'S COLUMN  
CONTINUED FROM PAGE 1

need to let me know at drdanhicks@prodigy.net or (202) 965-8248 or contact Dr. Mary Barber, at meb@warwick.net.

Anyone presenting programs of interest to our members at the Annual Meeting, please submit these to Roy Harker, including topic, date, time, and location, to include in our brochure. Most of my time at the Annual Meeting usually centers around attending the very interesting and relevant topics presented by AGLP members.

I have been asked to chair a forum on lesbigay mental health issues. It is titled: "Hate for Loving: How Societal Oppression Impacts Lesbian and Gay Mental Health." It will focus on violence, reparative therapy, religion and spirituality, non-recognition of our relationships, and alienation of gay youth. Mark Townsend, Neill Williams, Lynn Feldman, and others will be speaking; it is scheduled for Wednesday, May 19th from 12-1:30 pm so please plan to attend.

The Gay/Lesbian Committee of Washington Psychiatric Society will present a workshop in conjunction with PFLAG on Tuesday, May 18th from 11-12:30 on how PFLAG can help lesbian and gay patients and their families.

I am pleased to announce that the reparative therapy position statement, proposed by the Committee on Lesbian, Gay, and Bisexual Issues, and also by several district branches, was passed by the Joint Reference Committee and the Assembly in November. As of this writing, hopefully it will have also passed the Board of Trustees at their December meeting. I want to thank Drs. Margie Sved and Phil Cushman, our Caucus reps who campaigned vigorously, Drs. Ed Hanin and Robert Mitchell from New York who also campaigned and helped, Drs. Dan Karasic, Lowell Tong and the Committee, and Dr. Roger Peele and the Washington Psychiatric Society who helped get the proper wording, gave advice, and helped us work it through proper channels. It passed without much of a battle as opposed to only 4-5 years ago. I think that speaks to the changing political climate, as well as to more of our members who are willing to get involved and work behind the scenes to get things accomplished. Thanks to all for a great achievement in protection for our patients and ourselves.

...



## Comprehensive Textbook of Psychiatry Revision

Terry S. Stein, M.D.

**T**he *Comprehensive Textbook of Psychiatry/VII*, Seventh Edition, edited by Harold Kaplan (now deceased) and Benjamin Sadock, is scheduled to be published in the spring of 1999, hopefully before the Annual Meeting in May. I am pleased to inform the members of AGLP that the chapter on homosexuality in the next revision will not be tainted by the negativity and ambivalence present in early editions. I have just reviewed and returned the copy editing on the manuscript which I submitted one and 1/2 years ago in February 1997; there were no substantive changes in the material I wrote. The chapter on homosexuality in the first edition of the *Comprehensive Textbook*, published in 1967, was written by Irving Bieber, and was titled "Sexual Deviations, II: Homosexuality." While this title was consistent with the nomenclature in DSM-II at that time, one can imagine that if Irving Bieber were alive today, he might still use the same title. Subsequent editions contained chapters by a variety of authors, including Judd Marmor in the second edition, published in 1975, and Richard Green in the third edition, published in 1980, and reflected to some extent the changing views about homosexuality within psychiatry. However, the chapters on homosexuality in the last two editions were both written by Warren Gadpaille and can be described at best as an apology for the removal of homosexuality from the DSM. Gadpaille's chapter in the last edition, published only in 1995, contained sections on The Question of Psychopathology and on Homosexuality As A Symptom of Pathogenesis. This chapter was regressive and ambivalent in its presentation of homosexuality and failed to clarify current psychiatric understanding of homosexuality and clinical work with gay men, lesbians, and bisexuals.

My chapter is called "Homosexuality and Homosexual Behavior." I was originally asked to submit a manuscript of about 36 pages; however, the manuscript I forwarded in 1997 contained 104 pages. Recently I was asked to add up to 10 pages of case examples. The final manuscript consists of 112 pages, which allowed me to at least touch upon most of the essential topics. Those of you who are familiar with my thinking know that it will convey my own view of the multifaceted development of homosexuality; through this perspective, I hope that I have done justice to the complexity and richness of our current understanding of sexual orientation. Most important, I hope also that this chapter will contribute to a greater understanding of sexual orientation among future psychiatrists and to improved psychiatric services for gay men, lesbians, and bisexuals. I look forward to your comments on the chapter after it is published.

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## Medical Student Column

Adrienne Schlang

**I**n medical school it is very difficult to establish a support system. Unlike college, where there are many functions and social gatherings, medical school offers few social functions, other than a few students getting together for happy hour. Cliques can develop rapidly at the outset, and if you are unwilling to be a part of them, it is not long before you realize you do not have a good group of friends.

It is unfortunate that the premed mentality that was rampant with my undergraduate classmates continues to thrive in medical school. This also makes it difficult to like most of my classmates especially when they seem to be shallow "gunners" with nothing to offer but good grades.

There are so many time constraints in medical school. Again, if you are without a clique, it is difficult to find students interested in study groups and even fewer are interested in helping each other out. This is unfortunate as the volume of material and the pace that is covered could be less of a chore if reviewed with others. I've heard one student explain medical education this way: "It's like taking a big handful of spaghetti, spitting on it, and throwing it up at the wall. The little bit that sticks is equivalent to what is retained."

Romantic relationships can also be hard to establish with the time constraints. It is even harder when you are gay or lesbian. There are hardly any gay functions supported by my school, and most gay faculty do not mix with the gay student groups. Thus, there are no visible gay or lesbian physician role models.

I'm not sure if this essay has a resolution. However, I wish that more gay faculty would support the students or be more visible. If students would support each other, and not be so cliquish, it could ease the amount of work load on the individual and make medical school more enjoyable. Also, I wish that the administration would support gay and lesbian organizations and functions.

This last paragraph is to advertise the AGLP's student travel fund that exists to help students attend the Annual Meeting. This year's Meeting is in Washington, D.C., May 15 - 20. Students interested in attending can contact me at (409) 762-3347, or by e-mail at [aschlang@marlin.utmb.edu](mailto:aschlang@marlin.utmb.edu). The other student representative is Dennis Lin at (617) 267 2239.

## BOOK REVIEW

## LESBIAN AND GAY YOUTH: CARE AND COUNSELING

Caitlin Ryan, ACSW and Donna Futterman, M.D.

Columbia University Press, 1998

Review by Dan Hicks, M.D.

Just as the *Textbook of Homosexuality and Mental Health* was a pioneering breakthrough for lesbian and gay mental health, this new text is a quantum leap forward in providing easy-to-use guidance and expertise for medical and mental health care to lgbt youth. Caitlin Ryan has been at the forefront of lesbian and gay health for years, from her involvement with Pride in Minnesota, the first successful specialized treatment program for gay men and lesbians, to being Chair of the AIDS Commission for the DC government. Donna Futterman is likewise a major activist in lgbt health concerns through her role as director of the Adolescent AIDS Program at Montefiore Medical Center in NYC.

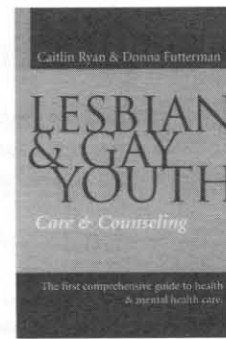
The book emerged from the development of a national conference on lesbian and gay youth sponsored by the Health Resources and Services Administration, under the direction of Joan Holloway. Guidelines for care and treatment emerged from this successful conference, but it became clear there was a need for a more basic frame of reference to apply the guidelines, and so this book was developed. While it is targeted to health and mental health care providers, its format makes it accessible to parents, educators and advocates of those working with lgbt youth.

The first section gives an overview of the special challenges to lesbian and gay youth, their particular vulnerability and needs, identity formation, coming out, working with minorities, and issues of consent and confidentiality. The second section covers health concerns, primary care, transgendered youth, special populations, mental health concerns, family issues, and models for mental health and medical assessments. The last section deals specifically with HIV and AIDS, from epidemiology in adolescents, to testing, counseling and prevention, and finally to latest treatment recommendations.

Like the *Textbook of Homosexuality and Mental Health*, the strength of this book is not the extensive details offered in these areas, but the fact that it addresses this underserved population in a relatively user-friendly way. The real benefit is in the references to much of the latest work in this field, and in the appendices in the back. There are lists of resources for health care providers, youth and their families, and recommended readings. In addition, there is an extensive outline on HIV counseling and testing to use as a guide, and also very complete protocols to be used in mental health and primary care assessment, as well as HIV treatment for adolescents. The last appendix is the American Academy of Pediatrics' remarkably progressive Statement on Homosexuality and Adolescence.

The main criticisms I would make on the book is some repetition of material, which can occur in compiling reports from a consensus conference made up of different committees covering overlapping areas. The other is that most of the references occur around the time of the conference in 1994 or before (although the *Textbook* is referenced as well as the latest HIV treatment guidelines). This would be fine except there has been an exponential growth in the amount of research and writing in this area in the last few years. I would hope the authors could quickly add an addendum or update to include these more current references, as well as more information about continued discrimination and violence as lgbt youth become more visible. Overall, I feel it is an excellent and necessary resource for all of us working in gay and lesbian mental health.

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Like the *Textbook of Homosexuality and Mental Health*, the strength of this book is not the extensive details offered in these areas, but the fact that it addresses this underserved population in a relatively user-friendly way.

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 FOR 1999.

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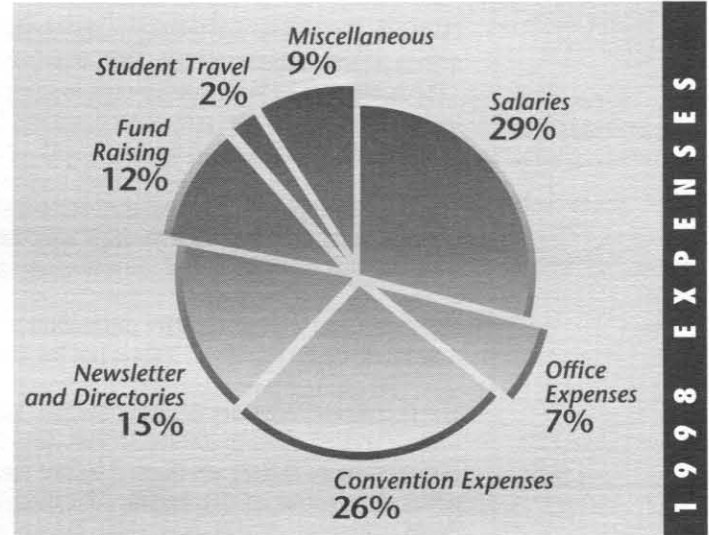
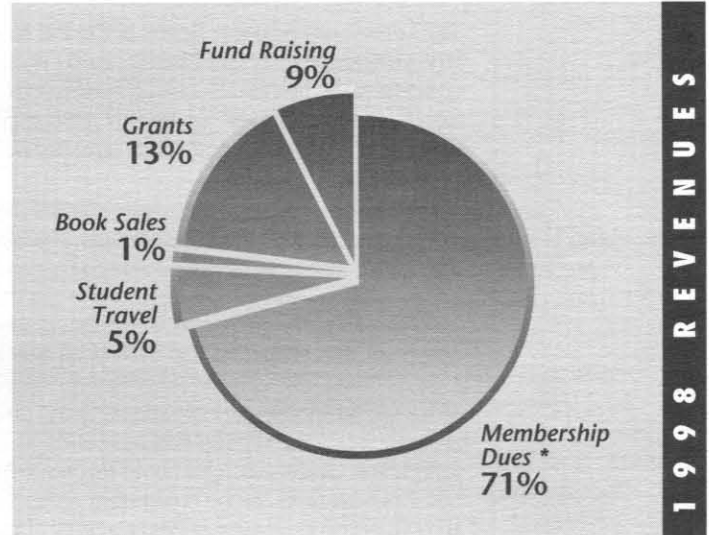
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CONTRIBUTORS

Association of Gay and Lesbian Psychiatrists  
**1998 Financial Statement**

James Slayton, M.D., Treasurer



**LEDGER SUMMARY**

	1998	1997
Total Receipts *	\$104,089.32	\$80,173.01
Total Disbursements	\$84,876.70	\$86,225.50
Receipts/Disbursements	\$19,212.62	-\$ 6,052.49

**TOTAL ASSETS**

Beginning of Year	End of Year
\$29,114.58	\$48,327.20

\* Includes membership dues for 1999 received in 1998



**ISSUE ALERT:****HIV/AIDS AMONG AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN**

The Community Advisory Board of the Pitt Men's Study (National Institutes of Health study of the natural history of HIV/AIDS among gay and bisexual men) is concerned with transmission of HIV among all groups. Of particular concern is the increasing rate of transmission among African-American men who have sex with men (the term "men who have sex with men" or MSM is often used because many of these individuals do not self-identify as gay or bisexual). As a result, the Community Advisory Board has issued this first issue alert.

After years of relative silence, more people are talking about the devastation that HIV has caused among African-Americans. However, very few people are talking about the large percentage of African-Americans who have developed AIDS as a result of men having sex with men. Many MSM will suffer as a result of this silence.

AIDS disproportionately affects African-Americans. While 13% of the population of the United States is African-American, it is estimated that 57% of all new infections occur among this population.

More African-Americans are speaking out about this public health problem. The Congressional Black Caucus recently asked the Clinton Administration to declare AIDS a national public health emergency among African-Americans. Recent articles about this issue have appeared in the *New York Times*, the *Post-Gazette*, and in many other publications. At the community level, some local agencies and churches have begun to address issues of HIV/AIDS and its impact in communities of color.

However, few people are talking about African-American MSM. Of all cases of AIDS reported in Allegheny County, PA among African-American men, 58% acquired HIV through sex with other men and 31% through injection drug use. (The remaining 11% were attributed to other modes of transmission or risks which were not reported or identified.) Statewide, of all cases of AIDS among African-American men, 44% acquired HIV through sex with other men and 38% through injection drug use. (An additional 8% are related to MSM who also use injection drugs; and the remaining 10% are attributed to other modes of transmission or risks which were unreported or unidentified.) Finally, of all reported cases of AIDS among African-American males in the United States, 30% acquired HIV through sex with other men and 29% through injection drug use. (5% of cases were among MSM who also inject drugs, 9% were through other modes of transmission; and 27% did not have risks reported or identified.)

Significant and widespread HIV prevention programs targeting African-American MSM would be expected given the magnitude of the problem. This is not the case.

The Community Advisory Board of the Pitt Men's Study recommends those responsible for HIV prevention programs make a special effort to involve African-American MSM in the design and implementation of their programs. However, more dollars are needed before these programs can be developed to a significant degree. Therefore, political, religious, media, health, education, and other professionals need to be educated and lobbied to gain additional resources. Finally, bias within the gay and African-American communities are obstacles. We suggest that lesbian and gay leaders strive to make the "gay and lesbian community" more inclusive. Also, leaders in the African-American community are in a unique position to help others rise above prejudice directed at gay men and lesbians.

(Statistical information was obtained from the Allegheny County Health Department, PA Bureau of Epidemiology, and Centers for Disease Control and Prevention)

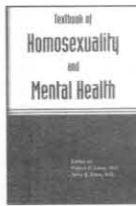
Contact person: Mark Friedman  
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Pittsburgh, PA 15213  
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**TEXTBOOKS AVAILABLE  
FROM AGLP**

**Textbook of Homosexuality and Mental Health**

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



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

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

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

**Lesbian Lives; Psychoanalytic Narratives  
Old & New**

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