

NEWSLETTER OF THE GAY CAUCUS

of Members of the American Psychiatric Association

Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deploras all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons. Further, the American Psychiatric Association supports and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychiatric Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private.

---resolution adopted by the APA Board of Trustees

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DOES THE APA OPPOSE ERA?

At the 1979 APA convention in Chicago, the GCMAPA voted to join the Women's and Latin-American minority caucuses in boycotting the 1981 APA convention, scheduled for New Orleans, in ERA nonratified Louisiana.

Where does this protest now stand?

In 1977, according to *Time* magazine (April 7, 1980), "supporters of the Equal Rights Amendment adopted one of their most effective tactics when they called for a boycott of all national conventions scheduled to be held in states that have failed to ratify the ERA." In December 1977, the APA was tentatively among the more than 400 professional, scientific and political organizations that have since refused to meet in non-ERA states. At the time of the APA decision, however, the Atlanta and Chicago conventions were already planned and "could not be changed." Despite an initial Board of Trustees vote to change the New Orleans location, a second referendum reversed this decision.

"On the pretense that the APA should avoid involvement in any political issue," *Time* observed, "the group voted 5679 to 4461 to rescind its boycott policy.

"But pro-amendment forces fear that there is more to the vote than meets the eye. They believe that the APA membership may have swung against ERA, not just the boycott. Says Harvard psychiatrist (and

GCMAPA Vice-President) Nanette Gartrell: "I'm afraid if there were a vote now on whether ERA should be supported it would lose."

Protest Planned for San Francisco

Feminists, and members of GCMAPA and Psychiatrists for ERA, are among those urging a major protest of the APA decision. According to Mary Spencer of NOW, "Some members have already resigned over this issue. If necessary, others will be encouraged to do so." Among other activities planned for the San Francisco convention, there will be a picketing demonstration in front of the Civic Auditorium, Monday through Wednesday, from 8:30 A.M. to 4 P.M. "ERA-yes" stickers for APA badges will be available, and petitions in support of the New Orleans boycott will be circulated. A mobilization meeting of Psychiatrists for ERA is planned for Sunday evening, May 4, and Gloria Steinem will give a special luncheon address on Wednesday, May 7 (a tax-deductible contribution of \$50 will be requested). Additional information on protest activities will be available at the convention.

The Prospect Before Us

In the past, most homosexuals tended unknowingly to accept society's image of them as inferior, inadequate, crippled, infantile, and unstable. We lived with those feelings about ourselves buried deep within us.

As part of this programmed self-hate, we scolded others for not taking care of us, felt hurt when people were insensitive to our plight, and blamed the world for not giving us what we wanted.

Today we cannot allow ourselves to remain mired in strategies that were understandable and necessary when a handful of brave souls stood alone but which may no longer be effective in serving our present purposes. This is not to suggest that we did not and do not still have legitimate cause to be angry and wary. We need to be alert to the details and consequences of our oppression.

We are, however, now ready for the next stage in our struggle, even though many of our sisters and brothers have not yet fought their way up to the front lines to join with us. Part of our concern must continue to be to help more of them on their own personal odyssey of gay self-awareness, self-acceptance, and activism.

But while we try to encourage others, it is also necessary for each of us to continue to move forward ourselves. We are no longer a tiny, anonymous minority pleading for recognition. A new day has dawned.

In many ways our situation has changed dramatically over the last ten years. The 1970s saw the awakening and consolidation of gay consciousness. The forging of a healthy gay culture and a positive gay identity is well under way. The lonely few now have been joined by many more, and the burgeoning of the Gay Liberation Movement nationwide has brought our cause wide publicity. Major national presidential candidates addressed themselves favorably this year to the gay rights question. The 1980s will see us take our rightful and open position in helping to shape this nation's goals and priorities. The fear and hatred of homosexuality, rather than homosexuality per se, is going to occupy center stage as the problem needing attention.

What is our role as gay psychiatrists at this juncture?

If we really believe that most psychiatrists are rabidly homophobic, and that the APA hierarchy is malignantly anti-gay, then we face a well-nigh hopeless task. I, however, do not believe that this is true. I know we have many friends amongst our colleagues, and they have been very supportive when called upon.

Probably most psychiatrists haven't had to think too deeply or too often about homosexuality, but they are educable and prepared to be fair-minded. (It is not as though this were the only item confronting American psychiatry today!) For us, of course, this is a major issue and we have the responsibility to raise it whenever appropriate.

As Gay Caucus members, there is much that we can do to change the context in which homosexuality is understood and dealt with by other psychiatrists. We should be fostering our own research, writing our own clinical papers, and promoting the work of unbiased professionals, while expending relatively less of our energy tracking a few of our perseverative "enemies."

We should be forming groups of gay psychiatrists in all our major cities and joining forces with other gay physicians. We should be getting involved with our local psychiatric societies, medical school and hospital psychiatry departments, and medical society committees. We can have tremendous impact at these levels, if we are able to come out of the closet, attend meetings, establish coalitions, and develop constructive programs.

As individuals, we can make ourselves available as seminar leaders, lecturers, and clinical supervisors for mental health personnel and trainees. We can volunteer for speaking engagements in our community. We can move toward better integration of our public and private selves that will be reflective of our growing positive self-regard, and we can try to help our friends and patients do likewise.

This will mean participating more fully in the individual and collective direction of our lives and of those of our extended gay "family." It means reallocating time and energy presently devoted to other interests. It means making some changes

CORRESPONDENCE

To The Editor:

I appreciate the attention that the Newsletter is giving to our proposal, and I do hope that the "powers that be" can see the advantage in a bulk subscription.

May I suggest wording the bulk subscription as a "cooperative" arrangement as opposed to "alliance"? That latter phrase might sound a bit political to some people, and I think we both want to stress the support-of-research aspect to both the Caucus and the journal's editorial board.

Bill Cohen, Editor
The Haworth Press, Inc.

To The Editor:

I want to express my appreciation for your publication of the letters by David Kessler and James Krajieski. Dr. Kessler's letter expresses accurately the events around our correspondence and makes it clear I hope that the Program Committee was not hostile to your efforts. Indeed, they were receptive as they should be.

Dr. Krajieski's letter conveys a spirit which makes me personally and as president of the APA feel most appreciative. There is much to be gained by working together on all of the issues that concern our patients despite the fact that it is sometimes tedious to overcome the inertia of a large association like our own.

Sincerely yours,
Alan A. Stone, M.D.

Stone on APA "Conservatism"

When asked his opinion of Time's characterization of the ERA controversy, APA President Dr. Alan Stone, replied:

"It is my sense that the American Psychiatric Association has a growing current of conservatism. One manifestation is the vote on the ERA boycott. An earlier manifestation was the effort to strip the Board of its policy-making authority by enacting constitutional reform.

"Nevertheless it is still my view that the majority of psychiatrists in the United States continue to support ERA and are concerned about social issues. The question for the future is whether the majority will allow the APA to be transformed into a narrowly focused guild interest group."

MEDICAL STUDENT'S VIEW

Adequate Gay Ed. Lacking

As an openly gay medical student in 1977, I was understandably interested in what I would be taught about homosexuality in one of the nation's largest medical schools, in one of the nation's largest cities, and in one of the nation's few states to have specifically decriminalized private homosexual acts between consenting adults.

The first mention of homosexuality came two weeks into the first year during a lecture on child development--"The point of all this is to become an adult capable of loving a member of the opposite sex. Anything else is an aberrance, an arrest of psychosexual development." End of subject?

The following year, nothing was stated about homosexuality in a twenty-hour course on human sexuality. When I asked about the omission, the course director explained that, in previous years, a two-hour session had been so poorly received that it had been deleted. What he did not explain was that it had been taught by two straight, ostensibly "sympathetic" individuals who weren't able to answer the students' questions.

Finally, during my core psychiatry clerkship, homosexuality was mentioned twice. The first comment was from an ex-nun-turned-psychiatrist who told us that we had to look beneath our patients' complaints to find the real problems. Her argument was illustrated with the example of a man who had just broken up with his male lover and was seeking help with his loss. His real problem, of course, was not the loss, but his homosexuality. The second mention came on the last day of the clerkship, as part of lecture on "sexual deviations." After an obligatory and rhetorical concession that civil rights should be extended to gay people (qualified by assurances of the advisability and efficacy of psychoanalysis in curing homosexuality), the instructor presented a gay porno film, during which he left the premises. He was followed shortly thereafter by most of the remaining students.

Needless to say, medical education, at least at this school, hasn't changed very much over the years.

Tom Mills
University of Illinois
Medical School, Chicago

Szasz, Bieber, and Sexual Inversion

Discussing his new book, Homosexual Behavior, Dr. Judd Marmor answered the following question: "Sexual Inversion included chapters by Thomas Szasz and Irving Bieber, two psychiatrists who have been similarly outspoken, but whose ethical perspectives are widely divergent. Why is neither author represented in your new book?"

Dr. Marmor: "Because for the most part, the new book employs completely new authors. Only three or four of the original contributors are featured. I wanted to have fresh viewpoints. I also wanted to divide Szasz's 'Legal and Moral Aspects' chapter into two separate divisions. This time, I wanted a less philosophical approach and a more detailed legal exposition. So I asked an expert (Ralph Slovenko) on the laws of sexuality to write that chapter ('Homosexuality and the Law: From Condemnation to Celebration'). Likewise, I asked a clergyman (Seward Hiltner) to write about the moral and religious aspects ('Homosexuality and the Churches'). The Bieber point of view I excluded simply because I felt it did not represent that which I had myself arrived at" (in Sexual Inversion, "Clinical Aspects of Male Homosexuality" was written by Irving Bieber. In the new book, a chapter with the same title is authored by Judd Marmor).

The following excerpts are from Szasz's chapter "Legal and Moral Aspects of Homosexuality" and from a paper, "Male Homosexuality," by Bieber (Can. J. Psych. Vol. 24, 1979).

"In our day, homosexuality is a moral, political and social problem. It is not

enough, therefore, for psychiatrists to concern themselves with abstract notions of psychosexual health and disease and to disregard the more general problem of conformity versus diversity in a complex human society. Coercive measures aimed at reducing diversity of opinion or action, whether in the sexual or in the intellectual sphere, are destined to constrict society and thus the human personality." --Szasz, '65

"Many psychiatrists, particularly the younger ones, have been influenced by the 'societal' argument; that is, when homosexuals are neurotic about being homosexual, it is because society's attitudes are negative and persecutory. Our volume and our work since its publication refutes this position. We have demonstrated that homosexuality is the outcome of a singular type of child rearing pattern that dislocates normal heterosexual development."--Bieber, '79

New York Task Force Mobilizes

The APA's New York County District Task Force on Gay Issues held its first meeting on March 19. At that time, three major areas were delineated for the group's working agenda:

- 1) expanding and improving existing relationships between gay psychiatrists and the greater psychiatric community
- 2) exploring the personal and professional concerns of gay psychiatrists
- 3) exploring areas of misapplication of psychiatric resources toward gay people.

Gay Psychiatrists of New York President and Task Force representative, Dr. Stuart Nichols, reports that the formation of a psychiatric referral system is being given serious consideration and that the Task Force will probably support the GCMAPA petition for APA status as an official minority. Minority status is currently held by women, blacks, Native Americans, Asian Americans, and Hispanics.

Members of the new Task Force are: Drs. Stuart Nichols, Emery Hetrick, Jean Munzer, Robert Gould, Arthur Myerson, Zira DeFries, Irving Bieber, Alexandra Symonds, Nathaniel Ross, Steven Katz, Richard Glavin, Leonard Rubin, Bertram Schaffner, Gerald Dabbs, Kathleen Begen, and Katherine Sundstrom.

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Kaplan, Bieber, and The National Enquirer

The following article appeared in the Jan. 22 issue of the National Enquirer. Authored by Edward Sigall, it was headlined "Leading Sex Therapists Claim Over Half of Gays Can Be Converted to Normal."

Despite what militant homosexuals claim, more than half of those gays who strongly desire normal sex lives can have them, say top sex therapists.

Reporting on the results of a treatment program started in 1968, leading researchers Dr. William Masters and Dr. Virginia Johnson say they have achieved reversal rates of more than 50 percent in both male and female homosexuals.

And other top experts have achieved equally impressive results.

"Among highly motivated individuals it is possible to re-orient a

total of some 50 to 60 percent to heterosexuality," declared Dr. Irving Bieber, clinical professor of psychiatry at New York Medical College.

"I think the Masters and Johnson study further supports evidence that homosexuality is not something that is inborn or natural that cannot be either treated or corrected," he added.

"I've examined over 1,000 male homosexuals in psychiatric consultation, and I know that they're not born that way."

"In a large majority of cases, the homosexuality is the result of adverse parent-child relationships," said Bieber, who is the senior author of the pioneering work "Homosexuality — A Psychoanalytical Study."

A similar conclusion was reached by another highly respected authority. "I can abso-

lutely confirm Masters' and Johnson's finding that a highly motivated homosexual who wants to change can often do so quickly and easily," declared Dr. Helen Singer Kaplan.

"It's pure nonsense that homosexuality is permanent and cannot be cured — despite what the widespread belief would seem to be among homosexual activists," said Dr. Kaplan, director of the human sexuality program at New York Hospital, Cornell Medical Center.

"Clinical evidence shows that 60 percent of those who want to change can, especially if they're caught at an early age.

"The early indications of homosexual tendencies in a male child include an aversion to rough sports and to competition of all kinds," she said.

"Others include trouble relating

to other males, dislike or fear of playing with other boys.

"The boy whose buddies are all girls is usually the most suspicious along with the youngster who repeatedly dressed up in his mother's clothing.

"Once or twice is all right, but if it happens more than that he should probably be seen by a professional," said Dr. Kaplan.

"Parents should not accept the current propaganda that their job as loving parents is to approve and accept their child's behavior because it can't be changed."

At the same time, parents should never punish the child, she said. Treatment for adult males includes reassuring experiences with female sex partners, and the use of psychotherapy.

"Very often," added Dr. Kaplan, "homosexual behavior can be completely modified."

Reporting in the Canadian Journal of Psychiatry ("Male Homosexuality," August, 1979), Dr. Bieber stated that "Reversal estimates now range from 30 percent to an optimistic 50 percent." Readers will observe

that since August, these success rates have miraculously risen by 10 to 30 percent. If such miracles are reborn at regular intervals, this means that by "1984" these rates will have reached 100 percent.--L.M.

Szasz on INS Discrimination

"The decision of the Supreme Court is significant, not only for the way it symbolically enshrines the homosexual as society's scapegoat, but also for the kind of "scientific" support it relies on for doing so. Many eminent authorities have expressed themselves on the subject of homosexuality; yet out of this spectrum of available opinion, the Court has selected the judgments of the medical and psychiatric employees of the U.S. Government, itself a party to the action before the Justices. If a case before the Court involved freedom of religion or the press, the Court might well have looked to authorities of all kinds, both living and dead, American and foreign. We can only speculate about why it has not done so in this particular case (Boutilier).* Perhaps it was afraid of what it might find; in particular, that it might be unable to conceal behind a rhetoric of psychiatric diagnosis, that it is not being called upon to evaluate a man medically but to dehumanize him legally."

*The case is that of Clive Michael Boutil-

The Prospect Before Us

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and taking some chances. It means opening the channels for potentially major personal and professional growth.

It also means abandoning primitive flight or fight maneuvers, and substituting more differentiated and productive approaches. It means proceeding beyond defensiveness, and acting instead from a position of confidence, assurance, and strength.

There is much to be done, and each one of us can make a difference.

David R. Kessler, M.D.
President-Elect

ier, a Canadian national, who was ordered deported by the Immigration and Naturalization Service. The order for deportation having been sustained in the lower courts, Boutilier appealed to the Supreme Court. In a six-to-three decision, the Court upheld the order."

— Excerpted from "The Model Psychiatric Scapegoat--The Homosexual," The Manufacture of Madness, Thomas Szasz, 1970.

Is Limerence in "Perspective"?

Love and Limerence, The Experience of Being in Love

by Dr. Dorothy Tennov

Stein and Day, 1979, \$11.95

With Homosexuality in Perspective, Masters and Johnson may have dealt the primitive psychomythology of "homosexuality" a terminal hand. Is it not ironic, then, that in this same publication, these authors not only try to define a new clinical entity, "ambisexuality," but moralize, however cautiously, about its possible relationship to the "evolution" of human sexual behavior? Because of the ambisexual's "frequently expressed lack of interest in either a committed relationship or a family structure," the Masters would stigmatize ambisexuality, however inadvertently, as "more a prior point of departure than a societal endpoint" of human sexuality. In the perspective of psychologist Dorothy Tennov, many ambisexuals might be more objectively distinguished as nonlimerents.

If someone asks, "Have you ever been in love?" there are three possible answers: yes, no and I'm not sure. Having definitely been in love, I suspect that there are really only two answers: yes and no. I think Dorothy Tennov would agree. The experience of limerence is indelible. And real. In her book, she attempts to define its clinical manifestations.

Because "civilization" has always equated "love" with supreme religious value, the absence of this love has been implicit, often explicitly, equated with serious personal failure. A nonlimerent may long for the experience because of its cultural value. Likewise, the limerent sometimes looks down on the nonlimerent, as if the latter were resultingly less human. As Tennov observed, nonlimerents "often mentioned that they had long been concerned about what was 'missing' in their lives. Clearly, love as described in song, drama, literature and by friends, with its ecstatic bliss of mutuality, had never happened to them."

Tennov wants to put love and limerence in perspective. What she seems to be suggesting is that "limerence," a complex, clinical, psychophysiological phenomenon roughly characterized as the experience of

"romantic love," may often be to nonlimerence as right is to left-handedness; or as homosexuality is to heterosexuality: a constitutional, perhaps behaviorally influenced variant that, in and of itself, cannot be correlated with "maturity" or "normality." "There is no limerent or nonlimerent personality....It is my impression that either state is able to exist in individuals who differ in virtually all other ways."

This analogy between sexual and limerence orientations would be convoluted by their interrelationship. All of the homosexuals Tennov interviewed claimed that they experienced "homolimerence." As one of her male subjects put it, "I fall in love with men, not women. Period. That's what makes me gay." Although Tennov does not rule out the possibility of "bilimerence," it was a phenomenon she never observed. Similarly, there is no mention of homosexual nonlimerence.

Tennov's sample of homosexual informants was small. Nevertheless, her disarmingly simple conclusion that "it is limerence, not sexual attraction, which tends to be confined to one sex or the other in a given individual" may just be, as the jacket cover boasts, "the most important explanation we have yet of homo'sexuality."

If Tennov's observations are often refreshingly simple, they are sometimes simplistic. On the basis of the following quote, for example, she draws the flabbergasting conclusion that Richard Wagner may have been a lifelong nonlimerent: "Never in my life have I enjoyed the true felicity of love." What Tennov seems not to have appreciated here is that for Wagner, "the true felicity" of romantic love, that love to which he erected some of history's greatest artistic monuments, was a metaphysical experience. It was the ineffable experience of Tristan und Isolde. Tennov's clinical documentation that "limerence at 100% may be ecstasy or it may be despair" at once simplifies and complicates the master's supreme vision of the two united. --Lawrence Mass

WE HEAR THAT...

Dr. Thomas Szasz has authored a new book, Sex by Prescription, to be published within the year.