



NEWSLETTER

Society for the Psychological Study
of Lesbian and Gay Issues

Society for the Psychological Study
of Lesbian and Gay Issues
A DIVISION OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION

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Forging Alliances II

At the APA Convention in Atlanta, Division 44 sponsored *Forging Alliances II*, a sequel to a conversation hour held at the 1987 Convention on gay/lesbian issues and ethnic minority concerns. The goal of this session was to establish a forum for individuals interested in ethnic minority concerns vis-a-vis gay and lesbian issues.

Adrienne Smith, out-going Chair of the Committee on Ethnic-Racial Minority Issues, opened the meeting. She discussed the evolution of the committee to its present status as a standing committee. She also set the focus of the session--how to continue the process of making Division 44 sensitive to ethnic/racial issues and how to make Division 45 comfortable for gay and lesbian members.

Ed Morales, in-coming committee chair, discussed the recent work of the committee. He pointed out that the Ethnic-Racial Committee Chair is now on Division 44's Nominating Committee, assuring a sensitivity to ethnic minority representation in the division's governance. In addition, the committee has promoted co-sponsored Convention programming and social events with Division 45; advocated a racism consciousness raising workshop for SPSLGI's Executive Committee; generated an editorial policy for Division 44 publications regarding minority representation on research studies; and established an ALGP liason to Division 45. Morales stated that Division 45 needs to initiate parallel activities on anti-homophobia issues. He advocated that Division 45 be encouraged to do so.

The meeting was then opened to a discussion involving those who chose to attend. Participants generated suggestions on the future direction of the committee regarding ethnic/racial and sexual preference minority issues:

Integration

- Establish liasons from Division 44 and 45 to other APA divisions.
- Increase representation in regional psychological associations.

Consciousness Raising

- Increase programming on ethnic/racial-gay/lesbian issues at regional conferences.
- Sponsor CE workshops on minority and gay/lesbian issues.

APA Members Vote for Division 44

During the month of November members of APA should receive an apportionment ballot for the selection of council members on APA's Council of Representatives. Voting members can designate all of their votes to one division in APA or divide their votes among various divisions. A division is granted one representative for each percentage point of the total vote it receives, e.g. five percent of the total vote would designate five representatives. In the past, Division 44 has been a few tenths short of receiving two percent of the vote. Thus, Division 44 has been designated one council representative. Hopefully in this apportionment balloting, Division 44 will reach the two percent mark and receive a second representative. Voting members are urged to cast their apportionment ballots for Division 44 and to urge their colleagues to do the same. Your vote is a concrete statement of support for Division 44 to APA's governing structure.

Let your voice be heard!

EC Members Elected

Four new members to Division 44's Executive Committee were elected in the recent APA divisional balloting. The new officers and their respective offices are listed below:

President-Elect: Adrienne Smith
Secretary-Treasurer: Terry Gock
Representative to APA Council: Olivia Espin
Member-at-Large: John Gonisorek

In the same balloting, division members were asked to vote on proposed changes to the division's bi-laws. All the proposed changes were adopted by the popular vote of the division's membership.

Individuals interested in participating in the governance of Division 44 and/or becoming active in the work of the division through its diverse task forces and standing committees can contact:

Laura Brown, Ph.D.
Division 44 President
4527 First Ave NE
Seattle, WA 98105

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President's Column

Laura S. Brown, Ph.D. ABPP

Another APA Convention has come and gone, and here I sit, still in possession of one of my favorite things, the in-print soap box. Although my strongest wish had been for Alan Malyon to return to health and take this job away from me, getting to share thoughts with all of you is some consolation for not having Alan's much-loved company among us at the Executive Committee meetings in Atlanta. APA is going through tremendous upheavals, and their ripples have impact on us as a division, and on all psychologists; it's a time when we need the wisdom of folks like Alan. On the other hand, it will give me enormous pleasure to turn this office over at the end of February to my long-time friend Adrienne Smith, who role-modeled me through graduate school at a time when she was just about the only openly lesbian Ph.D. in psychology I knew. Adrienne will need all of your help and support as she steps earlier into the office of Division 44 President, and I hope that among those reading this are potential committee and task force members and chairs who will make themselves available to her when the time comes.

Thanks to the hard work and creativity of Greg Herek and his committee, our convention program was a real gem. We're breaking ground all over the place, challenging old conceptions, bringing our creativity to bear on a wide range of topics. One of the real bright spots of the Convention for me is knowing that the programs we offer serve as a lifeline to the far-flung community of lesbian and gay psychologists and our friends from all over. We inspire one another to new heights in our theory and practice, as scientists, academics, and therapists.

Several issues came up at the Convention that, while not about lesbian and gay issues in psychology per se, are certainly about the contributions that lesbian and gay-affirmative psychologists can make to the public welfare. I'd like to take my time to bring these cases to all of your attention because there is much we can do, as psychologists, to affect their outcomes.

The first is the case of Sharon Kowalski, one many of you may have heard about when her lover, Karen Thompson, spoke at the March on Washington last year. Sharon was severely head-injured when her car was struck by a drunk driver in 1983. Karen, her lover of then four years, cared for her in the hospital, and was beginning to find ways for Sharon, who sustained a brainstem injury and is unable to speak, to communicate via typing. But Karen took the advice of the hospital psychologist and came out to Sharon's parents. The results of that have been devastating. The Kowalskis sued for guardianship of Sharon, moved her to a nursing

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SOCIETY FOR THE PSYCHOLOGICAL STUDY OF LESBIAN AND GAY ISSUES EXECUTIVE COMMITTEE

PRESIDENT Laura S. Brown, Ph.D., 4527 First Ave., NE
Seattle, WA 98105

PRESIDENT-ELECT Adrienne Smith, Ph.D., 1641 West Irving
Park, Chicago, IL 60613

SECRETARY-TREASURER Terry Gock, Ph.D., 2550 W. Main
St., Suite 201, Alhambra, CA 91801

REPRESENTATIVE TO APA COUNCIL Oliva Espin, Ph.D., 19
Burroughs St., #2, Jamaica Plain, MA 02130

MEMBERS AT LARGE Christine Browning, Ph.D., Counseling
Center, University of California, Irvine, CA 92717; Connie Chan,
Ph.D., CPCS-Downtown, University of Massachusetts, Boston,
MA 02125; John Gonsiorek, Ph.D., Physicians and Surgeon's
Bldg, 63 S. 9th St., Ste 506, Minneapolis, MN 55402

CHAIR CONTINUING EDUCATION COMMITTEE
Jeffrey Rhem, Ph.D., P.O. Box 8422, Orange, CA 92664

CHAIR ELECTIONS COMMITTEE
Douglas C. Kimmel, Ph.D., Department of Psychology, City
College of CUNY, New York, NY 10031

CHAIR FELLOWS COMMITTEE
Laura S Brown, Ph.D. ABPP

CHAIR MEMBERSHIP COMMITTEE
Christine Browning, Ph.D.

CHAIR PROGRAM COMMITTEE
Jeffrey Rhems, Ph.D.

CHAIR TF ON APA CENTENNIAL James Harrison, Ph.D., 230
W. 76th St., Penthouse A, New York, NY 10023

CHAIR TF ON DIAGNOSTIC CONCERNS Kristin Hancock,
Ph.D., 2127 Channing Way, Berkeley, CA 94704

CHAIR TF ON EDUCATION AND TRAINING
Christine Browning, Ph.D.

CHAIR ON ETHICAL ISSUES
John Gonsiorek, Ph.D.

CHAIR TF ON ETHNIC/RACIAL MINORITY ISSUES
Ed Morales, Ph.D., 325 Buena Vista Ave East, #612W, San
Francisco, CA 94117

CHAIRS TF ON FUTURE DIRECTIONS
Armand Cerbone, Ph.D., 9900 W. Fullerton, Suite 490A,
Chicago, IL 60614; Suzanna Rose, Ph.D., Department of
Psychology, University of Missouri, St. Louis, MO 63121

NEWSLETTER EDITOR
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Hills, CA 90211

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home where she receives no cognitive rehabilitation, took away her typewriter (her only means of communication) and barred Karen from contact. For four years, the two women have not seen one another. Although Minnesota law requires that persons under guardianship be tested for competency yearly, Sharon was tested for the first time last month, and only because Karen and the Minnesota ACLU went to court to demand that the law be followed. Curiously, none of those testing Sharon for competency are neuropsychologists (one psychiatrist, one rehab medicine physician, and a speech pathologist). The results of the exam will be in around the time that this is printed, but Sharon's right to rehabilitation and freedom of association still hang in the balance.

What can we as psychologists do? **The National Committee to Free Sharon Kowalski** has asked that as many of us as possible write to the Minnesota Attorney General, Hubert Humphrey III (102 State Capitol, St. Paul MN 55155), and ask why this one disabled woman's rights to appropriate rehabilitative treatment and freedom of association have been denied. We need to raise psychological issues when possible; for instance, why would it make sense that Karen (a P.E. instructor at a state college in conservative Northern Minnesota) and Sharon were closeted, and thus that the nature of their relationship was known to few others, even though they owned a home together? One of the Kowalski's arguments is that their daughter couldn't have been a lesbian since they didn't know she was! Our knowledge as experts on lesbian and gay relationships can add weight and credibility to Karen and Sharon's story. Those of us expert in head injury rehabilitation and neuropsychology can impart our knowledge regarding the importance of aggressive rehabilitation and appropriate assessment for traumatically brain-injured people. Sharon was beginning to communicate before her parents stepped in; what has she lost by being denied rehabilitation for so long, and what were the ethical responsibilities of the health care providers who either abetted this, or stood by and allowed it to happen? And all of us can stress our concern, as psychologists, for the human rights of lesbians and gay men and people with disabilities. We can inquire as to why so many legal rules have been broken in favor of Sharon's parents in this case, e.g., the denial of legally mandated annual competency assessment. We can also send funds to help pay the legal bills to The National Committee to Free Sharon Kowalski, 1725-17th NW, #515, Washington, D.C. 20009. Finally, we can urge related divisions of which we are members to also take stands on this issue and write to the Minnesota Attorney General. Our voices as psychologists can make a difference in this case.

Yet another legal matter which concerns Division 44 members is the case of Perry Watkins. Perry, a gay Black man was drafted into the military during the Viet Nam era

although he came out at his recruitment physical, and became a career NCO. It seems that the Army psychiatrists didn't believe that a Black man could be gay, and assumed that Perry's honesty was an attempt at draft-dodging. After seventeen years of exemplary military service as an out gay man which included frequent appearances in drag shows on the base that were, on occasion, sponsored by his commanding officers, and three years short of a pension, the Army discharged him for being gay. Not for sexual activity; simply for being gay, a radical and dangerous extension of previous military homophobia. Perry has sued to be allowed to reenlist, and won at the first level of the U.S. Circuit Court of Appeals; the Army, however, has appealed that decision and asked that the case be heard by the entire Ninth Circuit Court (initial appeals are heard by a three-judge panel).

APA has been asked to enter an amicus curiae brief in support of Perry's case, and we are doing so with the very able help of the ACLU. However, because of the large budget deficit at APA, we find ourselves in the position of having to raise a portion of the funds to do that brief privately, rather than relying on APA to foot the bill as they have done in previous gay-affirmative briefs.

At the Convention this year, Division 44 was successful in raising almost \$900.00 towards the cost of the brief; now we need all of you who saved your plane fare and hotel costs to chip in and help us out. In return for your donation, you will receive a snappy button, designed and produced by Adrienne Smith, that says "Ask Me About Division 44," imposed on a pink triangle and the division logo. These buttons are fun to wear at your local gay or psychology events, and guaranteed to create a few new members for the division. Perry's case is exceptionally important for the rights of lesbian and gay people in the military, where only last month a lesbian was sent to jail by the Marines for the "crime" of her sexual orientation. We need to win at the full appellate level if we are to make it to the Supreme Court. Send your contributions (made out to Division 44, and marked "Watkins case") to our Treasurer, Terry Gock, 2550 West Main, Suite 201, Alhambra, CA 91801.

A few final words on what's happening with Division 44 now that reorganization has failed to pass. As I said in my last column, our division is too new and fragile to tolerate divisiveness on this issue; we run the spectrum of psychological specialties, and must make a safe home for our diversity in order to survive. For the time being, we have decided to take no action regarding a relationship with the newly formed American Psychological Society; our plan is to wait and see what happens, and take steps in a thoughtful and deliberate manner. Several Division 44 members are among the leadership of APS, so we can be certain that lesbian and gay issues will have a voice there. I heartily encourage those of you with strong

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APA Audiocassettes Available

The American Psychological Association sponsored the taping of selected presentations at its latest Convention held in Atlanta. The following presentations sponsored by Division 44 are available:

- AIDS Prevention Progress and Pitfalls (Order No. 03)
- Behavioral, Psychological and Immunologic Function in AIDS Risk Groups (28)
- AIDS and Latins: The Many Faces of an Epidemic (38)
- Outcomes of AIDS Prevention Programs: What Works
- Best with Whom (51)
- The Psychology of the Oppressor (58)
- Look What's Growing in Your Own Backyard: Lesbians and Gays in Local Psychological Associations (94)
- Burn-Out Prevention Strategies for HIV-Related Service Providers (101)
- New Voices, New Visions: A Lesbian and Gay Paradigm for Psychology (117)
- Lesbian Health and Mental Health: Results from National Surveys (158)
- HIV and AIDS: Counseling Approaches (167)
- Psycholegal Perspectives on Privacy (222)
- AIDS, Contact Notification, and Public Policy (269)
- The Psychosocial Impact of AIDS from 1984 to 1987: Reshaping (343)

To receive a catalogue of all available presentations or to place orders, contact: *Audiotranscripts; 610 Madison St.; Alexandria, VA 22314 (1-800-338-2111)*

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feelings on either side of the question of affiliating with APS to write to me and to your other elected division officials; my own bias is to be as participatory as possible in making major decisions, and I want to hear from all of you. In the meantime, APA itself is going through difficult financial times. Fall board and committee meetings, including the CLGC meeting, have been cancelled for lack of funds. This means that the extraordinary amount of work on lesbian and gay issues usually done by CLGC will be slowing down for what I hope is a temporary period. It also means that as a division we may find ourselves having to take on more of the tasks that GLGC in the past has done so brilliantly.

And so here it comes again, the "won't you join us and work with us" shtick. We've had some incredible new faces come into the division in the last few years, and their contributions have been outstanding; please consider being another much-welcome part of making Division 44 work for all of us. This division is all of us, and the more of us who have a hand in shaping our directions, the better it will reflect who we are.

How to Nominate a Division 44 Member for APA Fellow Status

Division 44 members who have made unusual or outstanding contributions in the area of psychology related to lesbian and gay issues can be nominated for fellow status in the Division. Self-nominations are encouraged. For initial fellow nominations (for persons who are not already an APA Fellow), documentation includes the completion of the APA Uniform Fellow Blank, evaluations of the nominee's work by three Fellows, and completion of the Division 44 Criteria Form. For Division 44 members who are already a fellow in another division, documentation is somewhat simplified. All nominees must meet both the general standards for Fellow status outlined in the APA bylaws and the more specific criteria of Division 44.

The APA standards for fellows include: 1) a doctoral degree based in part upon a psychological dissertation, 2) prior membership in APA and the division for a least one year, 3) active engagement at the time of the nomination in the advancement of psychology in any of its aspects, 4) five years of professional experience subsequent to the granting of the doctoral degree, and 5) evidence of unusual and outstanding contribution or performance in the field of psychology.

The Division 44 criteria for Fellow status further specify that nominees must show unusual and outstanding contributions in the area of psychology related to lesbian and gay issues. In most cases, this contribution will be made through research and scholarship about lesbian or gay issues. In some cases, however, an individual might make an outstanding contribution in other ways: through the application of psychological research on gay and lesbian issues to professional practices through the application of research results to the resolution of social issues concerning lesbians and gay men, etc.

To nominate yourself or another member of Division 44, write to the Chair of the Fellows Committee to obtain additional information and nomination materials. Completed nomination materials, including letters of recommendation, must be returned to the Division no later than January 15th. The Fellows Committee will then review your file and make a final decision as to whether or not you have met the fellow criteria and should be placed in nomination by Division 44 for Fellow status in the APA. If you have questions or would like to request nomination materials, please write to:

*Laura S. Brown, Ph.D. ABPP
4527 First Ave, NE
Seattle, WA 98105*

Richard S. Berzok, Ph.D. (1946-1988)

Dr. Richard Berzok, a member of Division 44, died peacefully in his sleep early in the morning of October 6, after a brief stay in the hospice unit of Kaiser Permanente medical Center in Oakland, CA. His lover, Greg Herek, and his mother, Dorothy Berzok, were with him when he died.

Richard received his Ph.D. from the California School of Professional Psychology (Berkeley) in 1978. He was a member of the professional staff at Kaiser Permanente in Vallejo, CA, for the last several years.

Although he was hospitalized several times during the 19 months that he lived with AIDS, his life after diagnosis continued to be a celebration and adventure that he shared with the many people who loved him. Richard travelled extensively, including trips to Alaska and to England in his last months of life. He made new friends everywhere, savored each new experience, and thoroughly enjoyed every moment.

In addition to his lover and mother, Richard is survived by his brother and sister-in-law Joe and Maxine Berzok, brother and sister-in-law Steve and Marsha Berzok, and brother Bob Berzok, as well as by a huge extended family of friends, relatives, and colleagues.

In accordance with Richard's wishes, he was cremated without a funeral service and his ashes were scattered at the Golden Gate. His friends will hold a party to celebrate his life and the joy he brought to so many of us.

Memorial donations can be made to either of two community AIDS organizations:

The Center
3421 Martin Luther King, Jr. Way
Oakland, CA 94609

or

The AIDS Emergency Fund
1550 California Street
Suite 7
San Francisco, CA 94109

Please note on your check or letter that your contribution is in Richard's memory.

A Public Health Perspective on AIDS

On August 13 at the APA Convention in Atlanta, Michael Lane, M.D., of Emory University, made the following presentation as part of a symposium entitled *Professional Psychology's Response to AIDS*.

In terms of the virology of HIV, the most important thing to remember is that HIV is a retrovirus. Retro is shorthand for the fact that this group of viruses produce the enzyme reverse transcriptase, and carry their genetic information in RNA, transcribing it into DNA in the reverse of the usual DNA to RNA pattern. This means that the virus, once it has entered the host cell, inserts its own genetic information into the host cell's DNA. It thus effectively "hides" from host killer cells and other defense mechanisms, and takes over the cell. It takes no great understanding to realize that the only way to kill such a virus once it has entered the host DNA is to kill the host cell itself. Indeed HIV is a very easy virus to kill, during the part of its lifecycle in which it is free. It is very hard to kill once it is in the human cell, at least without doing irreparable damage to the host cell itself.

The second thing to remember is that HIV, largely because of this ability to insert itself into host DNA, can easily exist in the presence of large amounts of various antibodies which the host makes against the various proteins in its outer coat. Indeed in infection with the HIV virus, the presence of antibodies means that the host is infected and infectious, whereas in most viral illness the presence of antibodies means that the virus is gone, the host has recovered, and is no longer infectious.

These points together tell us that a traditional vaccine is unlikely to be forthcoming against this virus, and that a safe and effective one-shot cure is equally improbable. The take home message, then, is that education and counseling to bring about change in risk-taking behavior is the major means for controlling this epidemic.

The natural history of the disease also helps us frame policy and strategies for fighting it, but also cautions us against over-optimism. The most important epidemiologic point about HIV infection is its long latency. We still don't know how long people are infectious, and how long they are at risk for developing AIDS, but with each passing year our estimates of these periods increases. The median time between infection and development of AIDS is probably six to eight years, during which time the patient is infectious. For several weeks, to even many months, of the early period after infection, most current means of testing will not reveal that the patient is infected.

Our current best estimate, formed from a large number of cohort studies in this country and abroad, is that about five percent of infected individuals will develop AIDS in each year after infection, and by eight years some 90 percent of patients will have developed symptoms.

About half of these will have AIDS, and another half will get somewhat less severe HIV related illnesses. Truly remaining free of disease, and certainly going from severe illness to a spontaneous recovery, is extremely rare. One important take home message from this is that even if there were no more transmission of the virus starting today; that is, if there were zero new infections, there would still be rising numbers of cases each year for several years, coming out of the pool of individuals already infected. Indeed the PHS Coolfont Report prediction of 270,000 cases by 1991 can and will be reached without contribution of many new infections. Since we have no reason to be confident that infections have in fact stopped, we must gird our loins for a long fight against this disease, even in the unlikely event that we were to find a miraculous cure or preventive today.

The good news from epidemiology is that with each passing year we get more and more confident that there is no spread by means other than sex, direct parenteral inoculation (blood transfusions or shared needles, etc.), or perinatal infection either across the placenta or during the process of birth. We are confident of this statement. It is also apparent from large numbers of tests done on blood donors, army recruits, job corps trainees, and selected hospitals, that there is no massive infection going on in the general population, outside the traditional risk groups of gay or bisexual men, IV drug abusers, and babies born to HIV infected mothers.

Despite our great confidence in the science behind this view of transmission, the general public clearly doesn't believe it. Whether because of general fear of the unknown, distrust of science, distrust of government, or other reasons, large proportions of the American public evidently believe that casual transmission, mosquitoes, and person-to-person contact can spread the infection.

These virologic and epidemiologic issues (of AIDS) are interesting and important, but they pale beside the ethical and social issues raised by the HIV epidemic. These are so numerous, and depending on your political and social biases so complex, that in this limited time I can only briefly list a few of the major ones. Depending on whether you are a taxonomic lumpers or splitter, you can easily identify dozens of sub-issues in each of these.

First, whose responsibility is it for the effort necessary to control this disease? Is it government, the individual, or given the fact that health is not mentioned in the United States Constitution, some complex of local governments and voluntary agencies? This is a disease caused by lifestyles, as is alcoholism, motor vehicle accidents, and many other major killers of today. To what extent does government have the right or duty to interfere with the lifestyle of the individual in order to protect the public

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health?

Second, can professionals opt out of a role in this disease? Some physicians, and especially surgeons, have overtly or covertly refused to work with patients who are HIV infected, either because they don't like the lifestyle which brought about the infection, or because of some, generally incorrect, perception of a risk to themselves in working with such patients. By the way, we hear reports of job related stress and burnout in the professionals who do serve AIDS and HIV infected patients, particularly those who do not do so voluntarily.

Third, what is the balance between the right of the individual to privacy, and the duty of the professional to warn sex partners, responsible health officials, or other key individuals when he or she knows about an HIV positive case? You in psychology have been steeped in the legal issues of Tarassof for several years. I would put it to you that the duty to warn problem in HIV infection is more complex, and certainly more common, than that of Tarassof. If one assumes that there are 1.5 million HIV infected individuals at large today, and each has at least one and generally more people with whom he or she has sex or shares needles, then there may be at least 3 or 4 million people with a right to know about individual HIV infected patients

Fourth, how can we protect the individual from discrimination in jobs, housing, insurance, and other necessities, while at the same time getting information which is important for purposes of epidemiology and policy formulation, and which may be important to the individual for motivating him or her to make appropriate changes in behavior? Certainly the ability to detect the presence of HIV antibody has as yet proved less useful to public health professionals than testing for tuberculosis, syphilis, or other major public health problems. Clearly a main reason for this is the real concerns about our ability to keep information truly confidential.

Fifth, how effective are our current means of achieving behavior change through counseling and education? We are spending a great deal of money in this area, and indeed pinning our major hopes on it, but we have only modest scientific data on the effectiveness of various methods of persuasion and motivation, and obviously sexual and drug abusing behaviors are fairly resistant to change.

Finally, what is the relative importance of our duty to evaluate what we are doing with public funds, and our commitment to do whatever we possibly can to truncate this epidemic? We are putting ever increasing amounts of public resources, both people and money, into HIV programs, and given the fact that there is no free lunch, this is being done at the expense of other programs, such as those to control cigarette smoking, heart disease, automobile accidents, cancer, etc. What is the appropriate balance in our efforts?

I have no easy answers to these ethical and political questions. Indeed my personal opinions have changed from day to day. However I feel strongly that such questions must be raised, and should not be left to small numbers of researchers or government officials to answer without intense social scrutiny.

In closing, I would like to comment briefly on the role of the social sciences in this epidemic. We are dealing with an epidemic which has its roots in behavioral problems. Yet behavioral scientists have been late in coming into the arena. Epidemiologists and virologists have been the leaders in the epidemic to date, yet everyone recognizes that behavior change is our main hope of controlling the infection. We need the help of psychologists, sociologists, and others. We still can't make quantitative statements about the usefulness of various methods of persuading risk groups to adopt less risky behavior. Surely this is an issue which social scientists know more about than we do? Where are they?

Counseling, at testing and counseling centers, is being done by nurses and VD investigators, although patients are being referred there by psychologists. Is this appropriate? Where are you folks? We need you! Public health a half a century ago was the domain of the laboratory bacteriologist and sanitary engineer. Now that we are facing diseases like AIDS and others in which personal decisions about behavioral options are important, the social sciences must recognize that they have something to give to the formulation of public health policy. Perhaps because of the intensely personal nature of the psychological counseling relationship, psychologists have been reluctant to enter the brawling and often political debates about public health policy. Perhaps the silver lining in the dark cloud of AIDS is that psychologists will recognize their abilities, and responsibilities, to assist with public health issues.

CALL FOR CONVENTION 89 PAPERS

Division 44 is interested in receiving APA Convention presentation proposals for papers emphasizing theoretical, empirical, or professional approaches to lesbian and/or gay issues. Submissions are sought for symposium discussions, poster sessions, co-sponsored interdisciplinary presentations, and suggestions for invited speakers. Ethnic minority, aging, and disability concerns are given high priority. Symposia including consideration of social policy are preferred. The deadline for the proposals is December 15, 1988.

For additional information, contact:

Jeffrey Rhem, Ph.D.
P.O. Box 8422
Orange, CA 92664
(714) 634-5942

AIDS Community Training Project Launched

In February 1988 APA was awarded a three-year, \$750,000 grant by the National Institute of mental health to create a project for AIDS Community Training (ACT). The ACT Project will offer 16 two-day conferences designed to provide intensive AIDS training to approximately 2000 health and mental health workers across the country.

The purpose of the project is two-fold. The first is to develop an understanding of AIDS and its effect on individuals and the community. Emphasis will be placed on practical and experiential training related to psychosocial issues faced by people with AIDS, their lovers and other family members, high-risk groups, health care workers, and the general public.

The second is to develop linkages between community-based care organizations, health care delivery institutions, professional practitioners of various disciplines, and mental health educators. It is hoped that the linkages will lead to inter-organizational cooperation, continuing education programs, and comprehensive care.

Training sites will be located in small cities on the basis

of the following criteria: 1) a significant incidence of AIDS and HIV infection; 2) existence of an established local effort to deliver AIDS-related services; 3) numerous community-based organizations that could be responding to AIDS, and 4) local university training programs for psychologists and/or social workers. At present, three sites have been selected (Buffalo, NY; Albuquerque, NM; and Richmond, VA) several others are being considered in the site selection process.

Training will be provided through a national core faculty of community-based care givers. In addition, there will be a panel of local individuals personally affected by AIDS as well as a group of local speakers selected for each conference.

Registration for conferences will be handled through the ACT office at APA. The registration fee is \$40.00 per individual. A comprehensive training manual, coffee, lunch, and wine & cheese will be included at no additional charge. Each conference will be limited to 125 trainees. For further information, contact Jeanie Kelleher at (202) 955-7740.

(Reprinted from *Advancing the Public Interest*, the newsletter of APA's Public Interest Directorate.)

Membership in Division 44

All social scientists with interests in applying psychological knowledge to the study of lesbian and gay issues are warmly welcomed as members, irrespective of personal sexual/affectional orientation. New members are elected formally once a year in early Fall. However, they are placed on the mailing list immediately if qualified for membership and if dues are paid. The five classes of membership in the division at this time are Fellows, Members, Associates, Affiliates and Student Affiliates. Affiliate members of the division are either students or non-students. Affiliates can hold membership in the APA or be non-members. Names of Affiliate members are not published in the APA Register and are kept strictly confidential.

Membership Application: SPSLGI - APA Division 44

Name _____ Date _____
Mailing Address _____
City _____ State _____ Zip Code _____
Office Phone (____) _____ Home Phone (____) _____
Education/Highest Degree _____ Date _____ Institution _____
Major Field of Study _____
Professional Affiliation _____
Present Position (Title) _____

APA Membership Status: (Circle One) Fellow Member Associate Student None

Application for Division 44 Membership as (Circle One) Fellow Associate Affiliate Student Affiliate Newsletter Only
Please make check for 1988 Membership Dues or Newsletter subscription of \$17.00/\$5.00 for students (US currency only, please) payable to SPSLGI, and return check along with this application form to:

Christine Browning, Ph.D.
Counseling Center SS 1, Room 202
University of California
Irvine, CA 9271

Editorial Policy Set

At the APA Convention in August, Division 44's Executive Committee approved a policy statement regarding racial/ethnic minority participants in research studies. The statement, written by Connie Chan, is now part of the official editorial policy of the division; thus, all divisional publications and Convention presentations sponsored by the division must comply with the policy statement.

The statement reads:

Consistent with established principles for valid scientific research, human subject samples should be as representative as possible of the population to which results are to be generalized. Consequently, ethnic/racial minority group members must be adequately represented in samples of studies in which results will be generalized to a population that includes these ethnic/racial minority groups. Limitations on such generalizations due to inadequate racial/ethnic minority representation in the sample should be noted explicitly in the body of the research report and in the report's abstract. When appropriate this limitation should also be referred to in the title, e.g., "Longevity of relationships among gay white males" rather than "among gay males" should be the title if only white males were included in the population sample.

Continuing Education

Division 44 plans to sponsor workshops at the 1989 APA Convention in New Orleans. These workshops can be a valuable means of educating the general psychological community about current research and clinical advances related to lesbian and gay concerns. The workshops carry Category One Continuing Education Credit. An honorarium of \$50 an hour per workshop will be awarded to the presenter or presenters.

Past Division 44 workshops focused on family therapy and psychotherapy with lesbian and gay clients. Attendance statistics of CE courses indicate workshops dealing with psychoneurological assessments of the "how to" variety have been most popular. Those Division 44 members with an expertise in the neurological assessment of HIV positive clients are encouraged to submit a workshop proposal.

Individuals who would like their proposals considered for inclusion in the continuing education program should send completed forms to APA no later than December 1, 1988. A workshop proposal form and further information about the application process can be obtained from:

Jeffrey Rhem, Ph.D.
Division 44 Continuing Education Chair
P.O. Box 8422
Orange, CA 92664
714) 634-5942

DIVISION 44 MEMBERSHIP REPORT

As of mid-July, Division 44 had 583 Members, 16 Fellows, 63 Associates, 97 Affiliates, 25 Life Members, and 7 Newsletter subscribers. The total of 791 is up from last year's membership of 747. The Division has been consistently growing since its inception (1986 membership was 709). The present membership is close to representing gender parity (46% women; 53% men).

At present, Division 44 members reside in the United States, Canada, Columbia, Israel, Japan and Australia. There are eight states with no Division 44 members: Alaska, Idaho, Mississippi, Montana, Oklahoma, South Dakota, Utah, and Wyoming. Psychologists living in these states who have an interest in lesbian and/or gay studies or who know of psychologists with such interests are encouraged to contact Christine Browning, Division 44's Membership Chair, at the address listed below.

The strength of Division 44 relies on the active participation of present members in recruiting new members. Please encourage your colleagues, friends, and students to join. If you know that someone would like to join but is not an APA member or does not want to be identified publicly (through the APA membership roster) please tell the person that one can join Division 44 as an Affiliate Member. **The Division's list of Affiliate Members is confidential. People can still be active supporters of Division 44 without coming out professionally.** Students may also join Division 44 for a nominal \$5.00 fee to cover Newsletter publication and mailing costs. Please encourage students to join in order to benefit from mentoring opportunities as well as access to information about current research and clinical innovations in the areas of lesbian and gay psychological issues.

Additional membership applications are available from the address listed below. If you are attending a professional conference or event and wish to disseminate information about Division 44, brochures are also available.

If you are experiencing any problems with your membership (i.e. billing address change) please write to the address below. Those of you who are APA members should be billed directly by APA for your divisional dues. Affiliate members should be billed directly by the division.

For further information contact:

Christine Browning, Ph.D.
Counseling Center
University of California
Irvine, CA 92717

NOTICES OF NOTE

Journal Editorship Openings

The Journal of Personality and Social Psychology: Attitudes and Social Cognition is seeking a new editor. The new editor-elect will begin receiving manuscripts on January 1, 1990. The Publications and Communications Board plans to select the new editor this summer. Nominations must be submitted by November. Nominations are encouraged from women and minority men and women. Contact: *Donald J. Foss, Chair, Search Committee; Department of Psychology; The University of Texas; Mezes Hall 330; Austin, TX 78712*

The Journal of Personality and Social Psychology: Section on Interpersonal Relations and Group Processes (JPSP: IRGP) is seeking a new editor. Nominations are encouraged from women and minority men and women. Selection of the new editor will be made in June, 1989. The new editor will begin receiving manuscripts on January 1, 1990. Contact: *Frances Degen Horowitz, Chair, JPSP: IRGP, Search Committee; Department of Human Development and Family Life; 130 Haworth Hall; The University of Kansas; Lawrence, KS 66045-2133*

The Journal of Educational Psychology is seeking a new editor. Nominations from women and minority men and women are encouraged. Nominations must be submitted by mid-February, 1989. Contact: *Richard E. Mayer, Chair, Search Committee; Department of Psychology; University of California; Santa Barbara, CA 93106*.

ALGP Newsletter Editorship

The Association of Lesbian and Gay Psychologists is looking for an editor for their Newsletter. Individuals interested in filling the post can contact: *Jeffrey Rhem, Ph.D.; P.O. Box 8422; Orange, CA 92664*.

Conferences

The Task Force on AIDS of the New York State Psychological Association and Pace University, Department of Psychology are co-sponsoring a conference entitled: *AIDS: The Adolescent Crisis of the 90's*. The conference will be held on February 10, 1989 at Pace University, New York City. Proposed focal areas of the conference are: gay youth and AIDS; AIDS and family planning/sex education issues; substance abuse and AIDS transmission; AIDS in the schools; legal issues/adolescent's rights; family therapy and AIDS; and issues in individual psychotherapy and counseling. For further information contact: *Alex Carballo-Dieguez, Ph.D.; 749 West End Ave. #12W; New York, NY 10025. (212) 666-6686*.

Submissions

Psychologists Barbara Sang, Adrienne Smith and Joyce Warshow are editing a book on middle-aged lesbians. If you are interested in contributing to this anthology, please send your topic and a brief description to: *Joyce Warshow, Ph.D.; 421 Hudson St.; New York, NY 10014*

Women between the ages of 40 and 55 are also being sought to fill out questionnaires on the life styles of middle aged lesbians. If you are eligible or know of someone who is, please write to us at the above address.

Research Participants

Subjects are sought to participate in a doctoral dissertation research project on gay male stepfamilies, i.e. two gay male partners who share in parenting one or both partners biological child(ren). Participants needed are: the biological father, the father's partner, and at least one child (age 10 or older), who will be willing to fill out a confidential questionnaire. Individuals interested in participating and/or who would like to encourage acquaintances to participate can contact: *Lawrence Helmbrecht; 606 Carroll Square; Elk Grove Village, IL 60007*.

New Professional Group

The American Educational Research Association has formed a special interest group (SIG) on lesbian and gay issues. The group is entitled *Lesbian and Gay Studies Special Interest Group*. Psychologists involved with educational research who have an interest in lesbian and gay studies are encouraged to join. Annual dues are \$10.00. This fee covers newsletter publication and supports research/scholarship in lesbian and gay studies. For further information contact: *Dr. James T. Sears; Department of Educational Leadership & Policies; Wardlaw 230; University of Southern Carolina; Columbia, SC 29205. (803) 777-3099*.

Awards

The Division of Consulting Psychology of the American Psychological Association announces a call for nominations for two awards for excellence in consultation. Each award, consisting of a certificate, citation, and a check for \$1,000.00 will be presented to the winner at the APA Convention in New Orleans in August, 1989. The deadline for submissions is March 31, 1989.

The Perry L. Rohrer Award is given annually to an APA member whose career achievements demonstrate outstanding service to organizations, public or private, by helping them respond more effectively to human needs. This award is funded by the consulting firm of Rohrer, Hibler, and Replogle, who have chosen this means of

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honoring the memory of a founding member of the firm who epitomized the standards of excellence which they and the Division seek to perpetuate. The 1988 Award went to Edgar H. Schein, Sloan Fellows Professor of Management at MIT.

The National Psychological Consultants to Management Award is given annually to an APA member, or member-sponsored student, whose work has had a significant positive impact on an organization and/or has contributed significantly to our knowledge of the consulting process. The award is named for the organization which funds it, an association of psychological consulting firms dedicated to professional development of the field by encouraging innovation and recognizing meritorious work, whether from practitioners of long standing or graduate students. The 1988 Award went to Jo-Anne Normandin, a doctoral candidate at Florida Institute of Technology, for her work on an innovative joint venture in which a community college and a country government joined forces to assess and address the county's needs for human resource development.

Nominees from any area of specialization are welcome, and nominations may be submitted by anyone. Send three copies of each submission to: *Ken Bradt, Chair, APA Division 13 Awards Committee; 1911 Rain Forest Trail; Sarasota, FL 34240. (813) 371-6582.*

Call for AIDS Experts

The APA Central Office Working Group on Acquired

Immune Deficiency Syndrome (AIDS) is revising its list of psychologists involved in AIDS issues. The project's ongoing goal is to identify all APA members involved in AIDS-related service delivery, research, social policy advocacy and other AIDS-relevant pursuits in order to maintain a network of people for dissemination of information about contract and grant opportunities, AIDS-related conferences, and AIDS public policy issues, as well as to identify media and government relations contacts for APA's AIDS activities.

If your work brings you in regular contact with people with AIDS or regularly involves you in AIDS-related issues, please contact: *Bev Hitchins, Public Interest Directorate, APA, 1200 17th St, NW, Washington, D.C. 20036.* Please include your name, telephone number, address, area of involvement with AIDS and a brief description of your work.

AIDS ABSTRACTS AVAILABLE

APA's Department of PsychINFO has just released a bibliography of serial and dissertation literature on AIDS from 1983 to June 1988 abstracted and indexed by APA staff. The bibliography has an abstract listing of over 400 journal articles and a subject index to pinpoint research. Copies are available for \$10 (members) and \$15 (nonmembers) plus \$2 for shipping and handling from the *APA Order Department, P.O. Box 2710, Hyattsville, MD 20784.*

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- Exam our own "cultural blinders" in consciousness raising workshops.
- Exchange copy space in gay/lesbian and ethnic minority publications.
- Expand the definition of "minority" to include rural vs. urban lifestyles, religious affiliation, etc.

Changing Institutions

- Volunteer as accreditation site visitors to assure awareness of ethnic/racial and gay/lesbian issues in APA approved programs.
- Insist that APA approved internship programs include training and clinical practice in gay/lesbian and ethnic/minority issues.
- Insist that state licensing requirements include proficiency in racial and sexual preference minority issues.
- Establish local programs to monitor anti-gay and anti-racial violent crimes, collecting statistics on the frequency of incidents.
- Lobby governmental agencies at all levels to promote

awareness of ethnic and sexual minority preference issues.

- Establish ethnic minority and gay/lesbian special interest groups in the various state psychological associations.
- Examine existing special interest groups to garner ideas on how to initiate further changes inside and outside of APA

If you wish to get involved with the work of the Committee on Ethnic/Racial Minority Issues or if you have any further suggestions on activities for the committee, contact:

*Ed Morales, Ph.D.
325 Buena Vista Ave East
#612W
San Francisco, CA 94117*

New Voices and Visions: Toward a Lesbian/Gay Paradigm for Psychology

Laura S. Brown, Ph.D. ABPP

The following article is a transcript of the Division 44 Presidential Address presented at the APA Convention in August, 1988 in Atlanta.

As I struggled with the search for a topic I found myself coming back to a theme that I had begun to develop in a paper on ethics that I presented last year at APA in New York along with my colleague John Gonsiorek. What I had begun to explore then was the theme of using the experience of being gay and lesbian in the world to develop a different vantage point from which to understand reality, and in that particular instance, psychotherapy ethics. In the case of my work as an ethicist, I've found myself constantly having to shift the perspective of what I see vis-a-vis ethically problematic actions into my own lens, a lens shaped by living my adult life as a lesbian in the lesbian community. As I said in last year's paper, it's not that the behavioral outcomes I was prescribing as definitions of ethical practice were any different (I still think no one should be having sex with anyone who was ever their client). What was changed was the phenomenology of the ethical decision-maker; there was a profound impact on the experience of thinking about ethics that was left by the introduction of lesbian sensibility.

What I was discovering was that by starting with myself I was using a different vision of how the world works and what ethical injunctions mean; different, that is, from the work done by (presumably) heterosexual ethicists addressing similar topics from within their own experiences. I had come to believe that the work I was doing in the field of psychotherapy ethics from a lesbian perspective was (along with that of my other lesbian and gay therapy ethics colleagues) giving me an ethical voice and vision that was not available from the dominant perspective. And this new voice and vision were powerful ones; they broke me out of a narrow model of thinking. Something new was emerging for me by making lesbian experience central to my understanding. Some of what I was developing was terrifically exciting and different; it opened up new ways to deal with the ethical issues that confront psychotherapists and generated creative solutions to knotty problems. Something about using lesbian and gay reality to formulate my hypotheses was having a profound impact on the nature of my conclusions. In this instance, by experiencing myself, the therapist, as concretely related to the community in which I both lived and worked, and thus framing the context within which ethical action was defined as one of relational overlap between therapists and clients within that community setting, I was able to more clearly envision what the ethical imperatives of my work might be. Ethics

became more than a list of "thou shalts" and "thou shalt nots."

My wonderings grew into the conceptual core of this talk, and shaped the symbolic level of meaning of my title. What I would like to give you today is not a summary of the work that has already been done. Rather, I have chosen to develop a challenge to myself and to all of us to take the paradigmatic leap in the study of all human behavior that I and my colleagues were taking in the very specific field of psychotherapy ethics. I doubt that what I will say today will have immediate or easy answers. If anything, I hope to stir up discomfort, distress with the taken-for-granted, shifting in place for myself and for all of us. Without knowing the technical term for it until the last few months, I have begun to deconstruct some of the givens of psychology and ask that we value the meanings that may be generated by a lesbian and gay sensibility.

My question is this: what does it mean for psychology if we take the experiences of being lesbian and/or gay male, in all the diversity of meanings that those experiences can hold, as core and central to our definitions of reality rather than as a special topic tangential to our basic understandings of human behavior and particularly human interactions? After all, just as we have no division of the psychology of men, or of white people, we also have no special topic area called "heterosexual studies in psychology." "Psychology," the official entity, values those experiences that are white, male, heterosexual, young, middle-class, abled-bodied, and North American; thus has the universe of "human behavior" been defined. "Special topics", e.g., lesbian and gay issues, were defined as of special interest only, not in the core curriculum in reality or emotionality.

But let us move beyond that. What happens if we choose to define what has previously been a conceptual ghetto as the center of the universe of understanding? If we open up our ways of knowing and of sanctifying knowledge to understandings that are rooted in the phenomenology of being gay or lesbian in the world, what new voices and visions become available to us? Does the way in which we explore lesbian and gay issues as psychologists become transformed if we ask ourselves such questions? How has our work so far been shaped by being distorted through the lens of heterosexually based psychological science and practice? And beyond that, what happens if we begin to use a lesbian/gay paradigm as core to psychological science and practice in general? How do we change, or do we change, our understandings of such phenomena as intimacy, parenting, attraction, relationships, gender, if we make assumptions based in the experiences of being lesbian or

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gay?

In order to begin the process of answering such questions, we must first explore and understand the assumptions that lie within the questions themselves. Such questions assume 1. that our current paradigm reflect a heterosexual reality and 2. that it is possible to identify what is meant by lesbian/gay reality in such a way that we can address issues from that perspective. So let me begin with the first assumption that underlies my questions.

I would posit that the worldview of North American psychology, besides being biased by sexism, racism, and other exclusionary modal perspectives views human behavior through the lens of heterosexual experience. What do I mean by that assertion? Concretely, this takes a number of forms. Our knowledge base is heterosexist. That is, it assumes heterosexuality and heterosexual forms of relating as the norm--more precisely, white, middle-class, North American, married, Christian, able-bodied heterosexuality as the norm. All other forms of experience are viewed in contrast to the norm. This non-conscious heterosexism (to borrow a phrase from Bem and Bem) shows up in all sorts of subtle ways; there are "couples" (meaning heterosexual couples) and then there are "lesbian and gay couples." There are families (meaning nuclear, two-heterosexual-parent families), and "lesbian and gay families." And so on, ad nauseum. Even in the field of psychology of women, which has probably contributed more than any other field of psychology towards the movement to deconstruct psychology and dethrone the god of logical positivism there are "women" and then there are "lesbians," tucked away in our own chapters of the textbooks. Our experiences are seen as unique, but as offering little to the understanding of the norm. What occurs instead is that we are either compared to the norm (in the past to demonstrate our pathology and more recently to affirm our normalcy), or we are simply categorized as an interesting variant of human experience, finally equal but still separate.

I would argue that this tendency to perceive lesbian and gay issues in a tangential, "special topic" manner robs us of much richness in our ability to understand human behavior. I believe that there are certain aspects of lesbian and gay experience which, if made central to all psychological inquiry, would change and expand our ability to comprehend both the intrapsychic and the interpersonal. But to use such a universe as core to hypothesis generation, we must also answer my second question regarding the definition of lesbian and gay experience

In some ways, this is more complex and problematic than the establishment of the presence of heterosexism in psychology. This complexity exists largely because there is not one unitary lesbian and gay reality. Instead there are multiple realities. The experience of being a

white lesbian or gay man will be different from that of a lesbian or gay man of color, and different within each ethnic group. The lesbian or gay man who comes from a fundamental, orthodoxly religious background will be different from that of those who grew up in more religiously liberal settings. Age cohort membership for lesbians and gay men has profound impact on the experience of being a sexual minority person, as does age of coming out and past history of overt heterosexual identity (e.g., marriage). Class plays a powerful role in defining the experience and expression of being lesbian or gay. North American lesbians and gay men live different realities than do our peers in other countries and cultures. The constructions and parameters of gender separate the experiences of lesbians from those of gay men. Even the concept of sexual orientation is one that is not clearly defined; while politically we may adhere to the notion that it is a fixed and relatively immutable phenomenon, clinically and experientially we are aware that it is a fluid, continuous one, with the words "lesbian" and "gay" encompassing a range of internal experiences of attraction, arousal, and affection. Although the seductive pull exists for us to see ourselves as a unitary and thus united group, (e.g., the "lesbian nation" ideology that characterized the separatist stage of our identity development as a public minority group) lesbians and gay men are more diverse than my own first minority group, Jews, where we joke that, "if there are two Jews, there are three schuls." Anyone who has been active in the lesbian and gay community will bear testimony to our variability and the challenges that this can present to the well-meaning gay pride parade organizer.

So with all that diversity, are there within this "country" of internal experience those elements of being lesbian or gay male that can be found in common and can be said to comprise a "lesbian and gay reality" from which to reconceptualize our study of human behavior? I would like to suggest that those common elements do exist cross-situationally, and that they are in fact central to my movement towards a new vision.

The first among these common elements is the experience of biculturalism. Lesbians and gay men are always simultaneously participants in both heterosexual experiences and lesbian and gay experiences. With rare exceptions, all lesbians and gay men must be in both cultures most of the time.

My colleague Marie Root, writing on biracial identity development points out the experiences of the biracial person include having both minority and dominant cultures as part of one's family of origin. She suggests that this can lead to a sense of confusion and of non-fit in any context. While a person who is purely one minority group or another may feel free, in the process of minority identity development to reject dominant culture, Root

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points out that for the biracial individual such a rejection also implies a rejection of a part of oneself. Biracial individuals are also often in the position of being able to choose to "pass" as members of the dominant culture, and may evidence ambivalence or distaste for those family members, often siblings and one parent, who are more physically like the devalued minority group and who threaten their passing status. In order to develop a functional biracial identity, the biracial person must develop ways to live within this matrix of complexity, to balance and value the differences that lie within.

So what Root's model suggests, and what I would like to extrapolate in this context, is that living and developing biculturally, while not unique to lesbian and gay men, is a unique sort of experience that may create different ways of knowing and understanding oneself and one's reality. What I would like to suggest is that it creates a propensity to view things on continua rather than in a polarized fashion; being able to operate within grey areas and on middle grounds, balancing between the demands of two divergent groups that are no internalized self-representations; all these are, I would submit, characteristic of the phenomenology of being gay or lesbian.

Walter Williams' work on sexual identity among native American cultures provides some confirmation for this perspective, as he notes that the persons who occupied this interim space between the genders in many Native nations (and whose behavior might be identified as gay or lesbian within white American culture) were perceived as seers, shamen, capable of greater wisdom than their clearly heterosexually defined peers. Different external factors may operate to influence the felt and lived experiences of this bicultural existence, and for some lesbians and gay men we may actually be describing a multicultural identity.

This experience, like that of the biracial person, is distinct from that of members of racial and ethnic minorities in that even at the most intimate level of family relationships there will be cultural differences and pulls to participate in the dominant culture in ways that do not exist for members of racial and ethnic minorities whose families share their group membership. This experience of having both self and other within one's identity development creates a singular and, I would suggest, potentially powerfully heuristic model for understanding ourselves that is absent from mainstream paradigms. The constant "management of difference," to borrow Carmen deMonteflores' term, leads to a possibly quite rich and distinctive perspective on reality if we are willing to embrace and value it.

A second experience that I would posit as forming a lesbian and gay reality is that of marginality. Even in the most supportive and accepting of settings, we carry with us the experience of existential "otherness." For many of

us, the first awareness of who we were was simply that vague sense of difference and distance from the rituals of the heterosexual culture around us.

Mary Daly long ago pointed out how this "otherness" can allow us to see what is not seen, to know what is forbidden to know because we are not sanctified as knowers and thus not initially perceived as a threat. It is no coincidence that one of the ways that the Right attempts to undermine the movement against violence against women and children is to "lesbian-bait" its leadership; in essence what they are saying is that only a woman who is, as Adrienne Rich puts it, "disloyal to civilization" will be able to continue to break the patriarchy's silence on its crimes. It's no wonder that any man who attempts to analyze and move beyond the defined male gender roles is called "faggot," who else is enough outside the definition of the role already to see the other possibilities for human existence in possession of a Y chromosome? In the catcalls of those who would annihilate us lie germs of the truth; our experience of the world as outsiders may allow us to see differently, hear differently, and thus potentially challenge the conventional wisdom because we are freer to see and speak other truths.

A final thematic core that I can observe in our experience is that of being normatively different. Not normless; in fact, I've been hard-pressed to find the word that would capture the flavor of what it is I'm trying to describe here. What I mean is that by lacking clear rules about how to be lesbian and gay in the world, we have made up the rules as we go along.

For example, my colleagues Merilee Clunis and Dorsey Green, in their recent book on lesbian couples, talk about how it was that they came to decide what was normative for lesbian couples. They put it rather simply; if a lot of lesbians seemed to be doing it, this must be the norm. And these norms challenge the dominant notions about what occurs in intimate interpersonal relationships. Simply being lesbian or gay has been something we've had to invent for ourselves, since whatever roadmaps offered to us by the dominant culture have been full of wrong terms and uncharted territories. This need to invent for ourselves has been equal parts terrifying and exhilarating for us.

However, if we claim this as a positive and possibly unique aspect of our experience as lesbians and gay men, we begin to embrace the possibilities for actively deconstructing and recreating our visions of human behavior far beyond the field of lesbian and gay studies.

So, three intertwined themes that I see as defining, cross-situationally, the experience of being lesbian and gay; biculturalism, with its requirements of juggling, balance, and living in and with ambiguity; marginality, with its perspective that is both outside and from within; and normative creativity, the ability to create boundaries that will work where none exist from tools that may be only

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partially suited to the task. If we adopt these as guiding principles for our work as psychologists, where can and does this lead us?

A first and perhaps (for those of you in the tenure track) somewhat risky place is into a reevaluation of the methodologies by which we generate our knowledge base. If we attempt to work from a valuing of the mixed, the ambiguous, the marginal, then it becomes extremely difficult to fit ourselves solely within the logical positivist scientific method that is the dominant culture of psychology.

If we work methodologically from within our own experience we must allow for the use of many methodologies and the possibility of many, even conflicting answers. A lesbian/gay psychology would be one of many truths, one in which a dialectical tension would constantly operate in such a manner as to stimulate new and wider inquiry. Rather than endless replications of the old, we would move to asking the questions not yet raised in the first place, and then question further the answers that we would receive. If we allow our scholarship to live in as many realities as we do ourselves, we find the possibility of so many shades of meaning.

This has certainly been the case for my work in the area of psychotherapy ethics. I've come to see ethical action as a continuous variable; one is not either ethical or non-ethical, but changing and varying degrees of ethical at various levels of affective, cognitive and behavioral expression during different periods of one's work as a therapist. I've found that simply having rules about what to do narrowed my thinking and excluded that which had never been considered, thus making it invisible. Too, I've learned that lesbian and gay male therapists, faced with situations unpredicted or unenvisioned by the ethics codes, have had to be creative in the development of norms that would allow us to behave ethically and yet still live within the realities of our communities. After all, the ethics code gives us little guidance about what to do when your former lover becomes lovers with a current clients; if that's what you have to deal with, you create the ethical principles for it as you go along.

A second implication of adopting a paradigm for psychology that would embrace the themes of lesbian and gay experience would be a continuous re-evaluation of taken-for-granted concepts in all aspects of our work. By taking the position of outsider and suggesting that the emperor in fact has no clothes, we may move psychology in a fertile direction for deeper and more complex understanding of interpersonal relationships. I believe that this movement would have particular significance for the study of behaviors related to sexuality, gender role and identity, intimacy and bonding and the development of family dynamics.

A analogy can be made here to work begin done which develops non-North American cultural versions of

psychology and which generates norms and hypotheses about development from within those cultural contexts. My colleague Carla Bradshaw, in a paper on the interface between Japanese psychology and feminist therapy theory, has pointed out how even the basic process of personality development becomes viewed quite differently through the lens of Japanese experience in contrast to those norms for development generated by a North American/European perspective. Carla points out how behavior that would be pathologized here represents normative and functional ways of being within a Japanese context.

Finally, by working from within this paradigm, I believe that the study of lesbian and gay issues will and must change. I would submit that we have been constrained by working within the dominant paradigm so that only certain kinds of knowledge are pursued or revealed.

I am not entirely certain of all the concrete implications of the paradigm that I'm suggesting today; in writing this paper I have discovered just how much this idea still exists within me preconsciously, felt but unformed. One source of power is the process of owning and valuing as central one's experience even when the words are lacking in the dominant reality with which to describe it. My own thinking is still struggling through the muck of that distortion. It is my hope that by being willing to take you all with me as I continue that journey that I will set you to thinking too, and that between us we will give form to what is still only a vague imagining on my part. We can pursue the comfort of the mainstream, or we can search for new voices and visions as psychology moves past its centenary with lesbian and gay psychology finally in place.

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NEWSLETTER ADVERTISING GUIDELINES

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If you have advertisements you feel would be appropriate to the Newsletter's readership of mental health professionals interested in lesbian and gay issues, mail submissions to:

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Lesbians and Gays Also Grow Old

Douglas C. Kimmel, Ph.D.

The following is a transcript of the Division 44 Presidential address presented in August, 1987 at the APA Convention in New York.

There is, of course, a double message in the title of my talk. First, lesbians and gays, like everyone else, grow old. There was a time when this was "news" and even experienced gerontologists were surprised to be reminded that some of the old folks they knew might well be lesbian or gay.

Second, in this era of AIDS, it is refreshing to remember that gay people do not only cope with this disease, they also grow old. A couple of years ago, after I chaired a session on AIDS, one of the participants asked me about my research. When I told him I studied gay aging, he responded, "Well, that's optimistic!"

It's not only optimistic, it's amazing that there has been such a positive change in our community in only a little over a decade since studies of lesbian and gay aging began to appear. It is easy to remember when it was impolite to point out someone's advancing age and the gay male community was described as a hotbed of ageism. Now there are several books on gay and lesbian elders and aging looks distinctly positive as a personal goal.

A few years ago, a small group in New York got together and, citing Margaret Mead, noted that a community can be defined by the degree to which it cares for its vulnerable members. We were focusing on physically challenged and isolated elders and created SAGE: Senior Action in a Gay Environment that is now a successful community organization providing a variety of services to older lesbians and gay men in New York City.

Now there is also Gay Men's Health Crisis, caring for those affected by the AIDS epidemic. Also the Institute for the Protection of Lesbian and Gay Youth is calling attention to this vulnerable group of our community. All three organizations benefit from aging lesbians and gays: as volunteers, leaders, contributors, fund raisers, and speakers.

No longer are the elders relegated to the fringes of the community. They are courted for their expertise, their time, and their money. We are also recognizing them as survivors who know a great deal about living in dangerous times.

There are three themes I wish to address today: first, research on lesbian and gay aging; second, the

importance of aging as an inherent part of lifespan lesbian and gay development; and third, parallels between aging as a social issue and a lesbian and gay issues.

Research On Lesbian and Gay Aging

Research raises the interesting issue of the nature of gay identity. In my study of older gay men, diversity was the rule. Some respondents had lived an exclusively gay lifestyle since adolescence. Others had married and fathered children, returning to a gay lifestyle in later life; a few had been unaware of being gay until adulthood; and others had been, to some degree, bisexual until adopting a gay identity. Since my methodology drew respondents from the gay community (all but one was over age 60), they considered themselves gay when I interviewed them. Obviously, there were many I did not interview who were "closeted" and many of these may have been married to women throughout adulthood.

The first theme of my research was that older gay men existed. But the more interesting finding to me was that they were such a varied group of individuals. Research on older lesbians has come to the same conclusion. This should not be surprising, of course. It is common to

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recognize that older people, in general, are more diverse than younger people because they have had a lifetime to become unique. Add to this the relative absence of socially defined expectations for what gay people should be (beyond the stereotypes that few accepted and survived to grow old). Mix in the years of individualized attempts to come to terms with being gay, often involving dramatic examples of oppression, stigma, and stress. Then combine lifestyle variations, including marriage, long-term lovers, living alone; racial and ethnic differences, socioeconomic status; family relations; and occupational experience. The diversity is extraordinary, and exciting.

One of the most interesting aspects of studying older gay and lesbian folks is what we gerontologists call "cohort effects." This refers to the fact that people are born in a particular point in history and therefore are different from people born in a different period in two major ways. First they are reared, mature, and grow old with a set of age-mates who share characteristics that may make some difference. For example, the "baby boom" generation is one of high competition with one's age-mates for education, jobs, housing, and advancement because there are so many people in that cohort. In contrast, the cohort born during the 1930's was a relatively low birth-rate cohort and, therefore, after the Depression and World War II, they found jobs and opportunities to be relatively plentiful. Whether or not this played a role in the civil rights movement, of which gays and lesbians became a part, it is clear that different cohorts of adults grew up--and continue to live--in very different worlds. This means that to understand older lesbians and gays, we have to recognize that their present world is different from the simultaneous world in which middle-aged, or younger, lesbians and gays live.

Second, the more obvious cohort effect is that older folks grew up and had many significant developmental experiences during a vastly different historical period. One of my respondents told about meeting his lover while traveling on a blimp from Europe. And nearly all studies document the police harassment, antigay violence, fear of exposure on the job, and the secret society in which they lived years ago. Obviously, research on older gays must consider this influence, and take care not to confuse aging and cohort effects.

A related issue is "survivor effects"; today's older respondents have clearly lived long enough to be included in our study. Others, obviously, have died or become inaccessible to research earlier in life. The stress of living a stigmatized lifestyle may well have taken its toll in drug or alcohol abuse, accidents, violence, or suicide. Thus, those we study are, by definition, the survivors--and therefore likely to be different from the population of young adults from which they developed. I have often noted that respondents in studies of older

lesbians and gays seek more education, or that those with greater education are the ones we are more likely to study?

Add to this the "invisible" population of lesbians and gays in general--and the number of "closeted" folks or those who are "homosexual" only on occasion--and we have a very significant sampling problem. Just who is the population we want to study, and how do we sample them?

I am now engaged with a co-investigator, Clarence Adams, in a study of older Black gay men. We are finding that it is difficult to gain access to these men because they often do not identify themselves as "gay" and, if they are willing to be interviewed, we cannot be certain that they are representative of the older Black gay male population.

Earlier research on Black gay men suggest that they are similar to white gay men on many dimensions, but that subtle differences possibly involving vulnerability in the occupation, family relationships (especially with extended kin), religiosity, and sexual attitudes may reveal characteristics that are relevant for understanding life histories of Black gay men.

Let me turn from the research challenges to what we have learned. A review of research on older gay men and lesbians that I recently co-authored noted eight major themes:

First, it is clear that homosexuality per se does not cause the misery, or loneliness, or any other maladjustment with aging. Even the social stigma of an unpopular sexual orientation does not seem to have much negative effect on most older gays--if anything, it probably has less effect on older gays than on younger gays.

Second, older lesbians and gay men are a very diverse group of individuals. A sizable proportion of the lesbians and gay men in these studies are, or have been, married; some are parents and grandparents. Others are involved in long-term relationships. Some have been bereaved by the death of a lover. Some have been single for much or all of their adult lives, sometimes with occasional short-term relationships. Still others have had many relationships that have varied in duration. Many are connected with a social support network of gay and nongay friends, former lovers, relatives and neighbors; but some are relatively isolated, either as a lifelong pattern, or because they have outlived key people in their support network. A large number are open about their lifestyle, to friends if not publicly; but some are closeted.

Third, the vast majority of older lesbians and gay men remain sexually active and at least some men report that sexuality becomes more satisfying with advancing age because it is less focused on the genitals and more on the whole person. Menopause may not be as significant an event for lesbians as for nongay women, since

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childbearing is not as central a role for many. In general, older lesbians have more of a realistic chance of finding a sexual partner or mate than do their heterosexual counterparts since women live longer than men and lesbians tend to be attracted to women in their same age group.

Fourth, a substantial proportion of gay people are aging with levels of satisfaction comparable to other people. For example, one study of older lesbians found that nearly three-quarters of the respondents indicated that their lesbianism "had been a source of great joy and satisfaction." In addition, about two-thirds felt positive about their aging. Also, about half of the respondents felt they were as attractive as they had been earlier in life and a slightly higher proportion felt they were as sexual as they had been. Likewise, a study of older gay men found the three factors most related to measures of self-acceptance, life satisfaction, and negatively related to depression were: "integration into the homosexual community," "satisfaction with sex life," and "commitment to homosexuality".

Fifth, naturally, the important concerns of today's older lesbians and gay men are similar in many ways to the concerns of all older persons: good health care; a network of social support; designed by and suited for the individual; financial security; a sense of independence, dignity, and self-respect; and the freedom to live one's own life as one chooses. But some of this requires more careful planning for gays. For example, wills; visitation rights in hospital intensive-care units and nursing homes; apartment leases; and of course, health insurance usually does not apply to the lover of the insured.

Sixth, there may be some positive advantages to aging as a lesbian or gay man. Many gay men and lesbians are relatively free of the sex roles that limit one's ability to perform all of the tasks required for living. There may also be more continuity in some gay lives, without children growing up and leaving home, or moving away when you were expecting them to be around to take care of you. Also, gay people often have more experience living alone than heterosexually-married people typically have, so being alone in old age is not necessarily an unaccustomed lifestyle. In addition, gay people may devote more attention to creating a network of friends who provide mutual support, including younger people. And finally, many lesbians and gay men experienced a major crisis in their lives when they had to deal with being gay; this may help to provide a sense of "crisis competence" that allows them to cope with other crises in their lives with greater agility.

Seventh, often a conspiracy of silence surrounds gay issues—even with a sensitive and caring service provider. The lesbian or gay person, especially older persons who may have been "closeted" all of their lives, are often unable to disclose their lifestyle.

Finally, serviceutilization studies indicate that older lesbians and gay men are less likely than their nongay peers to use mainstream programs such as senior centers and retirement communities.

The Importance of Aging in Lesbian/Gay Development

The "bottom line" is that, in general, lesbians and gay men age very much like everyone else. There is one issue that is worth discussing, however. Who will provide care if the older lesbian or gay man has no children? Deep in my consciousness when I began this research was the homophobic fear: "It may be all right to be gay when you're young; but what about when you are old and alone?"

I suspect this has two aspects. First, we grow up without visible role models of aging lesbians and gays; if we are lucky, they emerge; but they may not allievate the oppressive stereotypes of a lonely old age. Second, we live in a culture filled with negative stereotypes about old people, regardless of their sexual orientation,. Anyone in our society may have watched the physical decline and dependency of a "role model" of aging that led them to fear this possibility for themselves. Also, anyone may have identified an active and vital older person as an

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TIME OUT GROUP

The first 4 day Time Out group will meet in Hawaii, February 7-10, 1989. The group will be led by Don Clark, author of *The New Loving Someone Gay* and *As We Are*.

This group experience is limited to 16 mental health professionals, physicians, and others aware of the need to find their own most effective, relaxed, and enjoyable means of maintaining perspective while building the energy and emotional reserves needed in order to offer continued, top-quality, professional service to gay people today. This group experience offers the opportunity for personal healing and renewal in a relaxed atmosphere of discovery, professional growth, and recreation.

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"exception" to so-called normal aging and thereby strengthened the ageist stereotype of inevitable deterioration into a hopeless child-like state.

How do we answer this fear? Can lesbian and gay people face the distant sunset of life with enthusiasm and hope? Or must we avert our gaze and focus only on the present and short-term goals? The power of the lifespan approach to lesbian and gay development, it seems to me, lies in the significance of these questions.

For lesbians and gay men, partnering someone of the same sex and of about the same age would likely reduce the chances of being alone for an extended period in old age. Likewise, partnering someone several years younger would possibly provide a likely care-giver, in case one is needed in old age. For all, consciously maintaining an age-mix in one's friendship network and planning to work out an arrangement for a care-partner is a sensible solution as one grows older, and especially if one survives to a very advanced age. In my study of older gay men, this strategy was frequently described and adopted. In fact, lesbians and gays who do not have children must realize that care in old age is not automatic, and plan accordingly. This is, arguably, an advantage to choose one's caregiver, for the "automatic" care by children is of no higher quality in general than the "automatic" care of children by parents. Abuse of both age groups is gaining attention.

In short, there are no guarantees. But guilt, as we know, is not the most effective motivation for high quality care at any age. And, in any event, the chances of needing it are far less than the stereotype of helpless, infirm old people

Newsletter Submissions

Interested parties are invited to submit copy to Division 44's Newsletter. Newsletter deadlines are: *June 1; October 1; and February 1* of each year. For information and submissions contact:

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suggest. As with any stereotype, we must confront ageism head-on.

Look not to those occasional people who validate our stereotype, but look instead to those more frequent old people who are living the type of life we want for ourselves when we are old and find out what they have to teach us about being like them someday.

Parallels Between Aging and Lesbian/Gay Issues

There may be many issues that can be reflected to good advantage by considering parallels between lesbian/gay issues and aging issues. Much of my recent work at APA has involved ageism, and we are drafting guidelines to reduce ageism in psychological research that consciously parallel the guidelines on reducing sexism and on avoiding heterosexist bias in research. So negative, debilitating, dehumanizing stereotypes are one parallel.

Another parallel is the fact that, like race, age, and sex, sexual orientation cuts across all dimensions and experiences of human life. Gay people have no more in common with each other than do other groups such as Blacks, women, or old people. But, like old people, no one is born into a gay lifestyle, though there may be biological factors in both conditions. Like being old, being gay takes some living and some experience to become established; and psychotherapy is no "cure." Like being old, being gay is both romanticized and stigmatized.

One distinction, however, is that old age is a stigma available to anyone who lives long enough. And it can be added to any other stigmatized status. "Pity the old Black lesbian" goes the stereotype. If you know any old Black lesbians, I think you will agree the stereotype is faulty. They may be survivors who deserve not pity, but instead, our attention and respect.

While old people may not have any "secrets" to impart, they have survived. Some may need our help, and organizations such as SAGE are a wonderful benefit; but many old folks may have something to teach us about living. As lesbians and gays, they may also have something to teach about the history of our community. This "oral history" is often the only history that exists.

But most of all, they have a challenge to us: Look ahead and live, for as long as you have. There are no guarantees. But there are a lot of possibilities, if you don't let the "isms" get to you. If you live long enough, you also will be old. If not, that's one "ism" you won't have to face. But, for me, challenging "isms" is a lot more interesting than the alternative, given the chance. That is the opportunity that gay aging provides--no matter what age we are: to live all the years of our lives with the integrity and courage of the pioneers that we are.