
IMPORTANT ANNOUNCEMENT

FIRST ANNUAL FALL MEETINGS

The Executive Committee will be holding its first series of
Mid-Year Meetings

NOVEMBER 16-18, 1984

WASHINGTON, D.C.

The Meetings will focus on the future plans of the Caucus.
The role of the Caucus as a National Association of Gay Psychiatrists
will be a major topic of discussion.
The Executive Committee and past officers of the Caucus will attend.
ALL interested members, especially those members who are thinking
of taking an active role in the Caucus, are invited.
Please see the President's Column below for more information.

The actual details are still being negotiated.
If interested, contact any of the Executive Committee Members for the
specific locations and plans, or write to:

Dr. Terry Stein
Department of Psychiatry
A233 East Fee Hall
Michigan State University
East Lansing, MI 48824

or

Dr. Robert Cabaj
90 Chandler Street
Boston, Mass. 02116

President's Column: Dr. Terry Stein

Following my comments in the Summer Newsletter about the need for an internal dialogue about the future of the Caucus, I invited the current Executive Committee and recent past officers to react to a suggestion for a fall meeting and to propose items for the agenda of such a meeting. Since that time, I have received written comments from a number of people and have spoken directly with several others about their ideas for a fall meeting.

Not everyone has expressed an enthusiastic desire to attend a meeting, but there does appear to be unanimous agreement on the need for communication and discussion about our future goals. I have appreciated the willingness of virtually all the persons who have responded to agree to attend the meeting in spite of the scheduling and financial commitment involved. As a result of this consensus, the first fall meeting of the Caucus will actually take place during the weekend of November 16-18, 1984, in Washington, D.C. Final plans will be set to coordinate with the APA Assembly meetings which are scheduled to take place at approximately the same time.

The purpose of the Caucus meeting will be to provide an opportunity for intensive discussion. We are asking those persons who believe they may be interested in a leadership position in the Caucus to contact one of the current officers and, if possible, attend the meetings in Washington. In addition, we are asking all of you who have ideas about the future direction and goals of the Caucus to contact one of the Executive Committee members (current officers) or write to one of us with your suggestions. Finally, anyone who wishes to participate in this meeting but does not wish to be a future officer should contact Bob Cabaj or myself about attending the meetings. Our hope is to keep the meetings as open as possible but not to make it a

general meeting of the entire membership. We want those people who have an interest and commitment in our future to be able to participate in the exchange, and we do not want to exclude any individual. On the other hand, we are not planning simply to duplicate our large business meetings at the Annual Meetings of the APA.

The agenda for the fall meetings will include the following items:

- discussing new membership recruitment and ways of updating and maintaining our mailing list;
- planning for the Dallas meetings of the APA;
- projecting into the future about the role of the Caucus as a vehicle for articulating the needs and interests of lesbian and gay psychiatrists.

While some attention will be paid to procedural matters, most of the meeting will be devoted to looking ahead and brainstorming about where we want to be in future years. Comparing ourselves with other national organizations of lesbian and gay health professionals, it seems that we do not currently hold a position of leadership in speaking out about lesbian and gay health issues. Our role in recommending policy and legislation and in influencing the provision of special services to gay male and lesbian patients may be insignificant in the future unless we begin to speak out more assertively now. If we want our opinions about these issues to be heard at all, new organizational goals will need to be developed, agreed upon, and enacted.

Clearly these are not easy tasks, and they may not be a priority for all of us in the Caucus. I hope that the first formal fall meeting of the Executive Committee of the Caucus of Gay, Lesbian, and Bisexual Members of the American Psychiatric Association will provide a forum for dialogue about these issues. Let us know what you think we should be doing and keep Dallas in mind for further discussion at the 1985 Annual Meetings.

Reflections of the Past President: Dr. Stu Nichols

One of the most satisfying developments of the past year was the emergence of new leadership within the Caucus. I'm very confident in the present officers and the potential for the future that was evident in Los Angeles.

As I've said before, last year the Caucus underwent the transition from being a fledgling organization, trying to be recognized and accepted, to that of a service-oriented one. Back in 1978 most gay and lesbian psychiatrists didn't know one another, and the experience of not hiding our sexual orientation in professional meetings was scary. Yet, as we became comfortable with each other, the openness felt good. Being a part of the "coming-out" of gay psychiatry was a heady experience, and it generated an enthusiasm that enabled us to accomplish a lot. Last year we faced the crisis of having to produce a new wave of energy and leadership and a new set of appropriate goals.

In Los Angeles, we seemed to recapture the spirit of our early days. The small group discussions, for instance, were once again the "heart" of the Caucus. The renewed interest of lesbians in the Caucus and the development of their own program was a major accomplishment of 1984. The presence of many psychiatrists still in

training was also gratifying. Having the Hospitality Suite readily available made the successful groups and special programs possible.

But, as we move into our second phase of growth we must not become jaded and forget how it was "before there were any gay and lesbian psychiatrists." Let me recount my own initial involvement with the Caucus:

In 1977, at the annual meeting in Toronto, I was stunned to see, among the posters of the various regional and special interest groups, a hand-lettered announcement of a meeting of the "APA Gay Caucus!" This public display seemed outrageous, but it aroused my curiosity. Part of me, at least, wanted to attend.

I was relieved to note that it was being held in a hotel on the other side of Toronto. I decided I'd go but didn't tell my friends in the old "Gay-P-A" partying crowd. This was to be a private and personal adventure; besides, I might just chicken out at the last minute. I wondered how radical the group was. I wasn't sure I'd want to associate with it. I felt a vivid sense of danger and risk, yet something was drawing me to attend. Was I being self-destructive? Was I acting out?

Purposely I arrived late. I walked past the door several times, looking inside and trying to get a feeling for what was going on. I stood outside and listened. The talk was restrained and rational. The participants didn't seem crazy. There wasn't any obvious paranoia, simple-minded rhetoric, or even much anger. Finally, I went in and sat by the door, just in case. I didn't participate in the discussion, and soon as the meeting was over, I left. I didn't want these people to know who I was. I needed to proceed carefully, to think about what I was getting into. And yet, I had already begun to realize that I felt "at home" with this group of strangers.

This brief story illustrates, I hope, what one feels as he or she gets caught up in a coming-out experience. It's like being at the edge of a cliff, and one sees clearly that we grow not step by step, but by taking a leap. If one dares to take that leap, the sense of danger is immediately augmented by overwhelming feelings of relief, aliveness, and self-respect. One experiences a rush of energy and enthusiasm.

Hasn't this happened to you as a result of your participation in the Caucus? We must not forget how lonely, frightened, and fragmented our lives were before. It is important that we remember the bravery of Frank Rundle and Jim Paulsen when they made us public, the relaxed, disarming eloquence of Dave Kessler as he quieted our fears, and the steadfast dedication and reasonableness of Jim Krajewski who accomplished so many of our goals. There have been other heroes and heroines, a number of role models that all gay, lesbian, and bisexual persons can look to with pride.

The accomplishments I keep referring to are considerable. We were successful in getting the APA to create the Committee on Gay, Lesbian, and Bisexual Issues, the Committee on AIDS, and District Branch Committees on Gay Issues in New York and San Francisco. We've obtained underrepresented status in the Assembly through the Caucus of Homosexually-Identified Psychiatrists and gained the respect of much of the APA staff and membership as we campaigned for this. We've been able to get the APA to address gutsy issues like AIDS, gays in the military, and the immigration problem of gay people. In addition, we've effected a change in the AMA's Code of Ethics regarding sexual orientation. We've been invited to address the Group for the Advancement of Psychiatry, the American Academy of Psychoanalysis, and many of the local chapters of the APA.

But first and foremost, the Caucus is important because of its personal impact on our lives. As each of us struggles with the problems of intergrating the dual roles of beinh psychiatrists and a homosexual, we need to continue to share the experience of

others like us. As we become successful in resolving this problem, we will find that we have leadership responsibilities in the gay community and to psychiatry. The challenge to each of us today is to continue to influence our profession by participating more fully in it -- openly if we can, but, in any case, not holding back because of our lifestyle.

Finally, I'd like to acknowledge the wonderful changes in my life brought about by participation in the Caucus. I am a different person than I was a few years ago, and, although I am proud to have opened a few doors myself, I have gotten much more from the Caucus that I have given to it. My hope is that each of you, through participation with us, will accept yourself as a valuable, important, and special human being -- and join us for the joy ride!

CHIP: A Report by Dr. Jim Krajewski

The Caucus of Homosexually Identified Psychiatrists met to consider the adoption of Assembly Procedural Guidelines during the APA Annual Meeting. The Procedural Guidelines will be circulated to all CHIP members during the next few months for acceptance. The CHIP membership numbers approximately 50 members. It would enhance the influence of CHIP to increase its membership. If you would like to join, you may do so by completing the form at the end of the *Newsletter* and mailing it to the APA, as indicated on the form. The Fall Assembly Meetings will be held November 15-18, 1984. Anyone who wishes to have CHIP Representatives bring an issue to the Assembly should contact Jim Krajewski, M.D., or Dave Kessler, M.D.

APA Committee on Gay, Lesbian and Bisexual Issues: A Report

The APA Committee on Gay, Lesbian, and Bisexual Issues will be meeting during the APA's Fall Committee Meetings, September 13 and 14, 1984. Among the issues on the agenda will be continued discussion and recommendations regarding issues of ethics and abuse of psychiatry involving the psychiatrists' role in the military and in governmental agencies. Other topics will include psychiatry's response to violence against gays and considerations of a position statement on discrimination. Anyone having issues which they believe should be considered by the APA Committee should forward the information to Jim Krajewski, M.D., 2001 Union Street, San Francisco, CA 94123.

Important News and Announcements:

Caucus By-Law Changes: As announced in the last *Newsletter*, the official by-laws of the Caucus were amended at the Business Meetings at the Los Angeles Meeting. Highlights included changing the name of the organization to its current title; adjusting meeting days and times to coordinate with the actual schedules of the annual meetings; clarifying the use of mail ballots; changing the terms and descriptions of officers to match the reality of the Caucus needs; clarifying the use of the membership list; formalizing the chain of command; and making additional meetings optional. If you would like a full copy of the by-laws, contact either Dr. Terry Stein or Dr. Bob Cabaj.

Committee Appointments: The APA has numerous Committee appointments which will be made by the President-elect, Dr. Carol Nadelson. If you wish to serve on an APA Committee, you should write a letter to Dr. Nadelson indicating on what Committee you would like to serve. A copy of your CV should be included and it would be helpful to ask for a letter of support from your District Branch and/or a well-known Gay Caucus member. A list of APA Component vacancies can be obtained from your District Branch or from the APA. Because there are virtually no openly gay psychiatrists on APA Components (other than on the Committee on Gay, Lesbian, and Bisexual Issues) this would be a good time to make an effort to add gay psychiatrists to APA Committees. Suggestions for Committee appointments should be made as soon as possible.

Participation on a component requires attendance at the Fall Committee meetings which are ordinarily held in September and attendance at the May Annual Meeting. Expenses for the Fall meeting are paid by the APA, but there is no reimbursement for the Annual Meeting. The amount of work necessary between meetings would depend on the individual component.

AAPHR Annual Meetings: The meetings were held in Chicago, August 24-26, and reportedly were a great success, well attended, with some participation of several of our members. If there was important information relevant to our readers, it will be reported in the next *Newsletter*.

A Letter to the Editor of the *Washington Times*: The following letter was written by the APA in response to a column in the *Washington Times* about the DSM II change and the APA's effort to resolve the immigration problems of gays:

"John Lofton's Column, "Psychiatrists Bow to Gay Pressure," (*Washington Times*, 8/8/84) gives readers the erroneous impression that the American Psychiatric Association changed its position on homosexuality without a careful examination on the issues involved. Nothing could be further from the truth.

"The disruptions of annual meetings by gay activists was one of the stimuli that led to a reassessment of homosexuality. However, before changing its position, the APA conducted a thorough review of the research on homosexuality and consulted with numerous experts in the field. The resolution asserting that homosexuality is not, per se, an illness was approved by the APA's Task force on Nomenclature and Statistics, the Committee on Research, and the Board of Trustees in addition to the favorable vote by the general membership. The deliberations regarding homosexuality took place over several years and did not end with the passage of the resolution.

"The APA's present position most accurately reflects the current scientific understanding of homosexuality. Until recently, researchers had studied those homosexuals who were patients in psychiatric treatment, and the earlier assessment of homosexuality were based on their findings. Most of the recent studies of non-patient homosexuals, however, have found no greater degree of psychopathology than exists in the general population.

"The APA takes great care in determining the validity of psychiatric diagnoses, in part to ensure that psychiatry is not used to suppress individuals who deviate from the mainstream of society. The imposition of a diagnostic label on all members of a

diverse and generally health group, such as homosexuals, would be an irresponsible misuse of psychiatry."

Did You See?: The June 1, 1984 issue of the APA's *Psychiatric News* had an excellent summary of aspects of one of the Symposium held on psychiatric aspects of AIDS. A review of Dr. Samuel Perry's comments on working with at-risk patients is very helpful, pointing out the need to keep our focus on a broader horizon.

For Your Information: A brochure entitled "When a Friend has AIDS" has been published by the Chelsea Psychotherapy Associates. It is an excellent, easily understood, practical list of activities and behaviors aimed at the friends and family of AIDS patients. Contact the Associates at their office for a copy: 80 Eighth Avenue, Suite 1305, New York, NY 10011.

SPECIAL REPORT

On The Analytic Therapy of Homosexual Men: A Review

Dr. Richard Isay, a Clinical Associate Professor of Psychiatry, Cornell Medical College, and Faculty, Columbia University Center for Psychoanalytic Training and Research, presented a paper entitled "On The Analytic Therapy of Homosexual Men" at the panel, "Toward a Further Understanding of Homosexual Men," organized by the American Psychoanalytic Association last December 18, 1983.

The Psychoanalytic Study of the Child will publish this paper in 1985, so just a summary will be presented here in the *Newsletter*. Quotes are used with the permission of Dr. Isay.

After summarizing some of the "traditional" analytic opinions on the psychopathological deficits of homosexuals, as represented by Socarides, Glover, and Bychowski, Dr. Isay points out that not all analysts have had such negative views, including Freud in his "Letter to an American Mother."

Ignoring evidence from other sources, including the Kinsey statistics which indicate the large numbers of homosexuals, cross-cultural and primate studies, Dr. Evelyn Hooker's work showing no greater pathology among homosexuals than heterosexuals, "most psychoanalysts feel that homosexuality is pathological and a psychologically uneconomical solution to early conflict," and "generally believe that, whenever possible, it is in the best interest of the patient to change his sexual preference."

Many analysts have advocated non-analytic techniques in the treatment of their patients, including direct suggestion or termination if homosexual behavior occurred during the treatment. After seeing several patients who had terminated past therapies aimed at change, Dr. Isay felt the past therapy may have been a cause of depression and social problems, and that "the analyst's internalized social prejudice produces a countertransference readiness that interferes with the proper conduct of an analysis by causing the analyst to be unable to convey an appropriate positive regard for his patient or to maintain therapeutic neutrality."

The analyst may align himself with defenses and misinterpret material if he lets countertransference set heterosexuality as a goal. Dr. Isay, in working with his patients, found an approach that combines being accepting, neutral, positive, non-judgmental, and inquisitive to be most effective, especially in addressing self-loathing from internalized social values and helping acquire a more positive self-image.

In some patients, homosexual activity had been curtailed and even marriages had been entered into as a result of previous analysis. Most patients seen later still had predominately homosexual fantasies, if not overt behavior, and had difficulties in the marriages that remained together. There was guilt about the social complications they felt they had created. It seemed that the "change" was more often an attempt to feel accepted by the analyst, and, in one case, "the denial, repression, and unanalyzed acquiescence that had been necessary in order for him to achieve the renunciation of his homosexual behavior had affected his capacity to enjoy and achieve to the fullest extent possible, and that the failure to analyze these defenses and transference manifestations were in part responsible for the depression that motivated his return for further treatment."

Finally, Dr. Isay addresses the same point that Dr. Spiegel commented on in his address on the future of analysis reviewed in the Fall, 1983 issue of the *Newsletter* -- the institutionalization of the social prejudice against homosexuals within analytic ranks. Only one training institute will accept an openly gay applicant. Rank, in consultation with Freud, apparently wrote to Jones and stated that homosexuals per se should not be excluded from training, but be judged like other candidates.

Dr. Isay's paper is essential for anyone working with gay clients. It is a very objective, clear, understandable presentation, and a much needed balance to the majority of current psychoanalytic papers.

PLEASE SEE BACK PAGE OF THIS NEWSLETTER

Editor's Note: Dr. Robert Cabaj

Enclosed in this mailing is a brochure from Haworth Press. This is included as a service for our members, and does not imply that the Executive Committee recommends any particular material advertised.

As I announced in the last *Newsletter*, we need any and all the material we can get. We have wide representation across the nation and something must be happening out there that would be of interest to the members. We will consider all announcements, news events, important articles. Please forward all material to the editor. The next issue will be out sometime near the holidays and begin to describe the coming events for the Dallas Meetings in 1985.

Dr. Robert Cabaj
90 Chandler Street
Boston, Mass. 02116

DUES REMINDER

If you have not paid your dues for 1984 yet, please do so as soon as possible

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Norman B. Hartstein, M.D.
851 N. Kings Road, #309
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If you are interested in joining CHIP, please fill out the form below and mail to the address as indicated. (See the CHIP article above.)

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<p>If you are a voting member and have not previously enrolled in a minority or underrepresented group, or wish to change your category, please fill out and return this form to: CAROL LEHMANN, APA MEMBERSHIP SERVICES 1400 K St., N.W., Washington, D.C. 20005.</p>																							