

# ASSOCIATION of GAY and LESBIAN PSYCHIATRISTS

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PRESIDENT'S COLUMN Bob Cabaj, M.D.

The annual meeting in Dallas is a memory for most of us, but the work facing the newly renamed Association of Gay and Lesbian Psychiatrists continues and expands. I would like to use this column to review some of the immediate and future plans of the Association itself, and encourage — yet again — as much feedback and support from the membership as possible.

The most immediate plans focus on the Second Annual Fall Meetings, to be held Friday, December 20, through Sunday, September 22, 1985, in Washington, D.C. The Association started these meetings last year to help plan for coming events and create a solid working structure within the organization. We hope the entire Executive Committee and members of the standing committees can attend, plus any interested members. The plans are tentative at this moment since we need to coordinate with the APA and Meetings Management, but we will probably meet at the Marriott where the APA will be holding its component meetings.

On Friday, we will meeting for a welcoming dinner. Saturday will be devoted to meetings around how to expand the membership and purpose of the organization and shape the Annual Meeting plans for the 1986 Washington, D.C., meetings. Sunday will have following-up meetings and discussions, with a "good-bye" brunch. Please write to me directly for full details if you are interested in attending. We will have a list of hotels with discount weekend rates to pass along.

The second major area is the planning for courses, workshops, and symposia for the 1986 Annual Meeting. I hope to submit several proposals, such as workshops on Advanced Therapy Issues with Homosexual Patients, a workshop on AIDS, Special Issues in the Gay Community (such as alcoholism, compulsive sexuality, etc.), and a forum to talk about "Basic Issues in Homosexuality." The deadline for proposals is September 7, 1985!! If you have any interest in presenting anything at the APA, please contact me as soon as possible. If you have additional ideas or topics we should consider, please write.

As a service to the members of the Association, we will plan more extensive small group discussions, psychotherapy discussion groups, looking at "coming out" and work, etc., in structured small group discussions throughout the next Annual Meeting; we are attempting to obtain CME credits.

The American Association of Physicians for Human Rights is working with AGLP on a course on the mental health counseling issues related to HTLV-III testing, organized by Dr. David Ostrow. This course hopefully will become the first "road show" teaching program at the 1986 Meeting.

Finally, for the immediate future, we need help in planning and coordinating the social events at the 1986 Annual Meeting since we do not have someone in the Washington, D.C. area that can help out at this time. Please volunteer or suggest someone who might help.

Please contact me directly for any of the requests listed above:

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THE UNVEILING OF DR. H. ANONYMOUS John Fryer, M.D.

*(Editor's note: The following are excerpts from an address given by Dr. John Fryer at the awards banquet of the AGLP on May 23, 1985 at the APA Convention in Dallas. Dr. Fryer, disguised and under the pseudonym, Dr. H. Anonymous, talked about being a homosexual psychiatrist at the APA Convention in Dallas in 1971. In 1985 he wore no disguise and used his real name. Dr. Fryer is an Associate Professor of Psychiatry at Temple University Medical School in Philadelphia.)*

Let me begin by saying that it is an honor to be here — to be with you. When Stu (Nichols) called me last year and asked if I would come out of the closet on this occasion, I guess I greeted the call the same way that I did when Barbara Gittings called me in 1971 and asked me if I would do the same thing. I had to think about it.

So what happened back there in 1971? I got a call from Barbara Gittings and she said, "John, we need you to be on a panel," and I said "Tell me about it." She said "It's going to be a panel about homosexuality and we need a gay psychiatrist." I said "So...?" (Laughter) So she said "Well look, you, um, think about it." So I thought about it and I realized it was something that had to be done. I had been thrown out of a residency because I was gay, I had lost a job because I was gay, and that had to be said. It had to be said by somebody to those people who would listen. But I couldn't do it as me. At that point and time, I was eking out an existence at various places in Philadelphia. I was not yet full time on the faculty. I am now tenured, and tenured by a chairman who knows I'm gay. That's how things have changed. But I was not then tenured; I was not safe; I was not secure. So what we decided was that we would come up with some sort of outfit that would disguise me. Now, when you're my size, that's not always easy. So fortunately I had a lover at that time who was a drama major and, with his assistance, we created an outfit. I wore this formal outfit with a blue shirt and I had a rubber mask which went over my head which had different features from my own. I was instructed on how to make the mask look even more different. Unfortunately my lover walked off with that mask afterwards!

It represented — that event represented — a transition point for me. Up to that time, several gay psychiatrists, including many of you in this room would get to the convention city one or two days early. We would look at all the bars of the size that had enough room to handle 30 or 40 or 50 people. As things developed, there would be two or three people looking at different kinds of bars. We usually had to come to some sort of agreement. Sometimes we had to have two meetings of the Gay PA. I don't think we would ever have imagined that this kind of dinner on top of the Hyatt Regency could've occurred. But at that time, that was all that we could do. We would kind of meet and make a little xeroxed thing and pass it around — a little map of how to get to the bar. That was the Gay PA.

The night that I was on the panel they disguised my voice. So basically the cover was clean. Nobody knew that that was me and people I worked for didn't know it was me. It was interesting because I have read over what I said there. It is quite short and I would like to read it again because it seems quite applicable now.

"Thank you Dr. Robinson. I am a homosexual. I am a psychiatrist. I, like most of you in this room, am a member of the APA and am proud to be a member. However, tonight I am, insofar as in it is possible, a "we." I attempt tonight to speak for many of my fellow gay members of the APA as well as for myself. When we gather at these

You will notice that the name change from the "Caucus of Gay, Lesbian, and Bisexual Members of the American Psychiatric Association" to the "Association of Gay and Lesbian Psychiatrists" has served as an impetus to change the look of the Newsletter. As I listened to Dr. John Fryer talk at the AGLP luncheon in Dallas during the A.P.A. Convention about the early days of the informal Gay P.A. (excerpts of that talk have been included in this issue), it became apparent that the Association has moved steadily from an underground, clandestine group to a respected, formal forum for gay and lesbian issues from the perspective of psychiatrists. Hopefully, the quality of the Newsletter will reflect that change in formality.

Persons who have articles or ideas for articles for the Newsletter should send them to me in a readable form to: 1721 Addison Street; Philadelphia, PA 19146. All 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 shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission.

There is a form on the back of this issue for joining AGLP or being placed on the mailing list. Efforts are made to make both the membership list and mailing list reasonably confidential and discreet to accommodate the wide variation in degrees of openness among the members and supporters of AGLP. If you have not sent in your form this year, please do so. The strength of the Association depends upon its number of informed members. Joining AGLP or being placed on the mailing list helps to insure that strength.

**BOOK REVIEW:**  
**ANOTHER MOTHER TONGUE:**  
(Judy Graham, Beacon Press, 1984)

by Chris Carol, M.D.

One of the most important books of the decade on being Gay has come to us not through a psychiatrist, but through a poet. Another Mother Tongue by Judy Graham uncovers, by studying language and customs and legends, the time place of Gay men and women in society all around the world and down the ages. This book compels us to stand up proud of our uniqueness, our diversity, and feel that by being different from the "main stream," we make our best contribution to society. At a time when there is a temptation to minimize differences between straights and gays, in order to assimilate and gain a minor degree of acceptance, Judy Graham opts squarely for an honest assertion of what is, and against "cloning" of any kind. There is a refreshing chapter: "Gay is Very American" on the integrated tribal life of Gay men and women in Native Americans before contact with homophobic Western European cultures. There is one of the best accounts I have read on what sex is and can be between women: physical sex, sexual fantasy, sex as a mystical experience and sex as magic, transformation, capable of tapping vast sources of elemental energy. This book gives substance to our dreams to become valued, respected and vigorous members of society because we are Gay, not in spite of it. This is the book to give to your young friend or relative coming into adulthood in America today. This book stands at the crossroads to a new age for Gay women and men, when we reclaim our traditional place in society.

**Dr. H. Anonymous con't**

conventions, we have a group which we have glibly come to call the Gay PA. And several of us feel that it is time that real flesh and blood stand up before you and ask to be listened to and understood insofar as that is possible. I am disguised tonight in order that I might speak freely without conjuring up too much regard on your part about the particular who I happen to be. I do that mostly for your own protection. I can assure you that I could be any one of more than hundred psychiatrists registered at this convention. And the curious among you should cease attempting to figure out who I am and listen to what I say.

Continued next column

Writing an article on "safe sex" for the AGLP newsletter is certainly intimidating. Fortunately, being limited to 500 words or so should keep me from saying too many foolish things. The first thing which should be said is that there is no such thing as "safe sex" involving minimum risk of transmission of HTLV-III or other viruses. Given the current debate over the risk of various types of kissing and the lack of any real data on the actual risk for any specific sex act, we would be wise to speak only of relative risks. And even then we have to consider the many other factors which go into determining the actual risk of a particular event: the HTLV-III status of the partner, both participants' overall health status, vigorosity of traumatizing intercourse, presence or absence of other infections or wounds, etc. Life, and certainly love, are getting so complicated!

Until very recently, all of our advice regarding the safety of various sexual activities was based on our existing data base for hepatitis B virus transmission in gay men. As reviewed in Chapter 10 of STDs in Homosexual Men (Plenum Press, New York, 1983), the major risk factors for HBV sero-conversion were: a) number of male nonsteady partners in last 4 months, b) receptive anal intercourse, c) insertive oral/anal intercourse, d) rectal douching prior to receptive anal intercourse and e) receptive manual intercourse. Recent prospective data from the NIAID multi-center AIDS cohort study (MACS) appears to indicate few differences in relative risk for HTLV-III antibody sero-conversion. Receptive anal intercourse and rimming are definitely high risk activities, douching is definitely inadvisable and fisting appears to have been abandoned. Travel to a high risk city (New York, San Francisco, Miami, or Los Angeles) from a low risk city (Chicago, Pittsburgh or Baltimore) is a significant independent risk factor, so add the place where you have sex to the list of confounding variables determining risk.

What is left for recommendation as relatively safe sex to our patients, colleagues and selves? Common sense says that looking, cuddling, rubbing ("frottage") and mutual masturbation are "safe," providing you are careful with any products, cuts, or lesions. Do we have enough data to actually recommend any forms of intercourse as safe? Here we are caught in the traditional public health dilemma over whether or not to actually encourage a specific sexual activity, thereby possibly encouraging associated practices which are risky, or being conservative, thereby encouraging rejection of our advice by persons frustrated with "adolescent sexuality," (as one study respondent described safe sex). In the very small number of persons reporting only oral/genital intercourse in the past 2 years, the rate of HTLV-III sero-positivity was significantly lower (approximately 10%) than in our average Chicago MACS participant (40%). Whether or not these are the sort of statistics on which to base public health recommendations is a matter of personal opinion. As psychiatrists, we are hopefully in a position to help gay men find satisfying and healthy emotional outlets which are based on reason rather than Fisher t-tests.

**Dr. H. Anonymous con't**

We homosexual psychiatrists must persistently deal with a variety of what we shall call "Nigger Syndromes." We shall describe some of them and how they make us feel.

As psychiatrists who are homosexual, we must know our place in what we must do to be successful. If our goal is academic appointment, a level of earning capacity equal to our fellows or admission to a psychoanalytic institute, we must make certain that no one in a position of power is aware of our sexual orientation or gender identity. Much like the black man with the light skin who chooses to live as a white man, we cannot be seen with our real friends - our real homosexual family - lest our secret be known and our dooms sealed. There are practicing psychoanalysts among us who have completed the training analysis without mentioning their homosexuality to their

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analysts. Those who are willing to speak up openly will do so only if they have nothing to lose, then they won't be listened to.

As psychiatrists who are homosexuals we must look carefully at the power which lies in our hands to define the health of others around us. In particular, we should have clearly in our minds, our own particular understanding of what it is to be a healthy homosexual in a world which sees that appellation an impossible anachronism. One cannot be healthy and be homosexual they say. One result of being psychiatrists who are homosexual is that we are required to be more healthy than our heterosexual counterparts. We have to make some sort of attempt through therapy or analysis to work problems out. Many of us who make that effort are still left with a sense of failure and of persistence of "the problem." Just as the black man must be super person, so must we, in order to face those among our colleagues who know we are gay. We could continue to cite examples of this sort of situation for the remainder of the night. It would be useful, however, if we could now look at the reverse.

What is it like to be a homosexual who is also a psychiatrist? Most of us Gay PA members do not wear our badges into the Bayou Landing, (a gay bar that existed here then) or the local Canal Baths. If we did, we would risk the derision of all the non-psychiatrist homosexuals. There is much negative feeling in the homosexual community towards psychiatrists. And those of us who are available are the easiest targets from which the angry can vent their wrath. Beyond that, in our own home towns, the chances are that in any gathering of homosexuals, there is likely to be any number of patients or paraprofessional employees who might try to hurt us professionally in a larger community, if those communities enable them to hurt us that way.

Finally, as homosexual psychiatrists we seem to present a unique ability to marry ourselves to institutions rather than wives or lovers. Many of us work twenty hours daily to protect institutions who would literally chew us up and spit us out if they knew the truth. These are our feelings and like any set of feelings they have value insofar as they move us toward concrete action.

Here, I will speak primarily to the other members of the Gay PA who are present, not in costume, tonight. Perhaps you can help your fellow psychiatrist friends understand what I am saying. When you are with professionals, fellow professionals, fellow psychiatrists, who are denigrating the "faggots" and the "queers," don't just stand back, but don't give up your career either. Show a little creative ingenuity, make sure you let your associates know that they have a few issues that they have to think through again. When fellow homosexuals come to you for treatment, don't let your own problems get in your way, but develop creative ways to let the patient know that they're all right. And teach them everything they need to know. Refer them to other sources of information with basic differences from your own so that the homosexual will be freely able to make his own choices.

Finally, pull up your courage by your bootstraps and discover ways in which you and homosexual psychiatrists can be closely involved in movements which attempt to change the attitudes of heterosexuals - and homosexuals - toward homosexuality. For all of us have something to lose. We may not be considered for that professorship. The analyst down the street may stop referring us his overflow. Our supervisor may ask us to take a leave of absence. We are taking an even bigger risk however, not accepting fully our own humanity, with all of the lessons it has to teach all the other humans around us and ourselves. This is the greatest loss: our honest humanity. And that loss leads all those others around us to lose that little bit of their humanity as well. For, if they were truly comfortable with their own homosexuality, then they could be comfortable with ours. We must use our skills and wisdom to help them - and us - grow to be comfortable with that little piece of humanity called homosexuality."

Thirteen years...Still appropriate. It hasn't changed much. Some things have changed. Stu has told of the history of this organization and how important it is that we have this group of people who gather in enlarging numbers, each time to support one another, to love one another, and to care together. Within a year after doing that paper, I lost another job and was told that if I were gay and not flamboyant, if I would not demand change, that would have been fine. Or, if I were flamboyant and demanded change without being gay, that would be fine - but I was too much. But things have changed.

In 1975...I was about to get a large grant, was gradually letting my practice dwindle so I would get this grant. I went to my chairman and said I needed something to live on for a couple of months. He said, "John, I can't bring you on until July." I said, "Why not?" He said, "I've got all these minorities out here waiting for jobs." I said, "Tony...!" "You'll get your money. Just don't raise a stink!"

I told him that this (address) was going to happen. I called him three of four weeks ago to warn him so that he would not find out some other way. He said, "Why are you telling me?" I said, "I thought you should know." He said "Okay, fine. I'll announce it at the faculty meeting in June." And he might.

We have taken our first open, lesbian resident. She applied as a lesbian resident saying "I am particularly interested in psychiatry because I am a lesbian." The director of the residency program suggested that she might turn some people off because we have some homophobic people on the faculty. But he took her in and she will be a great joy to have with us.

I'd like to close with a couple of thoughts. We are a civilized, decent community. And as part of that, I would like to suggest, as I did in my talk thirteen years ago, that we still have business to do. And I speak to you, as my brothers and sisters now, growing out of the experiences of thirteen years ago and out of concerns that I have. My first concern is this - many of our brothers and sisters will have the opportunity to take an honest and direct stand without compromise about (being gay) in many settings. I think we must align ourselves with them always. It is very easy to walk the other way and ignore it or act like it's their business or their choice. And I say to that, "Bullshit." We are, and remain, an oppressed community, and to the extent that we are allowed entry into the so-called sacred halls of the non-oppressed community, we must never forget that there are brothers and sisters who are still being oppressed. Never for a moment leave those people (standing) alone. Never enjoy our own lack of oppression as long as they are oppressed. We need to keep our eyes open to the treatment of our gay patients, of gay faculty at universities, of gay members of our community who are not yet courageous enough to come out but are being mistreated by others around them. We need also to support those who are uncertain. There are a lot of people who are not sure just who they are and they end up with their own kind of oppression. There is, I think, this kind of subtle force within the gay community which says that if you haven't really made up your mind, you're not one of us and I won't support you. I think we've got to really know that none of us has made our minds up. We think we have made up our minds, but, clearly, we haven't.

But beyond that, I make a second charge to you: that we must align ourselves with others who are oppressed, that our cause has no meaning unless we align ourselves with those people whom society oppresses in other ways: the homeless, blacks, women, I could go on and on. The mechanism which allowed society to oppress you is exactly the same mechanism that they are experiencing. And, as long as there is one oppressed person, I am oppressed. I'm sorry, I feel very strongly about this. That means we have to open ourselves up to condemnation at certain points, because so often society is willing to let us have our thing as a homosexual as long as we will join them in their oppression of someone else.

In the present climate, the oppressors are taking newer, more subtle forms - stockholders and managers of health corporations, the clergy of the fundamentalist revolution, the Programs Committee of the APA, the doctors who will make a fortune on persons with AIDS while hating the person and his life. There is much work to do.

So I come to the last thing - and this is a new thing. It doesn't have anything to do with 1971. And that is that I feel very concerned that a decent, civilized community remember to celebrate its dead. Many of us have lost very dear and close friends to AIDS and it was as if it had never happened. At the risk the risk of using a little more of your time, I would ask those who would, to stand briefly and remember our friends who died of AIDS - those who knew them and those who did not.

**Dr. H. Anonymous con't from page 3**

It is easy to deny the reality of death; easy to play that death does not happen. If it were not for AIDS, there might have been eighty or ninety of us here today. I would charge those people who are responsible for next year to cut down on business meetings. You're not going to change your name again. And let's do rap groups, and let's take some time to talk about people whom we have lost. So often, when we hear that a friend has AIDS, we immediately say, "He led a different life style. He was more promiscuous than we were and he got fucked a lot more than we got fucked, so that's why it is happening." Then we self-righteously don't go see them, don't care about them, don't spend time with them. It's hard. We've got to stand up proud and tall with our brothers and sisters with AIDS: gays, drug users, Haitians, hemophiliacs, heterosexuals - until the last person has

hemophiliacs, heterosexuals - until the last person has died (of the disease). The Community takes delight in saying, "This is my group and that is not my group. These are my friends, those are not my friends..." We no longer have the luxury to do that, friends and brothers and sisters. We are all together. We can play like the people in The Plague, Albert Camus's book. We can act like it isn't really happening to us. We can laugh and dance and sing, but in the final analysis, a humane community is one that sticks together - that loves and holds one another in a time like this.

So I've preached my sermon. Thank you for your patience. I guess the implications of my opening up today are such that I my life will be a little different from now on. But I wanted to celebrate an important part of the history of this community. I appreciate your support. It is good to be among friends. Thank you.

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**NEW MEMBERSHIP / CHANGE OF ADDRESS FORM FOR THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please list preferred mailing address and any special instructions, i.e., mark "personal")

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TYPE OF MEMBERSHIP:	Voting (APA Member)	\$50.00 _____	Affiliate (APA Non-Member)	\$50.00 _____	
Student	\$5.00 _____	Member in Training	\$25.00 _____	Mailing List Only	\$10.00 _____

Make check payable to "AGLP" and return this application to Norman B. Hartstein, M.D.; 851 N. Kings Road, #309; West Hollywood, CA 90069. Membership and mailing lists are confidential. If you do not wish your name to appear on these lists (in which case you will receive no mailing from AGLP, please check here: \_\_\_\_\_)

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**AGLP REFERRAL SERVICE**

The Association of Gay and Lesbian Psychiatrists' Psychiatric Referral Service provides a list of psychiatrists throughout the country who are comfortable and experienced in treating gay men and lesbians. If you would be interested in having your name on the AGLP referral list as a psychiatrist who would welcome gay/lesbian patients, please complete the form below. Please note that there is no requirement that people on the referral list be, or identify themselves as, gay or lesbian, nor will they be so identified in any referral. However, the referral list will be made available for use by groups other than the AGLP, such as the APA and national gay health organizations in order to increase the use of the Referral Service. Please send this form to Phil Cushman, M.D.; 5801 N.W. 83rd Terrace; Gainesville, FL 32606.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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