

President's Column: Accolades and Apprehension

By Michael R. Stevenson

After the passage of the APA resolutions on Sexual Orientation and Marriage and Sexual Orientation, Parents, and Children in Hawaii, I feared 2005 might be anticlimactic. In retrospect, perhaps that was just wishful thinking! As we approach the 2005 convention (and the end of my term as president of Division 44), it is important that we celebrate the tremendous progress that has been made over the past few months. I especially wish to applaud those whose time, energy, and commitment made these great leaps forward possible. The list that follows (although far from comprehensive) represents the work of many division members. It highlights the fact that progress is most likely when we nurture relationships with other divisions, committees, and organizations. Although I am delighted to accept credit on behalf of the Division for our successes, the accolades truly belong to the long list of individuals who make the Division work.



Senator Paul Simon and APA Division 44
President Michael Stevenson (1996)

- Division 44's joint task force with Division 19 (the Society for Military Psychology) has made significant progress toward implementing APA's 2004 resolution on sexual orientation and military service.
- Division 44 and CLGBC (APA's Committee on Lesbian, Gay, and Bisexual Concerns) continue to support the work of the National Coalition for LGBT Health to improve the health and well-being of LGBT people. A symposium focusing on this work is among the programs offered by the Division at the 2005 Convention in Washington, D.C. (Check the program insert for details!)
- Margaret S. Schneider of Division 44 will chair APA's new Task Force on Gender Identity, Gender Variance, and Intersex Conditions! Task Force members include Walter Bockting, Randall Ehrbar, Susan Kessler, Ann Lawrence, and Kenneth Zucker. Their charge includes developing recommendations relevant to how APA should address these issues in training, education and research, and how APA can meet the needs of psychologists and students who identify as transgender, transsexual, or intersex. Marg, Walter, and Randall were also instrumental in founding the Division's committee on gender identity concerns.
- Due to the generosity of the Bisexual Foundation, the Division will award the first Bisexual Foundation Scholarship during our 2005 Awards Program. Modeled after the Malyon-Smith Award, the Bisexual Foundation Scholarship
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Convention Program — Center Pull-Out Section

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The Division 44 Newsletter is published three times a year (Spring, Summer, and Fall) by the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (SPSLGBI). It is distributed to the complete membership of Division 44, including more than 1,300 members, associates, students and affiliates. Our membership includes both academics and clinicians, all of whom are connected through a common interest in lesbian, gay, and bisexual issues. Submissions are welcome and are particularly appreciated via email.

DEADLINES Feb 15 (Spring), May 15 (Summer), Sept 15 (Fall)

ADVERTISING Full Page: \$300 Quarter Page: \$100
Half Page: \$175 Business Card: \$50

Publication of an advertisement in the Newsletter is not an endorsement of the advertiser or of the products or services advertised. Division 44 reserves the right to reject, omit, or cancel advertising for any reason.

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Messages sent to div44@lists.apa.org will automatically be sent to everyone on the listserv.

Questions? Contact Jackie Weinstock at Jacqueline.weinstock@uvm.edu. The listserv is intended for communication between Division 44 members. Please be aware that the Division 44 listserv is not monitored. Please use it in the professional and respectful manner for which it is intended.

Division 44 Celebrates 20th Anniversary Convention

This year marks the 20th Anniversary Convention for Division 44, since we came into official existence as an APA Division in January 1985 and our first convention was in August 1985. Harold Kooden, one of the pioneers in GLBT psychology, often commented that attending an APA convention was like connecting to a big battery for an annual recharge. I personally have attended almost all APA conventions since joining in 1972, and value them as a high point in my personal and professional life. Division 44 members are among the finest psychologists I have met and it is always a pleasure to see friends and colleagues each year.

For those attending for the first time, let me urge you to make plans early: get travel reservations, find a hotel room, and register in advance; it will save money and aggravation. Bring a holder for your nametag with you (preferably with a rainbow logo of some kind), so you do not have to get to the APA Registration area until it is convenient for you to do so. Register your partner, if appropriate, so attendance at various events will be easy.

Look for the Division 44 Suite in the Renaissance Hotel (the location may be posted, but you can always ask at the

desk) and come to the opening night party (Thursday, August 18 from 8 to 11). It's the one time when you can truly use that famous line: "Do you come here often?"

Attend those sessions you feel drawn to, but remember it can be a long walk between hotels (in summer heat), and you want to have time for beverages and meals with friends also. There are no tests, but there are CE credits for some sessions at no additional cost (see the pull-out section).

The Division Presidential Address Saturday afternoon is always a highlight; it is followed by the business meeting and awards ceremony, which is a good time to find out how we do so much with "smoke and mirrors," as Kris Hancock, our first President, is fond of saying. The Social Hour following the awards ceremony is a good time to meet those folks whose articles and books you have read. It's a perfect time to use that other famous line: "Are you the person who wrote . . .?"

Be sure to ask for "Doug"; there are several of us who would love to greet you. :) See you in Washington!

—Doug Kimmel



Members and Friends of Division 44's Executive Committee, February 23, 1985, Los Angeles (Photo by Allen Chivens.)

Can you identify these founding mothers and fathers? *Front row, from left to right:* Christine Browning, Susan Gore, Kristin Hancock, Stephen Morin, Martin Rochlin, Hanah Lehrman, Joyce Brotsky. *Second row, from left to right:* Harold Kooden, Arnold Kahn, Bronwyn Anthony, Anne Peplau, Douglas Kimmel, Allen Pinka, and Alan Malyon.

From the Editor

The first newsletter I edited was typed with carbon paper for neighbors during my childhood in Denver. Later I edited *The Harbinger* for the church youth group while in high school. We have come a long way since those days of typing on purple “ditto masters”! This issue has been done electronically, with me in Maine, the layout person, Jim Van Abbema (a friend from college days), in New York City, and Haworth Press doing the printing and mailing from wherever; of course, the address labels came electronically from APA in Washington, DC.

I am deeply indebted to Becky Liddle, the *Division 44 Newsletter* editor for the past six years, who not only left detailed instructions in the Division archives, but also was available by e-mail almost immediately and throughout her move from Alabama to Toronto. Thanks, Becky, and best wishes!

This issue features seven articles dealing with transgender topics. Randall Ehrbar, co-chair of the Division’s Transgender/Gender Variance Committee, was instrumental in securing the articles. I am very grateful for his efforts and the work of the contributors, many of whom are not members of Division 44.

The next issue will feature articles based on the 2005 APA Convention presentations. Too often papers presented at the meetings do not have the exposure they deserve, so I hope to publish several of them in the fall *Newsletter*. Please send your paper, or recommend presentations you would like to see published.

For many years I have been the Historian for Division 44 and bring this interest to the *Newsletter*, as you will note from the new column, “From the Newsletter 5, 10, 15, and 20 Years Ago.” Feel free to contact me with any suggestions for other new columns, or improvements you think would make the *Newsletter* even more useful and interesting in the future.

—Doug Kimmel, Editor, dougekimmel@prexar.com

The Association for Women in Psychology Announces the Annual Lesbian Psychologies Unpublished Manuscript Award

Purpose: The Association for Women in Psychology encourages theoretical and empirical scholarship that addresses the psychology of lesbians.

Topics: Unpublished manuscripts focusing on any topic relevant to the psychology of lesbians are invited.

Eligibility: An unpublished manuscript (e.g., conference paper, thesis, dissertation) that has not been submitted for publication. Both sole and jointly authored papers are eligible. Manuscripts must be no more than 50 pages.

Submission: The following material must accompany your submission: four copies of the manuscript, a cover sheet (including the author’s name, address, phone number, and title of the paper) and two self-addressed stamped legal size envelopes. The author’s name should not appear anywhere on the paper itself. If possible, please include a Windows file of your paper on floppy disk. Please send the above to: Julie Konik, Ph.D., Psychology Dept., University of Michigan, 3268 East Hall, Ann Arbor, MI 8109-1109. E-mail: jkonik@umich.edu.

Review: A panel of AWP members will conduct a blind review of the manuscripts. Submissions will be evaluated on the basis of sound methodology, clarity of writing, and relevance to the advancement of the psychology of lesbians.

Award: The winner will be announced at the American Psychological Association convention in August 2006. The award recipient will be invited to present the manuscript at the AWP conference in 2007, and will receive up to \$250 in transportation expenses.

Deadline: Entries must be postmarked by May 31, 2006.

APA CE Workshops

The following CE workshops may be of special interest to Division 44 members. They should be registered for in advance, as there may be no space available at the convention, and the fee for advance registration is lower.

Workshop: Psychotherapy With Lesbians and Gay Men: Surviving and Thriving Between a Rock and a Hard Place (Division 42): Beverly Greene, PhD, ABPP & Gladys Croom, PsyD. Wednesday, August 17, 12:00 noon–4:00 p.m. Information and Registration: www.apa.org/about/division/ce2005.html

Understanding Same-Sex Couples in the Context of Minority Stress (APA Continuing Education—Intermediate level): Sharon S. Rostosky, PhD, University of Kentucky, Lexington, KY; Ellen D. B. Riggle, PhD, University of Kentucky, Lexington, KY. Thursday August 18, 8–11:50). Information and Registration: www.apa.org/ce/

Transgender-Affirmative Psychotherapy (APA Continuing Education—Introductory level): Walter Bockting, PhD, LP, University of Minnesota, Minneapolis, MN; Randall D. Ehrbar, PsyD, University of Minnesota, Minneapolis, MN. Thursday, August 18, 1–4:50 p.m. Information and Registration: www.apa.org/ce/

Affirmative Psychotherapy with Sexual Minority Clients, Couples, and Families (APA Continuing Education—Intermediate level): Kathleen Y. Ritter, PhD, California State University, Bakersfield, Bakersfield, CA. Friday, August 19, 8:00 a.m.–3:50 p.m. Information and Registration: www.apa.org/ce/

Member News

Wedding Announcement

Brenda Cole and Nancy McConn announce their wedding in Pittsburgh, June 25, 2005. They became engaged in Toronto while attending the 2003 APA convention (Ontario had just legalized same sex marriage). "It was a particularly memorable APA for other reasons as well," Brenda said. "Jim Fitzgerald's presidential address on spirituality, affirming the religious and spiritual lives of GLBT persons, was personally healing. And I have to take a deep breath of gratitude for all the people from Stonewall to the Massachusetts Supreme Court who have helped to make this possible today."

The wedding and spiritual marriage will be performed in Pittsburgh by an ordained Presbyterian minister in the presence of nearly 100 friends and family. Nancy and Brenda have written the ceremony themselves, combining Buddhist and Christian traditions, and have an elegant reception planned to follow. The next day they fly off to Vancouver to be legally married and honeymoon in what is becoming their favorite visiting country, Canada.

Tenth Anniversary Celebration for Wayne F. Placek Fund

A special reception to celebrate the tenth anniversary of the Wayne F. Placek Fund will be hosted by the American Psychological Foundation during the APA Convention. The Placek Fund supports research to increase the general public's understanding of homosexuality as well as alleviate the stress that gay men and lesbians experience in this and future civilizations. Join in honoring Placek grant recipients and their accomplishments in the field of lesbian, gay, and bisexual psychology. The event will be held on Thursday, August 18, 6:00 p.m.–8:00 p.m. at the U.S. Capitol (exact location to be announced). All tickets are complimentary, but space is limited and must be reserved in advance. Call (202) 336-5622 or e-mail emerck@apa.org to request tickets. For more information on the Placek Fund, visit www.apa.org/apf/hooker.html.

A Specialized Life Skills Assessment for GLBTQ Youth

Representatives of Casey Family Programs (Chris Downs), Lambda Legal (Rudy Estrada), the Child Welfare League of America (Rob Woronoff), and an outstanding child welfare consultant (Candice Holmes) recently teamed up to build a specialized life skills assessment for GLBTQ youth. These individuals built the assessment in close collaboration with youth served in child welfare, consulting psychologists, and others who work with GLBTQ youth. This self-report tool assesses a youth's knowledge and behaviors that are specific to sexual orientation and gender identity. Before release, the final draft was reviewed by multiple representatives of all major race and ethnic groups and numerous experts (including youth) on GLBTQ concerns. A score report based on the assessment helps the youth and her/his caregivers set subsequent and individualized goals for learning. The assessment is a supplement to a larger set of independent living tools found at www.caseylifefskills.org. All of these assessments are free, online, and most have companion curricula designed to help young people become successful adults. For more information, please visit the Web site. Dr. Downs currently serves on the Division 44 Executive Committee.

Attention Students

Every year, Division 44 has a hospitality suite in a headquarters hotel at the APA Convention. Suite activities include presentations, meetings, discussion hours, student and division parties, and a book display. We need volunteers to perform tasks such as welcoming and orienting event participants, setting up parties, and cleaning up afterwards. Along with the suite, Division 44 rents a number of hotel rooms for students in a supplementary hotel. For approximately four hours of your time volunteering in the Division 44 suite, you can share a room with two or three other LGBT students and save some money on hotel costs. The number of rooms is limited; if any are available, the deadline for room reservations is July 10. We will continue to recruit volunteers after the rooms are filled. Don't miss the challenge and opportunity to work with other LGBT students and to contribute your time to the Division! Please send an email to Daniel Hsu at mhhsu@hotmail.com if you are interested.

—Ming-Hui Daniel Hsu & Wendy Wonch, Division 44 Student Representatives

Annual Fundraising Dinner to be held at The American News Women's Club

Saturday 20 August 2005

Greetings from my hometown of Washington, DC! Our venue for this year's fundraising event is the American News Women's Club (www.anwc.org), one of the nation's oldest press clubs. The club is located in a wonderful and elegant 1906 four-story townhouse in the Dupont Circle neighborhood. I have attended several events there, including a commitment ceremony, and can vouch that it is marvelous setting. It is also near a thriving center of DC's GLBT community, as well as being within walking distance of the Dupont Circle Metro. Randi Dutch, the Club Manager, will be catering a scrumptious meal that she has developed. There will be food for meat eaters and non-meat eaters alike.

We will be starting at 6 p.m. with a one-hour Cocktail Reception and an open bar that will include cocktails, wine, assorted soft drinks and the following chilled and hot hors d'oeuvres:

Rosette of Smoked Salmon on Black Grained Bread
Marinated Roasted Peppers on French Baguette
Swedish Meatballs

This will be followed by a buffet dinner, around 7 P.M. The menu will be as follows:

Salad

Meschun Field Green Salad

Entrée (Choice of one—please be sure to give me your choice)

Filet of Beef on a Vidalia Onion Compote, with Merlot Sauce
Roulade of Chicken with Spinach, Tomato, and Mushrooms
Crab Imperial
Spinach Pie in Filo

Vegetables

Whipped Creamed Potatoes
Bouquet of Garden Vegetables

Also included with dinner will be Chardonnay and Cabernet Sauvignon wines and soft drinks. Following the meal, there will be a coffee and tea service with the following dessert choices:

Fresh Strawberries and Whipped Cream
Miniature Vanilla and Chocolate Cheesecakes
Home Baked Brownies
Sour Cream Pound Cake

Because the meal includes alcohol this year, something that we were unable to offer last year, and because our overall cost has gone up, the price for this year is a bit higher than in previous years:

Regular (Professional) — \$80.00

Student — \$45.00

Sponsor — \$130.00

Mentor — \$160.00

Sponsors, who pay a higher price, will be recognized as *sponsors of the event* at the dinner and in the Division 44 Newsletter following the convention.

Mentors, who also pay a higher price, *sponsor a student*. This can be a student of their own. Alternately, the Division will pair a Mentor with a student, who will have the opportunity to join their Mentor for dinner and to learn more about the Mentor's professional activities. Like *Sponsors*, *Mentors* will be recognized at the dinner and in the newsletter. We also ask that those wishing to pay for a student do so at this level, as the Student price is reserved for students who are paying for themselves.

Note!!!!

We are limited to 75 participants. Remember that we sold out our 100 places quickly last year. Therefore, as was the case last year, *please try to get payment to me before the meeting, as our caterer is limited in the number of people that can be added by the time of the meeting.*

Send checks, payable to SPSLGBI, *along with your choice of entree*, to:

Division 44 Dinner
 Robert L. Mapou, Ph.D.
 8720 Georgia Avenue
 Suite 300
 Silver Spring MD 20910

For further information, contact Robb DIRECTLY at mapuna@earthlink.net or at (301) 565-0534, x264. Please do not rely on the Division 44 list server to reach me.

CE Credit Available for Division 44 Programs

The following symposia in the regular Division 44 convention program will have CE credits available for attendees:

- Understanding Intersex: Changing Standards—Epistemology, Experience, Research, and Practice (Thurs., Aug. 18, 10–11:50)
- Psychologists Involved in LGBT Health Public Policy and Advocacy (Thurs., Aug., 18, 2–3:50)
- Multiple Oppressions: New Directions in Research With Diverse LGBT Populations (Fri., Aug. 19, 9–9:50)
- What I Did for Love, or Benefits, or...—Same-Sex Marriage (Fri., Aug. 19, 4–5:50)
- Current Research on Bisexuality: Identity, Attitudes, and Social Support (Sat., Aug. 20, 12–12:50)

From the Newsletter 5, 10, 15, and 20 Years Ago

Summer 2000

Catherine Acuff, Ph.D., 51, died from complications following surgery for a brain aneurysm. Through her extraordinary leadership Catherine made significant contributions to LGB psychology in the areas of practice, teaching, and public interest.

APA adopted the "Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients" at its February 2000 Council of Representatives meeting.

Forty-seven new Fellows, Members, and Associates plus 95 new Affiliates were welcomed into the Division.

The Division sponsored three events focusing on bisexuality at the 2000 APA convention: a symposium, "Bisexual Issues in Psychology: Research Agenda for the 21st Century," a discussion hour, and a pre-convention CE Workshop titled "Psychotherapy with Bisexual Clients."

The Transgender Task Force was formed at the 1999 APA Convention in Boston. Transgender is an umbrella term that has come to represent transsexuals, transvestites, drag queens, cross-dressers and other individuals who do not follow society's unwritten gender rules.

A network of family members of gay/lesbian/bisexual individuals was being organized within APA.

August 1995

President Armand Cerbone noted the recent demise of ALGP (Association of Lesbian and Gay Psychologists) and the death of Bill Bailey from AIDS. He also noted that the first draft of "Guidelines for Psychotherapy with Lesbians, Gays, and Bisexuals" was being drafted.

The Division 44 List serve is about to take off.

A policy on sexual orientation conversion therapy has been proposed for consideration by the APA Council of Representatives at its August, 1995 meeting

The Institute for Gay and Lesbian Strategic Studies (I-GLSS), a new national independent think-tank was announced.

Doug Kimmel wrote about his year as a Fulbright Lecture Professor in Tokyo and noted that the Japanese Society of Psychiatry and Neurology has accepted the ICD-10 classification scheme so that that homosexuality, per se, is no longer a mental illness in Japan.

Roy Scrivner announced that a workshop on lesbian and gay family issues would be presented by the Ackerman Institute for Family Therapy prior to the 1995 APA Annual convention in New York City.

July 1990

SPSLGBI sponsored four major presentations at the 1990 APA Convention in Boston: Jeffrey Rehm's presidential address, "From Stigma to Paradigm"; Harold Kooden, as liaison to the International Gay and Lesbian Association, chaired a talk on "Gay Affirmative Counseling and Psychotherapy in the Netherlands"; Adrienne Smith chaired a panel on "Future Directions of Lesbian and Gay Issues in Psychology"; and

Linda Garnets and Douglas Kimmel gave an APA Master Lecture on "Lesbian and Gay Dimensions in the Psychological Study of Human Diversity." In addition, it sponsored two conversation hours: "Legal Aspects of Child Custody in Lesbian and Gay Families" and "Forging Alliances IV: Lesbian and Gay Men of Color Bridging to Communities."

CLGC (Committee on Lesbian and Gay Concerns) released two new reports: "The Final Report of the Task Force on Bias in Psychotherapy with Lesbians and Gay Men," based on a survey conducted in 1986; and "Ethical Implications of Conversion Therapy for Gay Men and Lesbians," a position paper advocating APA policy on sexual orientation therapy.

The APA Office on AIDS developed an AIDS Resource Network listing approximately 350 psychologists who currently are working on AIDS research, service delivery, prevention, or policy issues.

SPSLGI announces a call for papers for its new annual publication: "Contemporary Perspectives on Lesbian and Gay Psychology"; manuscripts are to be sent to Beverly Greene, editor.

August 1985

The Society for the Psychological Study of Lesbian and Gay Issues officially became Division 44 of the APA in January 1985. The Division received 1.47% of the APA Allocation ballots, so it began with one APA Council representative. President Steve Morin noted that he was actively involved in the formation of ALGP twelve years earlier and, "It is with the same sense of history that I greet the evolution of Division 44."

Alan Malyon, Ph.D., ABPP, chair of COGC (Committee on Gay Concerns), offered congratulations and noted the links between ALGP formed at the APA convention in Montreal in 1973, and COGC which first met in May, 1980; it followed the Task Force on the Status of Lesbian and Gay Male Psychologists which was created by APA Council of Representatives in 1975. He noted that a priority is to get "homosexuality" dropped from the International Classification of Diseases (ICD-10).

COGC appointed a task force to begin developing guidelines for psychotherapy with lesbians and gay men, chaired by Kristin Hancock and Alan Malyon. Members are Susan Cochran, Linda Garnets, Jackie Goodchilds, Alan Gross, Anne Peplau, and Mike Storms.

A symposium was held on Saturday, August 24 in the Biltmore Hotel in Los Angeles titled, "From 'Mental Illness' to an APA Division: Homosexuality and Psychology." Adrienne J. Smith, chaired. Participants were Del Martin, Charles Silverstein, Judd Marmor, Gerald Davison, and Harold Kooden; discussants were Stephen Morin and Evelyn Hooker. Betty Berzon and Teresa DeCrescenzo, Division 44, and ALGP hosted Vivienne Cass at a conversation hour in Los Angeles May 19.

Bronwyn Anthony requested Division 44 members to send designs for a possible Division 44 logo to her.

APA Presidential Candidate Statements

There are five nominees for APA President-Elect. Each candidate was invited to submit a response to two questions: (1) What do you see as the important role(s) APA can or should be playing in improving the lives or mental health of lesbian, gay, bisexual, and transgender (LGBT) people? (2) Please describe or list any professional activities in which you have participated that are related to improving the lives or mental health and well-being of LGBT people. Responses were limited to 200 words and appear below.

Sharon Stephens Brehm

As APA president, I would continue my long-standing support of the LGBT community, ensuring that APA sustains vigorous efforts to promote LGBT-relevant conferences, outreach efforts, policy initiatives, publications, research, and treatment. I am particularly interested in continuing the distinguished record of the contributions made by psychological research to advance social justice and the public good. I have no doubt that the next great contribution of psychological research to public policy will be to play a decisive role in overturning the “Don’t Ask, Don’t Tell” policy in the United States military services. It is a mean-spirited, irrational policy under any circumstances. In wartime, when LGBT soldiers risk, and some lose, their lives on behalf of their country, it is intolerable.

My textbook, *Intimate Relationships*, was the first undergraduate textbook specifically focused on the psychology of relationships. Now in its 3rd edition and 20th year of publication, it has provided countless students with comprehensive and accurate information about relationships, homosexual as well as heterosexual. From the many comments I have received from students and teachers, I am convinced that by increasing understanding of all relationships, this text has contributed substantially to the well-being of many individuals and couples, both homosexual and heterosexual.

Katherine Nordal

APA must continue to promote mental health practices that affirm the value and human dignity of Gay, Lesbian, and Bisexual individuals, work to eliminate prejudice, stereotyping, and discrimination and advocate for equal treatment under the law. APA must continue to inform policy makers on issues such as parenting rights, same sex marriages, and service in the military. Another International Conference on Lesbian, Gay, and Bisexual Concerns in Psychology should be sponsored and the international network that grew out of the first conference must be supported. APA can be an international leader in this arena. APA’s Guidelines for Psychotherapy with Gay, Lesbian, and Bisexual Clients must be widely distributed within the mental health community. I am very supportive of APA’s advocacy efforts on behalf of LGBT youth, LGBT health issues, and in the civil rights arena. While on the APA Board of Directors, I was liaison to the GLBT committee and advocated for its concerns, including support for passage of the Guidelines. As an active Episcopalian in Mississippi, I have been very vocal in my support for the ordination of Gay and Lesbian individuals. And, my private practice is very welcoming of persons with GLBT concerns. Please visit my Web site, www.DrNordal.com.

Bruce Overmier

I support APA’s continuing commitment to advancing the mental health and welfare of *all persons* without discrimination as well as fighting against discrimination itself through advancing public understanding of the nature of human individuality. This is best done based on our psychobiological researches into the natures of individuality and the causes of discrimination. Much more research and publicity about the findings are needed. I have tried to live my personal and professional life according to this philosophy. Yet, I have not undertaken any independent professional activities that speak specifically to the LGB issues, although I have run undergraduate and predoctoral training grants guided by these principles. I have supported each of the APA Council agenda items that advanced these principles. And while controversial perhaps, I have supported the rapprochement between Division 19 and Division 44 because I believe that the ban on DoD/VA advertising was ineffective and was counterproductive to those we want to serve—including LGB persons; there are better ways to apply the pressures towards nondiscrimination.

Stephen A. Ragusea

Please communicate that I respectfully decline the invitation, although I think I could write much that might inform and impress. My private practice in Key West and my work at the Key West AIDS clinic puts me in a fairly unusual position to deal with many issues related to the gay, lesbian and bisexual population. However, the bottom line here is that the presidential candidates are asked by many state associations, dozens of divisions, and various other special interest groups to respond to unique groups of questions or requests for short essays. Each of these entities thinks their request a small one, but the overall impact is to create quite a burden. It takes many hours to thoughtfully respond to all these
(Continued on page 25)

BOOK REVIEWS

In a Queer Time and Place: Transgender Bodies, Subcultural Lives

Judith Halberstam, New York University Press, 2005, 212 p.

Review by Monique Noelle, Fenway Community Health, Boston; also in private practice, Cambridge, MA

This collection of essays authored by USC English professor Judith Halberstam addresses the representation of transgender bodies and transgender gaze in film, fiction, visual art, and music. Halberstam's focus is on female-to-male transgender presentations, and her previous books include *Female Masculinity* and *The Drag King Book* (co-authored). In this work, *In a Queer Time and Place*, Halberstam discusses artistic representations of the Brandon Teena murder (including the feature film *Boys Don't Cry*), as well as the post-mortem revelation of jazz musician Billy Tipton as a passing transgender man.

Halberstam's introductory chapter is a formidable, heavily academic framing of her position within postmodern theory and queer theory. In it, she defines the "Queer Time" of her title as encompassing lives organized outside "the temporal frames of bourgeois reproduction and family," and "Queer Space" as "the place-making practices within postmodernism in which queer people engage." Halberstam argues that previous literature has addressed these issues primarily from the gay male perspective. She outlines that she will address "the sudden visibility of the transgender body in the late twentieth century," and "why transgenderism holds so much significance in postmodernism."

The next two chapters quickly become far more accessible to the reader interested in fiction and film, or more specifically, in representations of gender queerness in these media. Halberstam first interprets the Teena case, and the resulting "archive" of information that has arisen around it, in relation to rural/urban cultural divisions, where she argues that rural and urban have been falsely dichotomized into closeted and out. She deftly situates the Teena case contextually and discusses what the event reflected about a community, not just Teena as one extraordinary individual, and also incorporates the relevance of racism to the case. In this chapter, Halberstam's writing is also more accessible through her transparency about the evolution of her own biases in relation to this topic.

In addition, Halberstam addresses queer themes in film by deconstructing the mainstream Austin Powers movies as "drag king comedy." She then further discusses the scavenging of queer, subcultural forms of expression by mainstream media.

The visual art and music on which Halberstam focuses may be less familiar (as it was to this reader), although the visual art is helpfully presented on glossy insert pages. These discussions deal with paintings by JA Nicholls and Jenny Seville, photography by Del LaGrace Volcano, and the relationships between lesbian punk and riot grrrl music to the lesbian folk music of Cris Williamson and Ferron.

After tackling the heady introduction, I found this book smart and fun to read, but of little relevance to academic or clinical psychology. The title does not adequately reflect the deconstructionist, media/cultural-studies focus of the essays, leading a reader to expect perhaps that the text will address the life experiences of those with "Transgender Bodies, Subcultural Lives." Instead, it is a more academic work incorporating representations of transgender experiences into critical queer theory.

Trauma, Stress, and Resilience Among Sexual Minority Women: Rising Like the Phoenix

Kimberly F. Balsam, (Ed.). Harrington Park Press, 2003, 149 pp.

Reviewed by Shana Hamilton, Texas Woman's University

This book encompasses a number of chapters about trauma, stress, and resiliency in lesbian, bisexual women, and women who love women. In predominantly research based articles the following topics are discussed: discrimination and victimization in youth; sexual abuse in lesbian and bisexual women and how this impacts the coming out process; HIV-positive African American and Puerto Rican women who have an abuse history; the link between social support and depression; victimization and psychological distress in sexual minority women, multiple minority status (being Black, Lesbian, and female) and resilience

factors; trauma of institutionalized religion and how this impacts lesbians; and how research on violence has been used to make a difference in the community.

I believe that in the profession of psychology we often discuss multiculturalism theoretically based on the intersections of multiple oppressed identity, but the research in this area is predominantly lacking. These authors present a multitude of chapters discussing the intersection between identities. Not only do they present groundbreaking literature in this area, but they also illustrate how these identity intersections affect the individuals in their studies within the context of not only the impact of traumatic victimization in the forms of physical abuse, sexual abuse, and institutionalized societal abuse but also the resilience that these women show in overcoming these oppressive barriers in their lives. I found the chapter discussing multiple minority stress and the intersection between these identities as well as the chapter on victimization and psychological distress to be my favorites due to the discussion of these intersections and how this impacts the individuals in the study, but also the resilience they have had across their lives in order to deal with the victimization they have faced. I also

found the chapter on religious oppression to be very well thought out and an excellent chapter to use as a clinician in talking with clients who are religiously oppressed. The last chapter in the book on community interventions was also one of my favorites, because the chapter included the author's story of how one can make a difference using research not only within one's community but also on a larger scale through legislation.

Overall, the book has a very feminist multicultural "feel" to it especially in the authors' decision process of presenting the findings of their research or their theoretical discussions. Kimberly Balsam, Ph.D., the editor of the book, does a superb job of discussing the messages that stem from the many articles in the book in the first chapter overview of the book and uses these findings to reflect on oppression in our society.

The chapters predominantly offer research findings; however, the chapter on religious institutionalized oppression and how this impacts sexual minority women is theoretically based. Researchers who are interested in adding this book to their collection should know that while the articles include groundbreaking research, often the measures are not validated, but are creations of the authors. One critique that I have about many of the research projects within the book is that they did not analyze whether there were differences between women who identified as lesbian or bisexual before grouping the women together. I believe that often no differences are found statistically between the two groups; however, bisexual and lesbian experiences of trauma and societal oppression may be different and therefore these analyses should be conducted in the future. In many studies, bisexual and lesbian women are grouped together because of the lack of bisexuals in the studies; however, it seemed that in most studies in this book there were a large number of bisexual women. Nonetheless, overall I found the book to be very worthwhile reading and would highly recommend it to researchers interested in trauma, as well as clinicians who use research to guide their practice.

Queer Theory and Communication: From Disciplining Queers to Queering the Discipline(s)

Gust A. Yep, Karen E. Lovaas, and
John. P. Elia (Eds.). Harrington
Park Press, 2003, 415 p.

Reviewed by Robert Gurney,
City College of San Francisco

This compilation of three 2003 issues (numbers 2, 3 and 4) of the *Journal of Homosexuality* may appeal to readers of this Newsletter for at least two reasons. First, it gives a good picture of how queer issues have been developing in the closely related discipline of communication studies. Second, especially in the articles by Yep, Elia, Slagle, and Halperin, it supplies an excellent introduction to queer theory (QT).

The involvement of psychologists with queer matters goes back at least to the 19th century's psychiatric discourse about sexual inversions and perversions. In communication the involvement is of more recent vintage, the 1970s.

Yet as illustrated by the rich variety of articles in this anthology, QT finds fertile soil in this field. This makes sense when one recalls that discourse is not only suitable subject matter for communication but is also central to the work of such superstars of QT as Foucault and Butler.

Divided into two sections, a first section of full-length articles describing and applying QT and a second of short think pieces evaluating QT, coverage of the many dimensions of this topic is comprehensive. Common to most of the articles is a personal presence of authors. This is frequently characteristic of work in QT but may be jarring to psychologists more accustomed to disengagement between authors and subject matter.

I especially liked the articles by Slagle, Fisher, Masequesmay, and Drummond. Slagle and Fisher both explore the intriguing question of how we manage simultaneously to communicate different messages to different audiences. For Slagle this is Pee Wee Herman presenting one message for children while presenting the same message open to a queer reading. For Fisher the issue is one of Russian immigrants in West Hollywood simultaneously coming out to some people while remaining closeted to others. Fisher's article also raises more generally important questions about coming out. Should this be an issue of self-revelation or should this be a tactic?

In studying a support group for immigrant Vietnamese lesbians, bisexuals and female-to-male transgender people, Masequesmay concretizes important questions about just how willing lesbians (and, by analogy, gay men) are to recognize other queers as peers rather than to question the authenticity of bisexuals or marginalize transgender people. Drummond's article also raises questions about our focusing too much on a hegemonic lesbian/gay dichotomy that misses the point of a more general queerness. For Drummond this involves the repeated billing of choreographer Matthew Bourne's version of *Swan Lake* as a gay ballet rather than a queering of the ballet.

I recommend this book, first, to anyone with a developing interest in QT. It presents QT in a balanced way. On the one hand, it presents QT as a useful perspective from which to oppose and deconstruct heteronormativity. On the other hand, it exposes QT's limitations in connecting with the day-to-day lives, politics and identities of queers outside the context of academic discourse. With one proviso I also recommend this book to anyone interested in communication. It supplies a comprehensive picture of the current state of QT in communication studies. The proviso is for readers interested in the important communication occurring in one-on-one counseling or therapy. The book contains nothing about this topic.

Transgender Emergence: A Family Affair

Arlene Istar Lev¹

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Gender variant experience is not simply an internal psychological process that needs to be navigated by transgender and transsexual people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones, and all social relationships. Family members have been viewed as extraneous to the process of evaluation and treatment. The literature offers very little hope that marriage or partnership to a gender variant person could be emotionally fulfilling, or that marriages and families can mature through gender transitions.

Gender variant people are embedded in a complex matrix of familial and societal relations and their unique relationship to their sex and gender identities impact family members in numerous ways. Parents struggle to understand the issues facing gender variant children and youth, and children often need to address the concerns of parents who are facing gender transitions. Spouses of transgender and transsexual people—husbands, wives, partners, and lovers—are often thrown into emotional chaos following the disclosure of a desire to transition; this is equally true for gay, lesbian, and bisexual spouses as it is for heterosexuals. Brothers, sisters, aunts, uncles, adult children, and grandparents all struggle with trying to make sense of and come to terms with transgender identity and/or transsexual sex changes in their loved ones. Until very recently family members have managed these emotional upheavals in their family life cycle with little actual “help” from helping professions.

Unlike LGB people, transgender people cannot “come-out” (to themselves) and remain closeted if they are to actualize themselves. Many LGB people are “out,” have partners, but live discrete lives for professional or personal reasons. Transgender, and certainly transsexual, people need to “re-make” themselves physically and socially in order to express their gendered sense of self. Trans people who chose to transition are also dependent on the medical profession in a way that LGB people are not. Finally, when transgender and transsexual people cross-dress, or transition, their gender expression impacts the lives of their loved ones. Having a parent go from being a daddy to a mommy is very confusing for children, not to mention their friends and their teachers. Having a daddy, who only wears a dress sometimes, is hardly less confusing. Having a husband who feels his inner self is really a woman, does not only impact a wife’s social and professional life, but also her sexual life. It can raise questions about her own sexual identity, as well as how she is perceived, even if

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she is very secure about her own sexual identity. Being involved with a transsexual can shift the meaning of one’s own sexual orientation and cause tremendous interpersonal and marital problems.

Just as transgendered and transsexual people move through a developmental process of *Emergence*, of coming-out and coming into their authentic selves, the family members of gender variant people also experience developmental processes. The family Emergence model depicts the developmental processes of the whole family system, and is viewed within a lifecycle framework. Family Emergence involves a complex interaction of developmental and interpersonal transactions. It is an adaptive process, one that family members are often unwilling participants in, and in which they may feel somewhat like hostages on another person’s journey. There is an important distinction between engaging in one’s own transgender Emergence because there is an inner pull to live more authentically, and being “forced” to cope with another person’s emergent transgendered feelings. Family members often express resistance, avoidance, and denial about even beginning the process. The four stages are listed below:

1. **Discovery and Disclosure:** When a partner or spouse is disclosing transgenderism, there is often a sense of shock and betrayal experienced by their partner. Doctor (1988) outlines four basic areas of concern for spouses, including security issues (i.e., “What will the neighbors think?”), marital tension caused by the cross dressing, concerns regarding the children, and effects on their sex life.
2. **Turmoil:** Following the disclosure, discovery or revelation of transgenderism, is often a time of high stress filled with marital and familial conflict. It is not unusual for loved ones to become shut down and cold; refusing to discuss the gender issues, and in some cases pretending that nothing has been revealed, as if ignoring it will make it go away. Other unsolved issues in the family often begin to surface including financial problems, health issues, past extra-marital affairs, in-law problems, career conflicts, and parenting disagreements. Sometimes the Turmoil stage is delayed, with family members appearing supportive, open, and even inviting of the transition.
3. **Negotiation:** This stage is noted by the realization that the gender issue will not simply “go away,” and will have to be adjusted to in some manner. The Negotiation process often involves questions of whether or not they

can “handle” their spouse having a sex change, and what level of changes they feel they can live with. The process of limit setting is fundamental to transitioning or even accepting transgenderism within families. Partners need time to adjust to the idea of having a transgendered wife, husband, lover, partner, or spouse.

4. **Balance:** Balance does not necessarily infer transition; it does not infer permanent resolution of the gender issues. It means that transgenderism is no longer a secret, that the family is no longer in turmoil and has negotiated the larger issues involving transgenderism. The family has learned that there is a difference between secrecy and privacy; they will negotiate their own unique balance of revealing information if privacy is a concern, but they are not sworn to a painful secrecy. Balance means the family is now ready to integrate the transgendered person—as a transgendered person—back into the normative life of the family.

Families that are capable of moving through their fear, shame, and ignorance regarding gender variance, are often able to find contentment and satisfaction in their daily family lives. As more people are recognizing and coming to terms with their gender issues, family members will be seeking support from clinicians. It is essential that clinicians remember—and help family members remember—that transgender people are as precious and valuable as any other family member. Transgender emergence involves the whole family, and should be treated as any other lifecycle transition—difficult, challenging, frightening, but ultimately rewarding. Clinicians must believe that families can successfully negotiate these changes in order to assist people in productive and healthy transitions. Transgender Emergence is a family affair, a family emergence, and loving families can make it to other side together.

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TransPanthers: The Graying of Transgender

Tarynn M. Witten¹

My friend John, a 64 year-old female-to-male transsexual stared at a healthcare survey he had recently been asked to fill out. It asked his gender and then gave him the choices of male and female. John looked at me and said, “I think they mean sex, but that wouldn’t even work and even then they didn’t include the options of intersex and transsexual as a choice. Moreover, if they meant gender, then the choices should have been masculine, feminine, and transgender at least.” John’s resignatory comment illustrates the ongoing demographic invisibilization process transgender individuals undergo during the course of their journey (Witten & Eyler, 1999). Couple this with the typical marginalization suffered by the elderly in the U.S. and you are faced with a growing population of persons (Witten, 2003) who suffer from significant degrees of healthcare (Witten & Eyler, 2004) and eco-socio-political injustice and inequity (Witten, 2004a; 2004b; Witten & Whittle, 2004).

Within the worldwide older adult population, transsexuals, transgenders, cross-dressers and other persons whose gender expression or identification is other than the “traditional” male or female represent a substantial minority group. In an era in which forecasting the health of elder

populations is increasingly more important and where issues of healthcare inequity (Institute of Medicine, 2003) are being touted as critical to address, discussion of quality of life issues faced by mid-to-late life transsexuals and other gender minority persons should not be deferred. It is difficult, unfortunately, to provide data-based information about many of the healthcare and related issues faced by elder transsexuals, as this group is particularly “epidemiologically invisible” (Witten & Eyler, 1999), with many of its members preferring not to reveal their natal sex due to perceived and real risks and stigma associated with being “out.”

Transgender elders face not only the normative problems of aging but also, due to their contragender hormone use and other possible gender re-alignment surgeries, face problems evolving from the conflation of such alterations with the normative aging processes. Confounding these biomedical processes are a constellation of psycho-social and eco-legal-political factors that further exacerbate the biomedical condition due to numerous factors such as elevated stress, loss of social network support, loss of income, divorce, and loss of children (Witten, 2004b; Witten & Whittle, 2004).

Biomedically, little is known about long-term effects or morbidity and mortality risk changes from the use of contragender hormones and genital or other surgery. Their relationships with age-related conditions, such as osteoporosis, cancer (breast and prostate), cardiovascular and

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cerebro-vascular disease, and dental or gum disease are unknown. Additionally, good clinical judgment must be utilized when starting a gender journey later in life due to the potential consequences arising from normative aging processes. Smoking cessation should be emphasized due to elevated risks associated with hormone use and smoking.

Psychosocial issues pervade the life of a transgender-identified individual. Normative aging dynamics include changes in social responsibilities, end of child-rearing, reduced income due to retirement, typical decline in physical strength, increased risk of health problems, and greater vulnerability to loss of social networks. These factors are magnified for trans-identified individuals as they risk loss of economic status, loss of access to qualified services—healthcare and other—and frequently see a decrease in the social support networks including loss of friends, family, and significant others as well as access to religious and spiritual organizations. During later life transitions, individuals may be dealing with issues of shame, lack of support, and a sense of loss of “lifetime experience.” Individuals are frequently concerned with financial stability, safety, independence, living environment changes and their consequences (Witten, 2004b). Elder transgenders may face the socio-eco-legal processes of government support services, case management, home health and community health services, adult day care, assisted living facilities, and nursing home care. Each experience is in the context of the actual and perceived stigma and marginalization of their transgender status. Moreover, each negative experience may be exacerbated by the stigma associated with being a transperson of color, minority race or ethnicity, or because of immigrant, disability, or HIV/AIDS status. Caregivers must be acutely aware of the impact of these factors as related to increased depression, anxiety, alcohol, drug or substance abuse, suicidality and other related mental health issues, all of which are common risks in normative aging.

Questions of marriage, partnership, non-traditional family structures, sexual expression, and personal rights become more complex resulting from legal implications

because of the new contragender identity (Witten & Whittle, 2004). Family dynamics often change as transgendered parents require care by their children. Issues of elder maltreatment, abuse, neglect and self-neglect must be carefully monitored.

Attention to the needs of the transgender and the intersex communities with respect to biological, medical, psychological, and socio-legal-cultural facets can best be served through a comprehensive and holistic approach, including family, provider, and community education and the development of appropriate professional and community networks. Development of health and social policy on behalf of both the transgendered and the intersex elder is strongly needed. These policies should include the assurance of nondiscrimination with regard to quality health-care services, privacy, confidentiality, respectful treatment and care-giving, and personal safety.

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² All of the papers are available as free PDF downloads at the Transcience Research Institute Web site www.transcience.org in the Research Archives section.

LGBT Aging Announcements

- If you are interested in participating in the research effort in support of transgender aging (as either a study participant or collaborator) or know of someone who might be, please contact Tarynn M. Witten at twitten@vcu.edu for further details.
- *Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives*, edited by Douglas Kimmel, Tara Rose, and Steven David, is expected to be published by Columbia University Press in April 2006. This edited book, consisting of 15 original chapters and an extensive bibliography, is a product of the Division 44 Task Force on Aging.
- Helena Carlson, co-chair of the Division 44 Task Force on Aging, announces the annual meeting at the APA Convention, Thursday, August 18, 2005, from 2 to 2:50 p.m. in the Division 44 Suite.
- The symposium, “Aging in Lesbians and Gays of Color—Minorities within Minorities,” will be held at the APA annual convention on Sunday, August 21, 2005 from 11 to 12:50 in the Washington, DC, Convention Center, Room 204A.

Therapy with Transgender People Across the Life-Span

Lin Fraser¹

This article presents a trans-affirming (non-pathological) model for doing psychotherapy with transgender (TG) people across the lifespan. This is a developmental model based on a combination of contemporary psychodynamic psychosocial identity theory, Jungian theory and transgender peoples' stories of their lives as described in therapy. The model operates, as its starting point, from the assumption that the TG self can be a legitimate authentic self. It includes the strengths and problems that might emerge from the unique path of transgender identity development and also describes how these concerns might be addressed in therapy.

Issues that emerge in psychotherapy with transpeople are the same concerns that emerge for anyone else. These include issues of self and self-in-relation, issues of identity and issues of relationships, issues of autonomy and connection, and issues of identity and intimacy. For the transgender person, however, these issues are both psychological and physical, because this condition is both a mind and a body condition (a mind that doesn't fit the body).

We are in the midst of a cultural shift regarding the "Transgender Phenomenon." It is the latest of shifts in which people themselves, who had been defined by a dominant culture that put them in categories of inferiority, objected and redefined themselves. Like women, Blacks, and gays—via sexism, racism, and homophobia—transpeople have been inferred to have an inherent inferiority with the added dimension of psychopathology attached to the prejudice. As clinicians, we are responding to both the human rights concerns, and to what we hear and see in our practices. We are responding to the lived experiences of TG people, fitting the theory to the people and not the other way around. In Division 44, we can lead the way.

Psychodynamic and Jungian Theory

If we remove the explicit or implicit psychopathology from trans identity, psychodynamic theory can be very useful in understanding and helping the trans person in psychotherapy. For example, the following concerns of contemporary psychodynamic thinking might be useful in working with a trans person: (a) a focus on the development of identity and the importance of relationships, seeking to understand how an individual develops a coherent identity, a strong sense of self, and a sense of connectedness, including a capacity for empathy; (b) how early patterns of relat-

edness that develop in childhood continue throughout the lifespan; (c) how adaptive unconscious processes and defenses work; (d) how the role of representations of the self and others learned in childhood create both distortions and healthy relationships; and (e) how a relational therapy based on insight, empathy, and compassion can modify either unconscious or painful processes.

Psychotherapy from a Jungian perspective is about fostering individuation—"being who the person is meant to be"—and addresses questions of meaning and expansion of consciousness. That is, it involves helping a person develop a healthy self and finding meaning in relation to one's own ego (self with a little *s*), and to others (intimate partner, family, and community), to work, and to Self with a big *S* (God).

Individuation is also uniquely challenging for the trans person because in order to be who they were meant to be, they must challenge societal norms and expectations of family and loved ones, what others tell them "they are meant to be." They must challenge the generally accepted certainty of the stability of biological sex and gender, what most people believe to be fixed and immutable.

The Jungian perspective works well with transgender people, however, because it is not particularly concerned with cultural rules and conformity and is more interested in developing who one uniquely is in the larger world. It is not culture bound and can be contextual and relational, thus opening a wider frame in which to connect with the Self. Jungians are also not especially concerned with pathology. Jung said that Freud took care of pathology, leaving space for him to focus on health and possibility. Today, contemporary psychodynamic theory can do the same.

The unique challenge for the transperson is that the developing gendered self is hidden from others; hence the person develops that self in secret and alone. Self and identity issues can emerge at an early age due to inadvertent, but faulty mirroring of the authentic gendered self. This difficulty is then followed by a betrayal of the body during adolescence when the wrong secondary sex characteristics emerge. Then, to avoid stigma after coming out, the person often hides again.

Coming Out

People often come to therapy during this phase of identity development. Due to hormonal and psychosocial changes, it can be a time of a second adolescence. This adolescence, thankfully, is accompanied by the wisdom of chronological age but usually without peer support. Although the impact of starting the appropriate hormones is sometimes overwhelming, it is usually accompanied

¹ Adapted from Plenary Addresses at HBIQDA Conference, Gent, Belgium, September 2003 and AGLP Annual Meeting, San Francisco, May 2003. Correspondence concerning this article should be addressed to Lin Fraser, Ed.D., 2538 California Street, San Francisco, CA 94115. E-mail: linfraser@aol.com.

by a sense of “rightness” and relief. Many psychological and physical changes occur with medical masculinization and feminization.

Transition is a very self-focused time. “The space that it takes up in the psyche” can look selfish to others. It is a time where meeting other trans people to build up self-representations is important. People are dealing with both relief and fear, especially around stigma and rejection. This coming out process is very visible; there is no possibility of hiding.

The new and authentic gendered self now has the opportunity of finally being seen and mirrored. Often, however, the person in transition may look unusual so that what is seen and mirrored doesn’t necessarily match the inner image and may, in fact, increase a sense of alienation. Hence, the reality of the early presentation may involve giving up the fantasy again, giving up the dream.

Coming out is a time of negotiating love and work. People ask the questions: “Who will love me/accept me at work? Where do I fit in?” It involves the loss of the old self and relationships in the old gender, dealing with discrimination, stares, and feeling different, once again.

But it is also feeling rightness in their gender for the first time.

Some individuals may also experience an unexpected shifting sexual orientation along with learning how to live in the new gender role without much socialization. Many experience a sped up development from an inner image without the normal psychosocial friendships and feedback. Hence, once again the person experiences a lack of mirroring. Some experience anger and ask “Why me?”

Therapist’s Tasks

The therapist’s tasks are primarily those of seeing and mirroring. The therapist is often the first person to really see the authentic self, to know the secret, literally helping the person to come out. There is tremendous relief in just telling their story and also hearing their story for the first time. Telling their story in a nonjudgmental environment may be the first time that they get to see themselves in their own image and not somebody else’s.

An important point to remember is that this self is very vulnerable and the therapist needs to operate with great care. This self is young, fragile, and inexperienced even though the person may be chronologically much older. This is a hidden, precious, and protected vulnerable self, that has been a lifelong fantasy, but one that can also be filled with guilt and shame. It may be quite untrusting, can be easily shamed and may be maligned and seen as an anomaly outside the office, even hated and subjected to violence, and certainly subject to rejection.

The therapist and client need to hold the possibility of the shared image of the dream but also hold the possibility of its loss, or at least some of it as the authentic self emerges. Relational and trust issues are central. With

some people, the therapist may need to be quite interactive, not just reflective, because the self has been so protected. One useful image is helping like a midwife with a difficult birth. Extroverted feeling, in Jungian parlance, works well because many trans persons, at least MTF’s, are often introverted thinking types. Also, sharing of information helps, sharing knowledge of the path others have traveled, and facilitating the way for the person who has few external images to reflect this journey.

In terms of the mind body mismatch, the therapist provides information, support, and referral for hormones and surgery and can provide information on the shifting sexual orientation and on other aspects of transition.

Coming out can be a tumultuous time. With coming out, there is often pressure to move quickly and the person is often self-focused and absorbed. If they move too quickly, it can be like a bull in a china shop that can lead to damage or a too early birth that once started, can’t be held in the womb but then suffers from prematurity.

The therapist’s task is always to see, but also to contain and to hold (like for others in transition). The office is both a holding environment and a place of safety. The therapist needs to hold both or all the possibilities of where a person could land—or alternatively never really land but instead maintain fluidity—on the gender spectrum. In other words, the therapist maintains the same stance of compassionate neutrality that would be used in any good therapy.

Post-Transition and Later

The post-transition time is one of consolidating the sense of self. It’s a time of experiencing issues relating to love and work in the new gender role. It’s a time of bodily integrity along with the growing realization that the fantasy cannot really come true. Sometimes sexual issues emerge, longing for a genetic penis or vagina and dealing with the lifelong self-image versus reality. There are the ongoing questions of: “Where do I fit? Who will love me? Should I tell? Not tell?” Shifting sexual orientation can still be a surprise, and some find partners within the trans community. Others accept celibacy and solitude while others find nontrans partners. Many grow quite comfortable, both in terms of their bodies and roles.

Issues of meaning become paramount in this phase. People wrestle with the issue of authenticity and feelings of fraudulence. Some ask if they’re going from one closet into another. Others feel longing and disappointment for the loss of youth in the appropriate gender. Some MTF’s mourn the loss of being a pretty maiden while FTM’s worry they’ll be perceived as boy like, rather than as men. The latter often report a continued sense of invisibility because they pass so well. This is both welcome and disconcerting.

The major conflict in this stage is how can a person be authentic if they can’t tell the truth? The issue, then, is one

of authenticity vs. avoidance of stigma. "If you truly know me, you'll reject me or at the very least you'll treat me differently, differently than you would if you thought I was genetic, so I'll lose the dream." And they're right. But many feel if they're not truthful, they're a bit of a fraud. So this becomes an ongoing dilemma throughout the lifespan.

People resolve the conflict differently; their paths aren't the same. Some lean in one direction of the conflict and stay in "stealth" mode, while others lean toward the other and tell the truth. But then, they never experience their lives the way they'd like to, unless they have truly

embraced their trans or third gender status. Most tell the truth to their friends, but not to the larger world.

For the therapist, this quandary leads to activism, to educate and help change the culture to accept and hopefully someday celebrate gender variation.

For the transgender person, the lifelong task is coming to terms with and accepting their reality and to have pride in truly living a life of individuation, becoming who they were meant to be. And finally, to find meaning in the wisdom of really knowing gender in ways that only a transgender person can, to find meaning in their unique perspective and journey.

...and sometimes T: Transgender Issues in LGBT Psychology

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As transgender issues have emerged within the field of psychology they have often been tacked onto lesbian, gay, and bisexual (LGB) concerns, as signified by the acronym "LGBT." It seems as if some of the motivation for this more expansive label is the desire to be inclusive. In the same way that "bisexual" was added to "lesbian and gay" to create "LGB," transgender issues have been added in order to avoid marginalization of other sexual minorities. However, this addition raises some key questions:

- Are counselors who are trained to work with LGB clients competent to work with transgender clients?
- How can one interpret the results of research in which the sample includes both LGB and transgender participants? Is sexual orientation or gender identity the salient characteristic of the sample?
- If we include the "T" but don't attend to unique characteristics of transgender individuals, are we being inclusive, or are we further marginalizing people who are transgender by presenting our work as if we are attending to transgender individuals without doing so in substance?

This final question was posed to the Division 44 listserv recently to determine whether or not to include "transgender" in the title of a book on psychotherapy with LGB individuals. The editors expressed concern that leaving "transgender" out of the title would be non-inclusive, but including "transgender" in the title would misrepresent the content of the book as there were only two chapters devoted to transgender clients. I appreciate the thoughtfulness of this

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inquiry and I think it's important that we carefully consider the circumstances in which inclusion of transgender with LGB issues can be beneficial and the circumstances in which it is potentially detrimental.

I would argue that transgender issues have a similar relationship to LGB issues that the letter "Y" has to vowels. In the English language, vowels are identified as "A, E, I, O, U, and sometimes Y." That is to say, sometimes Y is used in such a way that it acts as a vowel, but sometimes Y is used in such a way that is not considered a vowel. Similarly, sometimes it makes sense to include transgender issues with LGB issues, and sometimes it makes more sense to consider them separately. In this article, I will identify the areas of overlap and distinction and make some recommendations for research, training, and practice.

Yes, Transgender Issues are Distinct from LGB Issues
(Please note that in the word *yes*, the letter *y* is not acting as a vowel.)

Whereas gender identity is related to an internal sense of who one is with regard to gender (male, female, both, neither), sexual orientation focuses on the gender (same, other, or both) to whom one is attracted (Israel & Tarver, 1997). In the late 1800s, sexologists identified people who wanted to change their biological sex as "inverts," later to be labeled "homosexuals" (Green, 2000), thus conflating the constructs of gender identity and sexual orientation. Underlying this confusion may be the desire to conceptualize same-sex attraction within a heteronormative framework by assuming that anyone who expresses an attraction to the same sex psychologically must be the other sex. It is particularly important that mental health professionals understand the difference between the constructs of gender identity and sexual orientation in order to understand their cli-

ents accurately. Furthermore, appropriate services for transgender clients must attend to some unique concerns that are not faced by LGB individuals who are not transgender, such as decision-making about whether or not to use surgical or hormonal means to express their gender identity.

Therapists require specialized training to work with transgender clients, beyond that which is need to work with LGB clients. This conclusion is based on two Delphi surveys I conducted in order to identify the knowledge, attitudes, and skills necessary to work effectively with LGB clients (Israel, Ketz, Detrie, Burke, & Shulman, 2003) and transgender clients (Israel, Bui, Gutierrez, & Turner, 2001). The results of these studies identified certain areas as essential for working effectively with transgender clients that were missing from the study on counseling LGB clients. Some areas that were unique to working with transgender clients included the following: knowledge about practical aspects of transitioning to a desired gender (e.g., workplace, financial, legal); familiarity with Harry Benjamin Standards of Care; belief that clients can determine their own course of action regarding gender issues, given the appropriate information and guidance; allowing clients to make their own choices and not limit clients to full gender reassignment or nothing; and functioning as a responsible gatekeeper for hormonal and surgical treatments. Therefore, a clinician who is well-prepared to provide counseling for LGB clients may lack certain areas of knowledge, attitudes, and skills needed to work effectively with transgender clients.

Why it Makes Sense to Include Transgender Issues with LGB Issues in Some Situations (Note that in the word *why* the letter *y* is acting as a vowel.)

Drag queens were instrumental in the Stonewall Rebellion of 1969, which is considered the birth of the lesbian and gay rights movement. Subsequently, transgender individuals were marginalized by lesbian and gay communities (Cole, Denny, Eyler, & Samons, 2000), and consequently did not share in much of the visibility, political activism, or sense of community that was cultivated by lesbian women and gay men. More recently, transgender individuals are “increasingly being considered members of the LGB community” (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000, p. 328). The reasons these two populations have connected in the past and present shed some light on the areas of intersection.

One commonality between these two groups is the transgression of traditional gender norms, which results in negative societal response toward both populations. Consequently, both LGB and transgender individuals grapple with identity development, coming out, workplace discrimination, and victimization. Given these similarities in experiences, it is not surprising that the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues has formed a Transgender/Gender Variance Committee.

In terms of counselor competencies, it is important for therapists who work with transgender clients to be familiar with LGB issues and vice versa. A boy who doesn't fit the male gender norm may be called a “fag,” a “sissy,” or (as the Governor of California called the state Democrats) a “girlie-man.” This array of terms conflates the issues of gender, gender identity, and sexual orientation, presenting confusing societal cues that may make it challenging for gender nonnormative individuals to identify the contributions of sexual orientation and gender identity to their feelings of being different. Furthermore, some transgender individuals initially find an outlet for gender nonnormativity within LGB communities, later developing a clearer concept of themselves as transgender (Devor, 2004). In addition, transitioning from one gender identity to another may involve a shift in sexual orientation. Someone assigned male at birth who is attracted to women may consider himself heterosexual; but if this person transitions to a female gender identity/expression and remains attracted to women, she may need to grapple with a new sexual orientation identity, as well as a new gender identity. Thus, therapists must be equipped to help clients who do not fit traditional gender norms develop an understanding of themselves in terms of both sexual orientation and gender identity/expression.

Although I mentioned earlier that the Delphi surveys I conducted resulted in the identification of some unique areas of knowledge, attitudes, and skills necessary to work with transgender clients in contrast to LGB clients, there were also numerous areas of overlap. For example, both studies identified knowledge about discrimination and mental health problems, attitudes that reflected acceptance and willingness to educate oneself, and skills such as recognizing limits of competence and helping the client with the coming out process. Clearly, these two populations have significant areas of commonality, and counselor competencies reflect these intersections.

We Need to Make Room in *Psychology* for both Inclusion of Transgender Issues and the Distinction between Transgender and LGB Issues

As we consider the place of transgender issues in LGB psychology, I must point out the functions of the letter *y* within the word *psychology*. Just as the letter *y* functions both as a noun and as not-a-noun within the word *psychology*, transgender issues should at times be considered a part of and a times considered distinct from LGB psychology.

Investigators can take some steps to make sure their research most accurately reflects the experiences of LGBT individuals. First, rather than haphazardly combining all populations into one study, researchers should consider whether LGB and transgender individuals share characteristics of interest for that particular study. Researchers may consider doing a study with LGB participants and replicating with transgender participants or gather enough

data to compare the results for the different populations. If nothing else, researchers should report the sexual orientations and gender identities of the participants.

Even practitioners who have considerable experience with LGB clients may need some additional training to prepare themselves to work with transgender clients. Furthermore, therapists need preparation to work with different types of transgender clients (e.g., genderqueer, transsexual, cross-dressers, MTF, FTM). Thus, therapists should consider transgender issues a distinct competency area and seek out appropriate training, supervision, and consultation.

In terms of training, transgender issues should be addressed in a course on counseling LGB clients, since clients who are LGB may also or later identify as transgender. Educators should carefully consider whether or not to include “transgender” in the title of courses on counseling LGB clients, however. Inclusion of the word *transgender* without sufficient inclusion of material on this population may give students a false sense that they have received adequate preparation for working with transgender clients. Nonetheless, inclusion of the word *transgender* in the title, supported with sufficient material, can help to provide crucial training and visible support for transgender issues within a training program. Transgender issues also fit quite nicely into psychology of gender courses in which the issues of sex, gender, and gender identity are typically covered.

To summarize, we can best serve the needs of the transgender community by striving for inclusion of transgender

issues in the substance of our work and choosing the label that best reflects this substance. In that way, we can include transgender issues sometimes, but be mindful of them always.

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Deregulating Gender: Transgender Rights in the U.S.

Dean Spade and Z Gabriel Arkles¹

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The legal status of transgender people is gaining increased attention and constantly emerging. Over the last decade, numerous jurisdictions—including the states of California, Illinois, Minnesota, New Mexico, and Rhode Island as well as numerous cities and counties—have added protection against discrimination on the basis of gender identity and expression to their anti-discrimination laws. These laws usually prohibit gender identity discrimination in housing, employment, and public accommodations. Despite the victorious passage of these laws in some jurisdictions, discrimination against transgender people by the government, private institutions, and individuals is still rampant.

Transgender people are still discriminatorily denied jobs, denied access to public restrooms and locker rooms,

denied services at hospitals and welfare agencies, expelled from schools, and targeted for police brutality and false arrest. Transgender healthcare is still excluded from most private insurance policies and from the Medicaid programs in most states. Transgender people also still face severe dangers because persons are placed in sex segregated facilities such as homeless shelters, prisons, jails, foster care group homes, juvenile justice facilities, and drug treatment programs according to our assigned sex at birth rather than our lived gender identities. These placements make us targets for violence that is often severe and life threatening. These same institutions are also notorious for denying health care to transgender people and engaging in other blatant discrimination, harassment, and violence against us.

Transgender people also face challenges just getting correct identity documents that correctly identify us, which can create a barrier to employment and education. Many state and federal identity-document issuing agencies

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still have genital surgery requirements for changing gender on ID, despite the fact that the vast majority of transgender people do not undergo genital surgery because of expense, medical ineligibility or personal choice. We also face unique challenges in the immigration context, where, for example, our marriages are often not considered valid regardless of the gender of the spouse.

Transgender activists and lawyers are working to end ongoing discrimination that results in disproportionate poverty and incarceration of transgender people. Much of this work includes dispelling myths about transgender health care and transgender people: that we are best categorized according to our assigned sex at birth, that we are sexual predators, that genital surgery is the only true indicator of gender transition. In all of this work, medical and mental health experts are essential allies for persuading policy makers, administrators of institutions, and others to shift their understanding of transgender people to a non-discriminatory framework. The help of healthcare providers is also key for helping transgender people deal with every day legal issues, such as identity document change.

On-Line Resources

American Civil Liberties Union Lesbian and Gay Rights Project
www.aclu.org

Gay and Lesbian Medical Association
www.glma.org

Harry Benjamin International Gender Dysphoria Association,
Legal Committee
www.hbigda.org

Lambda Legal Defense and Education Fund
www.lambdalegal.org

National Center For Lesbian Rights
www.nclrights.org

National Center for Transgender Equality
www.nctequality.org

Sylvia Rivera Law Project
www.srlp.org

Transgender Law and Policy Institute
www.transgenderlaw.org

Transgender Law Center, San Francisco
www.transgenderlawcenter.org

Transgender Friends and Family

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More and more research is being published on transgenderism. In contrast, fewer articles that address the experience of friends, family members, and romantic partners of individuals who are transgendered have been produced. Much of this small body of literature focuses upon partners of transgendered individuals, particularly female partners.

When confronted with a loved one who is transgendered, family members may experience feelings of shock, horror, betrayal, disbelief, anger, anxiety, and depression (Lesser, 1999). Some friends and family members, particularly parents, may blame themselves for the gender dysphoria. Emerson and Rosenfeld (1996) suggested that family members experience five stages in adjusting to a transgendered individual: denial, anger, bargaining, depression, and acceptance. In the bargaining stage, some family members attempt to reverse or restrict the transgender relative's transition process.

Because of the social stigma associated with transgendered identities, it can be difficult for friends, families, and partners to find social support. They may feel too

much shame and embarrassment to tell their own friends; there can be fear that their own friends would not be able to understand or support them. Upon learning of the loved one's transgender identity, they may wonder if the revelation should be divulged to others, such as extended family members or neighbors. These difficulties and an inability to cope with their own emotions may contribute to communication problems and even an outright rejection of the transgender person.

Many times friends and family members need information. They are unsure what to ask or of whom to ask questions. They may be reluctant to ask their transgender loved one questions because they are unable to cope with their own emotions, or fear being rude. Bockting and Coleman (1992) suggested that having contact with other transgendered individuals will help the transgender relative's transition, and this may also be useful to friends and family members as they adjust. Partners of transgendered persons may face questions about the future of their relationship and how to maintain sexual and emotional intimacy.

More research is needed on the experience of male partners, friends, or family members of transgendered individuals. In addition, some articles focus upon partners of transsexuals (Gurvich, 1992) while other papers focus upon partners of cross-dressers (Peo, 1988; Weinberg & Bullough, 1988). Although there is some overlap between the transsexuals and cross-dressers, there are

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significant differences—differences that will influence the adjustment of loved ones.

It is important to establish healthy communication patterns with friends, family members, and partners of transgendered persons. Their feelings need to be validated. They are likely to need a safe space to voice their thoughts or feelings and to ask questions to gain information, a process that will take time. Working with an impartial therapist and joining support groups should be particularly helpful.

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San Francisco Human Rights Commission Addresses Psychological Issues in Intersex Bodies Like Ours¹

Bodies Like Ours, Glen Gardner, New Jersey

Intersex is an umbrella term used by medical professionals to denote over 70 congenital medical situations where the genitalia, internal reproductive system and possibly the chromosomes do not match what is considered to be standard male or female.

Historically, people born with some types of intersex, particularly those affecting the exterior genitals, have undergone what is considered by medical professionals to be “reconstructive” surgery to normalize the appearance to more closely match those standards. In many cases, surgery is and has been done to surgically “assign” the child a sex when the genitals are ambiguous to such an extent that a visual declaration of male or female is difficult or impossible. Other children are often given hormones without their knowledge to reinforce secondary sex characteristics.

These practices began to be widespread for the 1:2000 children born with intersex around the 1950s at the urging of Dr. John Money, a psychologist at Johns Hopkins University. For a bit more than 10 years, people with intersex have challenged this protocol, many quite unhappy with the treatment that was done on their body without their consent. More have expressed concern about the secrecy surrounding their bodies and their inability to obtain answers regarding them. They have begun to organize around their queer bodies and have pushed the medical field to reconsider the standard form of treatment in favor of better mental health care and support systems.

Medical doctors have been loath to include the expertise of mental health caregivers, believing that the less a person knew about their intersex history, the better off they would be, psychologically. Intersex advocates have claimed otherwise, even going so far as to suggest protocol changes that includes more focus on psychological issues and less reliance on scalpels to help those born intersexed with recognition that surgery and unwanted hormones will not fix

someone's gender nor determine their sex.

Nearly all currently published articles ignore the issues of trauma resulting from the shame and secrecy of intersex. In addition, they ignore the issues of how intersexed people are subjected to violations of basic human rights and the effects this has for them on a personal and social level. The lack of information also frustrates many who have clients with intersex requesting treatment.

The City of San Francisco released a report on May 3, 2005, “A Human Rights Investigation into the Medical ‘Normalization’ of Intersex People,” that addresses many issues that will be of interest to mental health providers wishing to become more aware of some of the concerns faced by their intersexed clients.

Many people collaborated on the report, including people with intersex, medical providers, ethicists, sociologists, and mental health caregivers.

A key aspect of the document outlines how the medical community considers the birth of an intersexed child to be a psychosocial emergency, yet fails to treat it as such, instead preferring to make “the problem” disappear with the use of a scalpel and the withholding of information. Most importantly, it recognizes and states that “normalizing” interventions are inherent human rights abuses and deprives persons of the right to express their own identity.

Another finding states that early surgeries and secrecy can damage a person's capability for emotional intimacy. It further states that much of the rationale behind these surgeries is based upon homophobic, transphobic, and heterosexist reasoning.

The recommendations are considered to be a roadmap by many within the intersex advocacy movement. The report has only been out a short time and without doubt, it is being studied by many involved in some way with intersexuality. At least one medical facility has already formed an internal intersex taskforce comprised of care providers and others. It is the hope of intersex advocates that others will soon follow.

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Among the recommendations of the report is the adoption of a “patient-centered” treatment model that emphasizes peer support, access to information, openness, and honoring the persons’ right to make informed choices about their own body. It states that mental health providers be given the opportunity to offer on-going mental health support and age appropriate information to those with intersex as well as to their families. This information includes encouraging children and adults to feel positive about their body even if it is different from the body of other people.

A key recommendation involves gender. The report recommends an intersex child be raised as male or female without doing surgical reinforcement and with the understanding that initial guesses may sometimes be wrong; it is up to the child to tell us who he or she is and not the other way around.

Social issues for adults are also addressed with the report calling for additional funding for services that support intersex people, particularly youth, in suicide prevention, peer support, coming out, counseling, and housing services.

It recommends improvements for medical and mental health care education, so these providers will be better able to serve their clients with intersex. It recognizes, as do many intersex advocates, that there has been a serious lack

of inclusion of intersex issues in higher education for many professionals and seeks to change this situation.

The report is certain to be a landmark and turning point within the intersex advocacy movement. It was a process that took two years and the results are expected to be felt and reacted to over several years to come as it is studied and implemented by caregivers around the world.

It was very specific in the recommendation about the importance of mental health well-being in addition to suggesting changes in the medical care associated with intersex.

Mental health caregivers are especially encouraged to learn about this report as a way to help their own clients with intersex. Field reports from advocates indicate a deep dissatisfaction by the intersexed with mental health care and the lack of knowledge of the issues they face. This document provides a roadmap for psychologists, social workers, and many others, as well as the grassroots and community based organizations, as they work to help fix the injustices that have occurred over the last fifty years.

Downloaded the report at www.bodieslikeours.org/SFHRC_Report.pdf. More information about the report is available at www.bodieslikeours.org/recent-news/sf-hrc-intersex-report.html and www.sfhrc.org.

Graduate Student News

The American Psychological Association for Graduate Students (APAGS) Committee for Lesbian, Gay, Bisexual and Transgender Concerns (CLGBTC) would like to invite all graduate students in psychology to join a listserv for LGBTQQA (queer, questioning, and ally) graduate students. This listserv offers a forum for students to discuss LGBT-related issues and receive guidance and support from peers. Recently, topics have included coming out in your program, confronting heterosexism in graduate school, working with LGBT clients, and conducting LGBT-related research, just to name a few. To subscribe to the listserv, send an e-mail to listserv@lists.apa.org with the following in the body of the message: SUBSCRIBE APAGSLGBT [firstname lastname]. If you have any questions, feel free to visit <http://www.apa.org/apags/members/listserv.html>, contact APAGS at apags@apa.org, or call 202-336-6014.

APAGS-CLGBTC is currently working on several additional initiatives including a resource guide for LGBT students, a mentorship mixer co-hosted with Division 44 at the annual APA convention in Washington D.C, and a guide to LGBT relevant workshops and programs at the convention.

The *Resource Guide for LGBT Graduate Students in Psychology* is scheduled to be made available in the fall of 2005. This resource guide addresses the unique experiences of LGBT graduate students in all fields of psychology and will include information about overcoming obstacles inherent in having an LGBT identity in graduate school as well as the importance of utilizing the strengths characteristic of individuals with diverse identities. Topics include: assessing your institutional climate, coming out in your program and as a practitioner, research issues, establishing a support network, and advocating for LGBT inclusion.

Division 44 and APAGS-CLGBTC will be co-hosting a mentorship mixer at the APA convention (with food!). The mentorship panel and mixer will be at the Division 44 Hospitality Suite at the Renaissance Hotel on Friday, August 19, 5-7 p.m.

APAGS-CLGBTC is preparing a guide to LGBT related workshops, programs, presentations and other opportunities at the APA convention. Look for the APAGS-CLGBTC handout with this important and useful information!

The APAGS Committee on Lesbian, Gay, Bisexual, and Transgender Concerns (CLGBTC) represents and advocates for the unique concerns and needs of lesbian, gay, bisexual, and transgender (LGBT) students in psychology. By providing relevant resources and programming CLGBTC promotes the recruitment and retention of LGBT students within APAGS. CLGBTC ensures that LGBT students are aware of opportunities and resources available to them. CLGBTC facilitates communication among LGBT students by providing forums to discuss our common issues or difficulties with the goal of empowering students to confront heterosexism and sexual prejudice in research and in the practice of psychology overall. CLGBTC also helps to educate all faculty and students on the concerns and needs of this diverse group.

COMMITTEE REPORTS

Membership Committee

As of March 2005, there were 1107 Division 44 Members and Affiliates (for comparison purposes, our total membership for 2004 was 1172). Paid memberships are down slightly, but we continue to draw in new members and student members. Thus, if those continuing members who have not yet renewed do so, we should end up with a steady or slight increase in membership for this year.

Membership Co-Chairs have finalized plans with Haworth and APA Division Services to shift the publication cycle of our Membership Directory so it coincides better with our August-July Executive Officer cycle (membership itself still operates on a January-December cycle). The 2005 Membership Directory is expected to be published by the end of August 2005, and it will identify incoming (August '05) EC Officers. We have also been working to improve and simplify the process of opting into, out of, or changing member information as it appears in our Membership Directory. This spring, all Division 44 Members will receive a letter explaining our new process, along with a revised form on which members can mark their preferences for upcoming *and* future directories. After this year, all members will only have to complete this form again if they wish to change their inclusion/exclusion situation or any specific information to be published. We hope to have this form on our Division 44 Web Page and use Newsletter announcements to direct members to this site if they wish to change their Membership Directory choices; this is expected to improve access and reduce printing expenses.

We are also in the process of updating our Welcome Letter and exploring with Division Services about other ways to encourage new members to join us. Various possibilities will be presented to the EC during the upcoming APA Convention.

We have also been in discussion regarding whether or not we ought to institute a formal policy regarding the posting of Research Participation/Recruitment requests (and if so, what the policy ought to be). Feedback on these current issues and any other membership related concerns would be greatly appreciated.

As a reminder, Christopher is rotating off the Membership Committee in August; Barry Schreier will be replacing him as Co-Chair at that time. Jackie has been managing the listserv since February and will continue on in that role and as Membership Co-Chair with Barry for the next August-July yearly cycle.

Christopher Martell, Ph.D., ABPP, Co-Chair, E-mail: c.martell@comcast.net
Jackie Weinstock, Ph.D., Co-Chair, E-mail: jsweinst@uvm.edu

Committee on Bisexual Issues in Psychology

Division 44 will be sponsoring a Symposium and a Discussion Hour on bisexual issues at this year's APA Convention in Washington, DC:

The Symposium, titled "Current Research on Bisexuality: Identity, Attitudes, and Social Support," will be held Saturday, August 20 from 12 to 12:50 in Room 143B of the Convention Center. The symposium chair is Emily Page, and presenters include: Roger Worthington and Matthew Moreno presenting their research on the measurement of sexual orientation and sexual identity; Robin Hoberg, presenting her research on constructions of bisexual identities among women and men; Susan Cochran, presenting her research on the demography of bisexuality in California; and Raymond Sheets and Jon Mohr, presenting their research on bisexual young adults' experience of social support from friends and family. Marcus Tye is the Symposium Discussant.

A Bisexual Issues Discussion Hour will take place in the Division 44 Hospitality Suite following the symposium from 1 to 1:50 on Saturday, August 20, and once again will offer members the opportunity to gather and talk.

In the coming year, the Committee will continue to support the ongoing work that the Division is doing in educating and advocating for LGBT issues in APA and within psychology. We will continue to develop programming on bisexual issues, as well as resources on bisexual issues in psychology, like the two updated reading lists that are now available for you on bisexual issues: a short one page list and a more comprehensive longer list.

We are continuing to develop a resource list of members with expertise in bisexual issues to make available to the membership of the Division. We invite you to contact us to let us know about your interest in and expertise in bisexual issues and to keep us informed about academic, clinical, research, or community projects, including publications and presentations, in which you may be involved that relate to bisexual issues and the interface of LGBT issues.

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(Continued from page 1)

will be an annual competition awarding up to \$2000 to selected graduate students to advance research on the psychology of bisexuality.

- With the expert assistance of Lynn Brem (www.innermovement.com), the Division is making significant progress on developing our website into an important source of scientific information as well as a tool for improved communication. If progress continues at its current pace, we will have a prototype to share at the Division's executive committee meeting in August.
- *Contemporary Perspectives on Lesbian, Gay, and Bisexual Psychology*, a collaborative project between the Division and APA Books, has produced two volumes: *Positive Living: The Sexual Lives of HIV-Positive Gay and Bisexual Men* (edited by Perry Halkitis, Cynthia Gomez, and Richard Wolitski) and *Sexual Orientation, Mental Health, and Substance Abuse: A Primer of Recent Research* (edited by Allen Omoto and Howard Kurtzman). (See www.LGBpsychology.org for details.)

As our recent accomplishments and the 2005 convention program attest, we have made significant progress within APA, as well as the discipline of psychology, on the policy-relevant aspects of the Division's mission. However, there remains a tremendous need for additional research on LGBT experience that will support efforts to ensure equality for LGBT people. As we explained in *Everyday Activism* (Stevenson & Cogan, 2003), I am especially concerned by the paucity of policy-relevant research on transgendered people, LGB health, and international policy, especially immigration and human rights. I am hopeful that Marg Schneider and APA's new Task Force on Gender Identity, Gender Variance, and Intersex Conditions will be able to locate and summarize the extant research while inspiring additional work on these important issues. I am also hopeful that APA's plans to hold a conference on immigration in January 2006 will help disseminate new findings vital to the successful immigration of LGBT people. Finally, at convention Division 44 is sponsoring a symposium entitled *Psychologists Involved in LGBT Health Public Policy and Advocacy*. The event highlights four psychologists who will share their unique contributions to the discourse on some aspect of LGBT health and offer insights into how other psychologists can get involved in policy and advocacy. I hope you will join us for this important discussion.

Despite our progress, I remain apprehensive about the extent to which policy makers and judges at a variety of levels of government, whether out of ignorance or prejudice, continue to toy with the lives of LGBT people across the country and around the globe. Examples are too plentiful. Friends of mine, a lesbian couple and a gay couple,

recently celebrated the birth of their first child, a son the two couples co-parent. In order to conceive, partners from each relationship were forced to present to medical personnel as a "straight" couple in a long-term relationship. If they had not done so, the fertility clinic would not have provided the necessary services. A second male couple with whom I am acquainted is working toward an international adoption. At numerous times during the long process, they have been faced with decisions concerning how honestly to portray the nature of their relationship to those who control the adoption process. While working on this column, I have read numerous distressing reports. Married same-sex couples in Massachusetts were reminded of the limits of their marriages when they were faced with federal tax forms (Graff, 2005). Gay and lesbian professors in Michigan are concerned that a state constitutional ban on same-sex marriage will be used to end domestic-partner benefits (Wilson, 2005). A married couple in New Hampshire (a state which recently amended its constitution to ban same-sex marriage) awaits a federal ruling on their marital status after the husband underwent a sex change. The transgendered member of the couple is foreign-born so the case also raises immigration issues ("BTW: Ain't I," 2005). The Vatican called on public-service workers in Spain to obstruct implementation of a new law allowing gay and lesbian couples to marry and adopt children comparing obedience to the legislation to Nazism ("Cardinal Compares," 2005).

In my first column (Stevenson, 2004), I underscored our need, as psychologists, to be prepared with data-driven responses to anti-LGBT rhetoric while working pro-actively for control of the terms of debates about LGBT-related policy issues. Although I hate to admit it, these examples remind me of the limits of reason, data, and argument in effecting change (e.g., Stramel, 2005). They also remind me of the power of a personal story (e.g., Fairyington, 2005).

Research is a powerful tool in the resolution of social problems. However, people more often remember the personal stories. The late Senator, Paul Simon, knew this well. As a Congressional Fellow in his Washington office, I dutifully briefed him on all the relevant data concerning the issues in my legislative portfolio. He had an amazing ability to infuse the research, statistics, trends, and projections with poignant examples from the lives of his constituents. By doing so, he could underscore a point and put a human face on an abstract issue by talking about real people from Illinois. I don't recall learning how to do this in graduate school. As you'll undoubtedly note from this column, I'm still working to perfect this skill.

Having devoted much of my professional life to using science to debunk cultural myths about sexuality and gender, I often have the luxury of focusing on research findings and generalization while avoiding the discomfort

of divulging personal information. Unlike others who readily draw upon their personal experience to illustrate a point, I still find it difficult to share much about my personal life, even with family and friends. I sometimes joke with my dear friend Kathryn that she must outlive me, despite being a few years my senior, because she's the only person in the world who knows enough about me to write my epitaph!

Like many gay men, I grew up a prototypic "best little boy in the world" (Reid, 1976). I learned the advantages of secrecy early. In a sense, I approached life with a "what others don't know can't hurt me" attitude. This outlook, of course, also allowed for a blissful yet problematic lack of self-awareness. Although potentially adaptive in the short run, I've since learned that what others don't know can, in fact, continue to do harm.

My story is not unusual. In fact, compared to many LGBT people, mine has been a life of relative privilege, a cakewalk. None the less, I can't help but wonder if things would have been different had I had access to domestic partner benefits when my first partner, Max, was losing his battle with HIV so many years ago. Now, often several times a day, I'm reminded of how different things would be for Therry and me if we had access to the rights and responsibilities that come with marriage. In short, we wouldn't have to live with the looming fear that he will be forced to return to his native Indonesia because the U.S. government will not recognize our relationship. It is one thing to be able to summarize the most recent findings of the best HIV research or to document the concerns of same-sex bi-cultural couples facing immigration without the protections of legal marriage. It is quite another to underscore those facts with stories about people like Max or Therry and others like them.

Recently, I was reminded once again of the power of such narratives by a group of Ball State students who participated in a seminar entitled "Learning from a Legacy of Hate." During the Spring Semester, 15 students and their faculty mentor built a website that will serve as a resource for primary and secondary teachers across Indiana. In addition to providing useful information about the history of hate in Indiana, the core of the website contains a series of interviews with victims of hate speech (www.bsu.edu/learningfromhate). Although each of the students involved in this project could effectively brief a politician on the impact of hate speech, their interviews with its victims made their experience more powerful, their message more effective, and their Web site more valuable.

In *Everyday Activism* (Stevenson & Cogan, 2003), Jeanine Cogan and I encouraged contributors to provide realistic interpretations of the available research. We also encouraged readers to personalize their constituent letters and other interactions with policy makers by sharing their stories. Although I remain convinced that it is better to base policy on data than on folk theories, ideology, or anecdote, everyday activists must do more than share research findings on a regular basis with elected officials. We must also choose, sometimes strategically, to share our experience with others, even when the audience may not be empathetic. Relaying our life experience can be persuasive especially when those stories can also represent those who are not able to speak for themselves. As with marriage, with privilege comes responsibility.

Finally, I wish to thank you for allowing me the honor of serving as the Division's 20th president. I am proud of the progress we have made. I am grateful for the time and effort, as well as the support and encouragement, Division members have offered. But I am also thankful for the challenges we have faced, as I believe they are most often the best teachers!

I look forward to seeing you in Washington, DC at convention.

With gratitude,

Michael R. Stevenson, Ph.D.
President

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Have you contributed this year to the **Malyon-Smith Fund for LGBT Dissertation Research Support**? Send checks made out to SPSLGBI to: Susan Kashubeck-West, Ph.D., Division of Counseling and Family Therapy, University of Missouri— St. Louis, One University Boulevard, St. Louis, MO 63121-4499. E-mail: SusanKW@umsl.edu

(Continued from page 8)

requests and it is counter to the overall effort APA makes to have the presidential “campaign” conducted via the APA Monitor and the statements sent to members. Each year it becomes more difficult to get people to run for the presidency and this one time demand is one reason why people are reticent to do enter the contest. I’d suggest that Division 44 reconsider this tactic for the next election.

Thomas J. Vaughn

The law is clear, so it is the responsibility of mental health professionals to take public positions that dissuade the ambitions of those who would discriminate against any minority in our society for personal or political purposes. With the goal of improving the lives or mental health of lesbian, gay, bisexual, and transgender people, APA as a professional association can and should take a leadership role in providing authoritative and accurate information to the public, and continue to provide strong support for the elimination of discrimination in any form.

My primary work in civil rights has been with other citizen minority groups. I have of course taken the above public position, and will continue to be the best model that I can be with regard to diversity issues both personally and professionally. As the Director of Training of our internship program, with the direction and help of a gay member of our Clinical Training Committee, we instituted a specific training seminar on issues related to LGBT people for our psychology interns. In addition to the interns, this seminar has had the resultant effect of heightening the sensitivity of the internship faculty and supervisors as well.

COMMITTEE ON LESBIAN, GAY, & BISEXUAL CONCERNS Targeted Nominations Statement for Terms Beginning in 2006

The Committee on Lesbian, Gay, & Bisexual Concerns (CLGBC) seeks nominations for two positions beginning **January 1, 2006**. Nominees are sought who have experience or expertise relevant to one or more of the following areas:

- same-sex couples and their families;
- communities of color;
- gender identity, gender variance, and intersex; or
- international lesbian, gay, & bisexual concerns.

The Committee particularly welcomes nominations of ethnic minority psychologists, bisexual psychologists, psychologists with disabilities, and transgender psychologists, and other psychologists who are members of under-represented groups.

The Committee’s mission is to

- study and evaluate on an ongoing basis how the issues and concerns of lesbian, gay male, and bisexual psychologists can best be dealt with;
- encourage objective and unbiased research in areas relevant to lesbian, gay male, and bisexual adults and youths, and the social impact of such research;
- examine the consequences of inaccurate information and stereotypes about lesbian, gay male, and bisexual adults and youths in clinical practice;

- develop educational materials for distribution to psychologists and others; and
- make recommendations regarding the integration of these issues into the APA’s activities to further the cause of civil and legal rights of lesbian, gay male, and bisexual psychologists within the profession.

The Committee consists of six members, three women and three men, appointed for staggered terms of three years. It reports to the Council of Representatives through the Board for the Advancement of Psychology in the Public Interest. Committee members are required to attend two Committee meetings a year in Washington, DC, with expenses reimbursed by APA. Service on the Committee also involves a substantial time commitment beyond the meetings themselves.

A statement of the nominee’s interest in and qualifications for the Committee and current curriculum vitae should accompany the nomination. Self-nominations are accepted. Nomination materials are to be received by **AUGUST 31, 2005**. Mail to CLGBC Nominations, Public Interest Directorate, American Psychological Association, 750 First St., NE, Washington, DC 20002-4242 or e-mail to lgbc@apa.org.

NEW! FROM DIVISION 44 AND APA BOOKS

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The Psychological and Interpersonal Dynamics of HIV-Seropositive Gay and Bisexual Men's Relationships

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HIV + Sex illuminates the struggles faced by HIV-positive gay and bisexual men as sexual beings, but also describes the myriad ways in which many of these men are able to celebrate their sexuality. Giving voice to the stories of hundreds of seropositive individuals, the editors and contributors explore how gay and bisexual men live with HIV and make decisions about sex, express their sexuality, choose their sexual partners, and balance their physical and emotional health while attempting to maintain viable and responsible sex lives. The personal narratives, in addition to featured findings of extensive behavioral research studies, provide orientation and valuable insight for studying and working with this population.

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Edited by Allen M. Omoto and Howard S. Kurtzman

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tors to this volume, all experts in their field, examine depression, substance abuse, race, the role of religious beliefs, and identity in the lives of gay men, lesbians, and bisexual people. Authors focus on developmental issues among adolescents and young adults in this population, a topic relatively untouched in other empirical studies. This book is indicative of the change in our culture toward acceptance of differences in sexual orientation—a change that, although occurring slowly, will eventually result in fewer health problems among sexual minorities.

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UNIVERSITY OF NEW HAMPSHIRE SENIOR STAFF PSYCHOLOGIST POSITION

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