

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS NEWSLETTER

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President's Column: Dr. Robert Cabaj

I would like to welcome everyone to the "new" organization, renamed the Association of Gay and Lesbian Psychiatrists. The Association had a busy and exciting set of meetings in Dallas last month, described in the next article. Many new members joined the Association and many old friends were able to meet and reflect and relax together. At the last Business Meeting, as our first "official" two-year President, I outlined some of my hopes for the future of our organization.

With our many successes, we have had to face some new problems. There is in general more awareness of homosexuality and of the role of psychiatry and gay issues. AIDS is obviously having a profound effect on all of us, both from the personal pain and losses we are experiencing, and from the many patient care issues that are arising. Homophobia, both internal and external, is discouragingly in evidence more and more. The questions about diagnoses related to homosexuality (ego-dystonic homosexuality, etc.) are still not settled. Teaching about homosexuality in medical school and residencies is still limited or non-existent. Access to clinical care supportive and accepting of homosexuals is not easy in most areas. The rapid response to media issues, mental health and legal issues, and public abuse of homosexuals is not in place. The support we need for ourselves as gay or lesbian psychiatrists in a homophobic world still lacks (see the article "A Dissenting View" that follows).

My hope is that the organization can address two broad sets of needs -- to be an Association that helps all of us with the very complicated issues of being gay and lesbians, in varying degrees of "openness", at times working with gay and lesbian patients with unique needs and clinical/therapeutic challenges, and, at the same time, be a national force that can address issues of greater public concern with the weight of a large, respected group of psychiatrists behind it.

We can both. We are getting to be large enough to have great diversity in approaches and reactions to topics. We are getting strong enough to have disagreement and challenge without causing disruption. We are an acknowledged force in the APA, through CHIP (Caucus of Homosexually Identified Psychiatrists), the Committee of Gay, Lesbian, and Bisexual Issues, and with one of our open and vocal members, Dave Kessler, appointed to the Council on National Affairs.

We need to focus our strength on meeting our unique needs, with the help of our new Issues Committee and Education Committee. We need to make a stronger show at the APA Annual Meetings with courses and symposia. We need to use the hospitality suite for small group discussions that look at issues we do not get to discuss elsewhere. We need to revise and use our nationwide referral network. We need to educate ourselves further, hopefully with the *Newsletter*, and, eventually, with teaching programs we can present around the country.

By working more closely with national groups such as AAPHR and NGTF, we can tackle some of the larger national and political issues. There are plans for co-operation with AAPHR for a symposium on mental health issues and AIDS. We need to let our existence be made known more widely. Having a centralized location will help, as will forming a Literature and a Research Review Board.

Of course, we need the help and cooperation of all the members who are able to help. If you have any interest in working on any committees or have any feedback, please contact me. We have an exciting and frightening road ahead.

I'd like to thank a few individuals who have helped to bring the organization to a "maturing" position: all the past presidents -- Terry Stein, Stu Nichols, Jim Krajewski, Dave Kessler, Frank Rundle -- who formed and set the group in motion; John O'Donnell and David Daniels for organizing the Dallas meetings; Connie Kyropolous for organizing our first Fall Meeting in Washington last November; Norm Hartstein for his careful attention and work as Treasurer; Peggy Hackenbruck for her unwavering support and her ability to help recruit new lesbian members; and David Scasta for agreeing to be the new *Newsletter* Editor.

Annual Meeting 1985 Report:

Despite such ominous beginnings as being greeted at the airport by "Terminal Taxi" and hailstorms, tornadoes, and rain, the Dallas meetings were very successful. Many more members came and joined than were originally expected. At the first Business Meeting we were able to have personal introductions and updates. The Opening

Reception had a very large turn-out, as did all the social events -- a party at a local psychiatrist's home to meet the Dallas area gay health professionals, and a closing party at the bar Patrick's.

The first meetings of the Issues Committee, chaired by Terry Stein, and the Education Committee, chaired by Bob Cabaj, were held, with many plans formed for the coming year. Partners/significant others/lovers/spouses held their first meeting, with plans for the Annual Meeting in 1986. The lesbian psychiatrists met in the Women's Hospitality Suite, and some residents met for discussion.

The most successful event was the first annual Awards Luncheon, with a special guests Judd Marmor and Robert Spitzer. All 72 seats were sold, with many disappointed members waiting for seats. Though no award was given, Dr. H. Anonymous revealed himself to be Dr. John Fryer; he reviewed his courageous act of address the APA as a gay psychiatrist, in disguise, in 1973. Stu Nichols will chair a committee to plan future awards.

At the Business Meetings, we honored the colleagues and friends we knew who have been lost through AIDS. Several by-laws were changed, including the name change and making the President's term of office two years. Elections were held, without contests, and officers are listed in this issue.

There were few gay-related teaching sessions, but the Course on psychotherapy with homosexuals was a great critical success and the component presentation on "Overcoming Stigma" was well attended. Little use was made of the hospitality suite, a problem to be corrected next year in Washington, D.C. Reports on CHIP and the Committee will be in the next issue.

A Dissenting View: Dr. C. D. Kypopolous

I indeed welcomed the statement of our new president, Bob Cabaj, in his opening remarks at Dallas that our organization had become large enough to incorporate dissent without division, though disagreement has not been very much in evidence in recent years. I would therefore take this opportunity to voice some strong objections to the direction that the leadership of the Association has taken.

Having been at the first meeting organized by Ben Teller in Miami in 1976 and at every subsequent assembly, I've had the exhilarating experience of observing our group establish itself from an informal gathering to an organization of some substance. With the emergence of the APA Task Force on Homosexuality that eventually became the Committee, and the recognition of CHIP, we have achieved many goals few of us would have dreamed of in those early days. We originally came together, however, for mutual support. Many of us were professionally isolated in our homosexuality, some without even knowing of another gay psychiatrist. We formed discussion groups to help one another with the problems of not only coming out, but also for remaining quiet about our homosexuality when employers, such as the military, some less enlightened academic institutions, etc., or special situations in our personal lives demanded it. In Toronto and in Atlanta there were moving testimonials of psychiatrists expressing gratitude for being able to come together with their colleagues to share their fears and difficulties and receive the support and encouragement necessary to endure another year of isolation. Some of us took courage from those meetings to come out and experience a new pride of identity integration that made us happier human beings. It may be significant that we don't hear many of these stories lately.

Several months ago I received a telephone call from a medical school classmate that I had not heard from in some twenty-odd years. The stated reason for his call was to refer a patient who was relocating to my area, but as we talked, he shared some facts about his life and his recent difficulties in terminating his marriage as he came to terms with his homosexuality. When I suggested he join us in Dallas, he was most hesitant, asking if he would somehow be observed in our meetings by non-gay colleagues. All this from a mature and well-respected professional -- not to be scoffed at. I remember the feeling that I had immediately before stepping through the door of the room in which we gathered for the first time; I suspect many others felt the same trepidation, and I believe there are many more yet -- like my classmate -- who need us and cannot come through the door. I have been told that being closeted is unhealthy and should not be supported, but what right do we, who are newly-"cured", have to ignore the needs of those who are not so enlightened?

An issues-oriented Association of Gay and Lesbian Psychiatrists with high visibility and a strong voice will not be ignored by the psychiatric community. The issues

themselves are vitally important to the health of our society, whether they be related to discrimination by the Military, the Immigration and Naturalization Service, or any of the many areas touched upon at our last meeting. However, the more vocal we become, the less accessible we will be to our colleagues who have nowhere to seek support. My contention is that the issues can be addressed by other groups -- CHIP, the Committee, AAPHR, NGTF, but only our organization can help our fellow psychiatrists emerge from their loneliness and isolation.

It seems to me that the course selected by the leadership will ultimately betray the original mission of the group. Why is not more energy invested in reaching out to those who need us? The atmosphere at our annual meetings seem to be becoming increasingly 'clubby'. I wonder how welcome new members are made to feel? Should we not spend more time planning discussion groups and helping potential new members find the support they need? Alas, we have emerged from our infancy into smug, self-assured adolescence, cocky and uncaring about those left behind. My only hope is that some kind of integrated maturity lies ahead, but, as we all know, this is not a certainty without sound direction.

My sense is that this is a minority viewpoint, but one which I feel compelled to express nonetheless. I would be interested in hearing from any members in response to these thoughts, pro or con. It seems that our annual meetings consistently reflect unanimity, but is that a true reflection of the membership at large?

--C.D.Kyropolous, M.D., 2110 Bancroft Place NW, Washington, D.C. 20008

Income Statement for the year ending April 30, 1985: Dr. Norm Hartstein

<u>INCOME</u>		<u>EXPENSES</u>	
Dues*	10,200	Dues Mailing	117.30
Contributions	350	Supplies	8.40
Newsletter	120	Newsletter	918.87
Interest	601.47	Advertising	1398.90
Misc.	.74	Convention '84	5533.13
		Banking	3.30
Total income	11,272.21	Total Expenses	7979.90

* Dues include dues for 1984 received after May 1, 1984 and dues for 1985 received before April 30, 1985.

Placement of children with gay couples for foster care:

(The following resolution was signed by several members and sent to Gov. Dukakis of Massachusetts and Mr. Philip Johnston, Director of the Department of Social Services in Massachusetts, just after the incident described and -- unfortunately -- just before the Massachusetts House passed a law making foster placement with a gay couple virtually impossible. The State has deemed care appropriate only in "normal" households, i.e., one in which there are two married people of the opposite sex where the husband works and the wife stays home as a homemaker!!!)

"In response to the recent removal of two children from the foster care of an openly gay couple in Boston, Massachusetts, the Association of Gay and Lesbian Psychiatrists which met May 21, 1985, at the Annual Meeting of the American Psychiatric Association issues the following statement:

"In 1973, the American Psychiatric Association removed homosexuality as a mental disorder from the Diagnostic and Statistical Manual (DSM-III). In Massachusetts, the courts have ruled that homosexuality is in of itself not reason to remove children from parental custody.

"We believe that gay couples or individuals who seek to be foster and/or adoptive parents must undergo the same scrutiny as any other applicant. Procedures should be consistent regardless of sexual orientation, and comprehensive home studies should insure that appropriate criteria for parenting exist independent of discrimination on the basis of gender or sexual orientation.

"We understand that the children were removed from a gay male couple who had a comprehensive home study and were approved by the senior officials of the Massachusetts Department of Social Service.

"There is no scientific evidence to suggest that homosexually oriented people are any less capable to parent than their heterosexual counterparts, and that the important concern be for determining the capacity to provide consistency, nurturance, love, and economic support. The capacity to nurture children is not gender specific or determined by sexual orientation, as evidenced by the removal of children from heterosexual families because of neglect or abuse.

"Prejudice in the form of racism, sexism, or homophobia must not be institutionalized in State child welfare agencies or at any level of government, even if popular opinion expresses such beliefs. Gay men and lesbians are already parenting biological and adoptive children without any evidence of difficulty in their children due to sexual orientation alone.

"Gay men and lesbians could be an important resource for providing loving, supportive and nurturing families for the many children who need foster or adoptive placement."

Future Meetings:

August 7-10, 1985: AAPHR Symposium, Gay/Lesbian Health Care in the 1980's, in Vancouver, British Columbia, Canada

September 20-22, 1985: The Second Annual Fall Meetings of the Association in Washington, D.C. Further plans will be in the next issue.

Executive Committee of the Association of Gay and Lesbian Psychiatrists

PRESIDENT: Robert P. Cabaj, M.D.
90 Chandler Street
Boston, MA 02116
Home/Office: (617) 482-6874

VICE-PRESIDENTS: Judith Wible, M.D.
13601 Preston Road (217-W)
Dallas, TX 75240
Home: (214) 233-2366

Robert Schwartz, M.D.
5645 Park Oak Place
Los Angeles, CA 90068
Office: (213) 467-4689
Home: (213) 467-4687

TREASURER: Norman B. Hartstein, M.D.
851 N. Kings Road, #309
Los Angeles, CA 90069
Home: (213) 653-0206 - Machine
(213) 653-0207 - No machine

SECRETARY: Phil Cushman, M.D.
5801 NW 83rd Terrace
Gainesville, FL 32606

NEWSLETTER EDITOR: David Scasta, M.D.
1721 Addison Street
Philadelphia, PA 19146
Office: (215) 581-3873
Home: (215) 732-4545

PAST PRESIDENT: Terry S. Stein, M.D.
Department of Psychiatry
A233 East Fee Hall
Michigan State University
East Lansing, MI 48824
Office: (517) 353-9245
Home: (517) 332-0477