As the Annual Meeting of the APA approaches, it is time to reflect on the activities of the past year and to begin to focus on our future as an organization. Following my lengthy column in the last Newsletter (Winter, 1984), I would like to summarize more briefly the major points which I think will need to be addressed by us in Dallas. These points represent the most important recommendations that came out of the Fall Meeting of our Caucus in Washington, D.C., in November, 1984:

1. Name Change: In Dallas I will recommend that the name of our organization be changed to the Association of Gay and Lesbian Psychiatrists. This name provides us with a clearer distinction from the Caucus of Homosexually-Identified Psychiatrists of the APA, and it broadens the potential for affiliating with other groups outside of the APA.

2. Committees: I will propose the formation of two committees, an Issues Committee and an Education Committee. The Issues Committee will provide a mechanism for identifying issues and concerns which should be brought before the entire membership. The Education Committee will be charged with stimulating, proposing, and implementing ideas for scientific and membership meetings which occur both at Annual Meetings of the APA and at other appropriate meetings. Such a committee should facilitate the increasingly complex task of planning our meetings in future years.

3. Extended terms of office: The third recommendation I will present in Dallas is to change the term of office for the President to two years, from its current one year term. The change would provide more continuity of leadership. The term of President Elect might also eventually be changed so that there would be one year (the first year of the two-year term of the President) where the immediate Past President serves on the Executive Committee, and the following year a President Elect could be chosen in preparation for the next two-year term of President. In this manner, there would always be someone to "assist" the President, but no one would be in the position of being President Elect for two years before becoming President.

There will be many other issues to discuss in Dallas. I look forward to seeing you there and hope that we will have time to reflect about ourselves and our organization. See you there, and be sure to check the schedule of events for Dallas listed elsewhere in the Newsletter.

***********************

Women's Column: Thoughts on Power, by Dr. Laurie Moore

One of the things I've been looking at in my own therapy and life is the expression and use of power. As a woman and a lesbian, I find that the issue is a fundamental one. The issue of power is, of course, fundamental to all people. What I am trying to clarify here for myself is the issue of whether as a woman and a lesbian I am or can be fully present in a given gathering of people. Power is the fulcrum of my being. It is the axis upon which my being turns either into manifest action or inward to containment and restraint.

I have generally believed that certain kinds of energy are by their very nature bad—energy that is confrontational, energy that is direct, loud, challenging, demanding. I have seen people misuse this energy to force their will on other people, to control and dominate others. As a result of my belief that this energy was bad, long ago I decided to reject this form of expression.

Only now at 37 in a psychiatric residency and in an intensive deep feeling therapy am I being confronted with what I have done to my body and my self as a result of my refusal to run this kind of power. I feel the block of this energy in my power chakra (solar plexus, just beneath the xiphoid process). It is truly as if I were to turn myself inside out from the stomach to prevent the expression of confrontational energy. I experience this block as a knot in my stomach, as nausea, as being sick to my stomach, as an infinitely deep vacuous feeling in the pit of my stomach. (Sound familiar?) And it literally stops me. It paralyzes me. It keeps me from acting. And it also blocks off the energy of my lower body.
I understand that I may be using some unfamiliar terms and I will attempt to explain myself. Chakras are energy centers. They come from the work of Eastern spiritual masters, Yogis, I believe. The root chakra is at the base of your perineum and it is the place where your sexual energy is stored. It is gray between your umbilicus and symphysis and it is the one by which you connect with others emotionally. The third chakra is your power center. The fourth is your heart, center of love and compassion. The fifth is your throat, center of speaking the truth. The sixth is the brow or center of seeing (third eye). The seventh is the crown chakra, center of knowing. Each has a color. Going from first to seventh, they are: red, orange, yellow, green, blue, indigo and violet—the colors of the rainbow. There are many books about this—Mother Wit has a simple discussion; Kundalini Yoga for the West has a very complex one; and Joy's Way has a pragmatic healing approach.

I have found awareness of these centers to be a powerful tool. I believe conflicts in different chakras result in the manifestation of different illnesses and in different responses to medications.

By being fully present, I mean that all my energy centers are open. This means that I am open to knowing, seeing, and speaking the truth. It means that my heart is open to receive and give love, that I am open to run power, that I am open to connect to others emotionally. And lastly, it means that I am firmly grounded in my body and on earth. I find these concepts invaluable.

At one of these centers we can throw our being into conflict by going into reaction, i.e., by rejecting/refusing to allow or accept the energy there. I may not want to say something I deeply know and feel to be the truth. As a result I may have pain in my throat. I may not want to see the suffering of others or what I perceive as evil, and as a result may have a headache. Obviously there is a wide spectrum of intensity in refusal and in expression.

Now, I have found that when I do not express myself or when I refuse to express myself, I am not and cannot be fully present. (This is really the gist of what I'm trying to say, so if you get this I've been successful.) One of the first struggles here for me was to open my heart, to be willing to share myself with others. As long as what I wanted to share was positive, loving, nurturing, or as long as it only had to do with me or my feelings about myself, I was coasting (relatively). But when it came to using my power I found myself in extreme reaction. It will be entirely consistent for you to know that I have had sacro-iliac and lumbo-sacral pain for 13 years that at times has put me in bed. Now I know that much of this pain is a result of refusing to protect myself, refusing to use my power to get what I want and to express what I believe. I am talking here about things which may seem simple such as saying: "I don't like the way you are treating me or other people."

Not using power is a choice. I know the issue may be complicated, but as gay people, as men, as women, we all paralyze ourselves when we choose not to use our power. Not only are we then ineffectual, but we don't get what we want when we shut down. In the long run, we don't have any choice except to start being with who we are at the moment.

As a woman, I have been terrified of making a confrontation of almost any kind. I have just seen for the first time that my judgments about this kind of energy are wrong. It is sometimes exactly what is needed. And it is not intrinsically anything, i.e., bad.

I am just at the beginning of this process and I have much to learn. There is a thought that I repeatedly present to myself for consideration that I would like to leave with you as my second point. This is that true power lies in vulnerability. I don't quite know how to make sense of this thought as it is my own. But consider with me the following points. 1) We have a huge, exhaustive nuclear arsenal which certain elements of this society believe is necessary as an expression of power, a deterrent, if you will. 2) Our entire personality is structured as a defense against what we perceive life to be. Consider here a thought from A Course in Miracles—that all defenses are lies; all defenses are our attempts to hide the truth. 3) This concept is also expressed by Ernest Becker in The Denial of Death when he says that all culture is an attempt to deny death, an attempt to attain immortality.

What I mean to say with these three points is that what we define as power in world politics, in our own psyche, and in our cultural expressions is not be power but, instead, a defense against the truth. True power seems to me to be what lies behind the defense. In part, it is the acknowledgement of a deep sense of openness and vulnerability to the life that is running through us. If we begin by denying our
vulnerability, then our power becomes a distortion. Shandi was to me an example of someone who knew and used true power. I hope that I can find a way to use that same kind of power as a lesbian psychiatrist. Thanks for your attention.

****************************************

Obituary:

With great sadness, the Editor wishes to announce the death of Dr. William G. Nelson, a long-standing member of the Caucus. Dr. Nelson lived in Chapel Hill, and died on November 13, 1984, after a long battle against Hodgkin's Disease. He is survived by his lover/spouse, James M. Neese. The Executive Committee extends the sympathy of the entire membership.

****************************************

News and Announcements:

AIDS Antibody Blood Test: The psychological impact of the new widespread use of the AIDS antibody blood test for screening purposes has been in the news nationally and in many local communities. Boston and San Francisco local AIDS Action Committees and Gay Physician groups have been working with blood bank officials and local health agencies to try and regulate the use of the test, or at least have a protocol to make sense of the results. Since there are still so many unknowns about the disease itself and the meaning of having antibodies to the HTLV-III virus, it is still not clear of what use the test will really be. Certainly, many more people will become anxious, confused, embarrassed, and frightened by the results—there may be a great increase in the so-called "AIDS Anxiety" or "AIDS Neurosis" in people who have positive tests. Issues of confidentiality need to be addressed more directly. One fears more fuel for the fires of homophobia throughout the country, and more direct backlashes against gays. The Caucus, hopefully, will have a chance to discuss this and other issues related to AIDS and its impact on our community at the Dallas Meetings and at future gatherings.

New Books: The publication of gay and lesbian fiction, non-fiction, and professional literature continues at a head-spinning pace. The Editor will attempt to note just a few of the recent releases. Of great interest professionally, and for great enjoyment personally, Male Fantasies / Gay Realities by George Stambolian (The Sea Horse Press, New York City, 1984) offers insights into focused aspects of the lives of 10 gay men. This is an expanded collection of interviews that have partly appeared in Christopher Street.


Lovers of the British system of schooling and repression will enjoy comparing the fictional account in Lord Dismiss Us by Michael Campbell (University of Chicago Press, Chicago, 1984) with the true life Memoirs of John Addington Symonds (Random House, New York, 1984). The later is especially interesting as a study of Victorian repression on the psychological damage it can cause.

Finally, in the professional literature, The Journal of Homosexuality has had two recent issues of special interest--"Homophobia: An Overview" (Vol. 10, #1/2, Fall 1984) and "Controversy Over the Bisexual and Homosexual Identities: Commentaries and Reactions" (Vol. 10, #3/4, Winter 1984).

Upcoming Meetings: BAPHR (Bay Area Physicians for Human Rights) and the San Francisco Medical Society are planning a one-day conference on "AIDS: A Worldwide Epidemic" on Saturday, June 22, 1985. Contact BAPHR at (415) 558-9353 for more information.

AAPHR (American Association of Physicians for Human Rights) will have its Annual Meeting from August 7-10, 1985, in Vancouver, British Columbia, Canada, entitled "Symposium: Gay/Lesbian Health Care in the 1980's." The preliminary program offers a variety of medical and psychiatric topics. Contact AAPHR, PO Box 14366, San Francisco, CA 94114, for more information.

****************************************
The Caucus Hospitality Suite will be at the Plaza of the Americas Hotel, 650 N. Pearl Blvd., downtown Dallas, as will all other activities, except as noted. The location of the Suite will be available at the hotel information desk. The Hospitality Suite will be open from Sunday Afternoon, through Thursday, noon. Meetings are set as follows (information on events without times and places will be available at the Suite, the Opening Reception, and the Business Meetings.)

Sunday May 19: Executive Meetings, from 2-3pm—Hospitality Suite; Business Meetings, from 3-5pm—Hospitality Suite; Opening Reception, from 6-9pm—Plaza A Reception Room.

Monday May 20: Small Group discussions during the day—Hospitality Suite; Business Meeting, from 5:30-7pm—Grosvenor Room.

Tuesday May 21: Course # 13 on Advance Issues in Working with Homosexual Patients, from 8-12 (check location in APA material); CHIP Meeting, 12:30-1:30pm Dallas Convention Center, Room W-114; Lesbian Psychiatrist Meeting, from 1-2pm, Committee on Women Hospitality Suite (check location in APA material); Business Meeting, from 5:30-7pm—Grosvenor Room.

Wednesday May 22: Component Presentation on Coming Out Issues, 8:30am; Course #46 on Working with Gay Adolescents, 10am-5pm; (check location for both events in APA material) First Annual Award Luncheon, with guest speaker Dr. H Anonymous, from 12-2pm—at the Lookout Room, Hyatt. (PLEASE NOTE: This is a change from the originally announced location!) The lunch will cost about $17.50 per person, Education, Business, or CHIP Meeting, 5:30-7—Grosvenor Room (Tentative).

Thursday May 23: Small group discussions during the day—Hospitality Suite; Closing Party, in the evening, at Patrick's, a bar in Dallas. This will be a private function with a cash bar at "happy hour" prices.

A breakfast meeting and an evening party for residents will be held early in the week (check at the Hospitality Suite.) A special event will be announced to those who come to the Sunday meetings. Additional events for the women members in attendance will be planned in Dallas.

The Caucus of Homosexually Identified Psychiatrists (CHIP) meeting noted above, on Tuesday, May 21st, will be used to nominate a Representative and Deputy Representative. All CHIP members may vote; individuals who wish to join CHIP, but have not done so, may register at the meeting. Note that the meeting will be at the Convention Center, not the Plaza.

The Awards Luncheon will be the first annual event to honor men and women who have been instrumental in promoting gay and lesbian rights, especially in the mental health fields, or who have special in some way to the gay community. This year, however, there will be no actual award since we which to have members help suggest honored guests. "Dr. H. Anonymous" who appeared, disguised, years ago before the APA Board to let the APA leaders know that there are, in fact, gay psychiatrists in the world, will be the guest speaker. Please plan to attend this special event. It will cost about $17.50 per person, for a Southern-style steak dinner; we will need to know who wish to attend by Monday of the Convention week, so be sure to let members of the Executive Committee know your plans. Note that it will be held at the Hyatt, not the Plaza.

Please use the time between now and the Meeting to decide what role you would like to take in the coming year for the Caucus. We will be looking for new officers, committee members, and people to help with the Newsletter. If you cannot get to Dallas but wish to help the Caucus, contact Terry Stein, Department of Psychiatry, A233 East Fee Hall, Michigan State University, East Lansing, MI 48824, or Bob Cabaj, 90 Chandler Street, Boston, MA 02116.