

CO-PRESIDENT'S REPORT

BY: Stuart Altschuler, MFT

November 13, 2002

As I sit to write this "co-president's report", I realize that my "co", Tish Fitzpatrick, has left us to return to her roots and family in New York City. The last email I received from her, she had settled into her apartment and had signed a lease on her new private office. She also stated that she was negotiating with a group practice in Connecticut. She lives near the NY/CT border. She sends regards to all at LAGPA and I know that we all wish her the best and owe her a great deal of gratitude for all she has done for this organization. I miss her laugh and her ability to keep me focused so the team effort could be productive.

Now it is time to recreate a new team to lead LAGPA. I decided that it was appropriate to hold off the membership drive until the website was functioning so changes could be made within 24 hours without it costing a year's membership dues. This took a lot longer than expected, as many of you know, and for that we are truly sorry. There were technical problems that needed to be worked out and now they are. Check out your listing and get your corrections to me at stuart@mfcc.com or fax to 323 461-5175.

In rebuilding the team, we start with the membership. The membership year is from July to June annually. Some of you joined or renewed at the conference. Those of you who are just now getting those materials will be renewing for the 2002-2003 year. Please get this back to us with your updated information and it will be posted quickly. Our first event of the year will be the Holiday Party on Sunday, December 8. See the enclosed flyer and join us for the festivities. This is part of the experience of the LAGPA community. Meet new members, reconnect with old friends and colleagues, network and have fun! I hope to see you there.

In rebuilding the team, we need your involvement. Also enclosed in this mailing is a form for nominations to the LAGPA Board of Directors. The bylaws create a board of 16 directors (8 men and 8 women). Last year, only 11 of these positions were filled. Some directors had unexpected personal and family crises, so there were fewer people able to give their full dedication to the organization. Of last year's board, only about 6 members are able and willing to recommit to another term. LAGPA cannot continue if only a few members are willing to be part of the leadership of this organization. I invite those of you who have experienced frustration with LAGPA to join us and be part of the solution. To those of you who have had nothing but praise and good times with LAGPA, I invite you to join the board and help us keep those good feelings growing throughout the membership.

There is a lot to do and I know that this intimidates some people. However, if we can get a full board of 16 directors to serve actively, then the workload is less and the experience is more fun. It is a great way to meet colleagues, be seen in the community and be of service to a community in great need and an organization able to set a tone of integrity and consciousness as it relates to mental health of the GLBT community on southern California. If you are even slightly considering serving on the board, call me with your questions or concerns. We need your help to help us further reinforce our current services and grow in an easy and productive way.

I have served on the board of directors for 5 years. It has been quite satisfying and has expanded my visibility and opened up many opportunities for me both personally and professionally. There is no growth without risk taking. Take the leap and join us. •

**Become involved.
Join Today.**

Progress Notes

A quarterly publication of the Lesbian and Gay Psychotherapy Association of Southern California, Inc. a organization dedicated to the promotion of gay, lesbian, and bisexual psychology, by supporting and serving the mental health professionals who work within the gay, lesbian, and bisexual and transgendered community.

Fall 2002

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PSYCHOTHERAPY IS GOOD MEDICINE FOR LIVING WITH HIV/AIDS

By Matthew Silverstein, M.A., M.F.T.

As a psychotherapist and HIV positive gay guy, I have seen and felt the benefits of therapy from both sides of the "couch." Unfortunately, for a lot of folks the stigma of therapy can be a big obstacle to receiving this potentially life saving "medicine." Therapy has a deservedly bad rap from its historically gross mistreatment of sexual and cultural minorities. Though, fortunately, racism, homophobia, sexism as well as discriminating against people with HIV/AIDS are considered unethical practices in the profession today, which at least makes a nod toward remedying these institutionalized forms of oppression. I think there is one significant other issue that keeps many poz people from getting the psychological help that most of us need, namely fear of facing our real selves. I wanted to share a bit of my story to illustrate the way in which therapy has helped me come to terms with aspects of myself, rooted in my past, that I have tried to deny at my own peril.

When I learned that I was HIV positive over five years ago, I had been working for LA Shanti as a mental health counselor. I was fully aware of "safer sex" practices and was in fact an educator on the subject. The news of my diagnosis came as a tremendous shock and unleashed an avalanche of feelings: grief, rage, confusion, terror and lots of shame. "How could this happen to me?" I asked myself over and over. The diagnosis precipitated a long, painful depression during which time I felt "dead to the world."

Fortunately, I was involved already in psychotherapy, and I was able to at least have a place to honestly talk about my situation. I descended further and further into the depression and found myself returning to hidden problems in my childhood. I realized that my denial of my childhood abuse led me to reenact old abusive patterns with the partner who infected me. I denied the risk of becoming infected by my partner, just as I had learned to deny the severity of my parents' mental health problems. My mother was especially ill throughout my childhood. When I would in any way try to talk with her about her illness she would become viciously defensive and usually shame me for being so "oversensitive." This pattern became internalized, so that I have had a hard time valuing my feelings and my voice. I was literally more terrified of being shamed by my HIV positive partner for being "too sensitive," than I was of getting infected.

Given what I know about my partner, his childhood abuse was similarly being acted out with me. So, between the two of us, we had a deadly unspoken problem that ended up getting us both into a terrible fix.

Though there was no way for me to become "uninfected," careful therapeutic work helped me identify and slowly come to terms with the deep, inner source of my psychological distress. By facing and genuinely getting in touch with my feelings about not only the losses to do with HIV, but also the older losses associated with my childhood, I have noticed that my self-destructive patterns have given way to much more functional manner of taking care of myself. I have no question in my mind that my psychotherapy is as important, if not more, in my self-care protocol, as my HIV meds.

My story is meant to highlight a vastly overlooked aspect of treatment for HIV positive people, i.e. taking care of our inner lives. This "arm" of self-care may be receiving more attention as more research

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demonstrates the psychological disease(s) that are co-factors to the physical disease(s) associated with HIV/AIDS. A recent article I read on www.aidsmeds.com (a great website for HIV/AIDS info) reports:

Although mortality among women infected with HIV has decreased [in the U.S.] since the introduction of [HAART] the proportion of deaths caused by non-AIDS-related conditions has remained steady at about 20%...The majority of ...non-AIDS related deaths were associated with depression and substance abuse." (American Journal of Medicine, 2002; 113:91-98).

This article coincides with my personal experience and my observations as a therapist and teacher, which suggest that untreated psychological problems related to (or underlying) HIV/AIDS can lead to worsening health and even death. People who were abused as children, especially children who grew up in homes where "personal space" was regularly violated either through sexual, physical, or emotional abuse are generally more at-risk for contracting sexually transmitted diseases, including HIV. In other words, statistically most of us probably come from dysfunctional families where some kind of abuse occurred; this "secret" amongst people with HIV/AIDS is potentially a health hazard. It definitely has been for me.

Most AIDS service organizations provide excellent support groups, which also have been shown to improve survival rates, partly because they help deal with depression and isolation. Psychotherapy is different than support groups in that therapy is a venue to uncover and work through old problems. A good therapist will hopefully provide a safe enough place for in-depth honest communication about difficult or painful feelings and their roots in the past. Ultimately, over time, therapy can lead to a renewed relationship to oneself. It will not take away the hurt of old wounds, but it can offer a critically different perspective on the past, making way for a more meaningful, healthy present and future.

Matthew Silverstein, M.A., MFT, is a psychotherapist in private practice in the West Hollywood area. He also teaches psychology courses at Antioch University and Los Angeles Community College and can be reached at MSilversteinMFT@aol.com. Reprinted with permission from *Being Alive Newsletter* (October,2002) •



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DANGEROUS BEDFELLOWS

Beverly London recalls the denial and deceit involved in contracting HIV from her celebrity husband

By Ellen Snortland

I got an e-mail from woman whose therapist had encouraged her to contact me because he felt she would benefit from telling her story publicly and that others could be helped by reading about her life. Her e-mail read: "I am 65-year-old educated white grandmother and my husband infected me with the AIDS virus in 1989. At the time, he was a professor at Harvard and noted for his work in altruism. You can check his obituary in the June 22, 1992, New York Times. " I was hooked. She did not fit the stereotypical profile of a woman with AIDS.

Beverly London is a charming, bubbly presence on the phone and sounds like a teen, not a "seen" as in "senior citizen. " I asked her to start from the beginning. Married to Professor Perry London in 1978, Beverly had the life of an Ivy League faculty wife. No mutual children, they did have three and four children from previous marriages. She was deeply in love and extremely happy. She taught English as a Second language. He was professor at the Graduate School of Education at Harvard, well-respected and also known for the work he had done with Rabbi Harold M. Schulweis in the study and support of "righteous gentiles," the brave Christians, non-Jews, agnostics and atheists who helped Jews during the Holocaust.

Right before Dr. London left for a sabbatical in California, he had a physical, required because he applied for extra coverage on his life insurance. The lab called Beverly to see if they should send the results of the blood panel to Dr. London's office or home. She said they could send it to their home. She opened it and it said that he was HIV-positive.

All right, at this point, how many of us would have freaked out and killed our spouses, before it could even get a full-blown AIDS? Imagine opening an envelope like that. Imagine the fear, the loneliness, the feeling of fatal betrayal. Beverly flew out to Los Angeles to join her husband and to deliver the news. She got herself tested and result was negative. She joined a "Significant Others" support group. Four months later, she tested positive for HIV. Again, at this point, how many of us would have killed the spouse? Beverly didn't. She was in love with her husband. Still.

Their shared life of secrecy began. He begged her to stop going to her S. O. support group, neglected to give her messages that they'd called, so terri-

fied that he'd be exposed for having the dreaded disease. She continued her contact with her support group even though he didn't want her to. She told no one that there were both HIV-positive. When the sabbatical was over, they moved to Edison, New Jersey, and he became the dean of the Graduate School of Applied and Professional Psychology at Rutgers. Beverly didn't have a support group in New Jersey and the only people who knew about her and her husband's disease were the pharmacists and physicians in their lives. Dean London went to Manhattan to get his medical needs taken care of.

London died in 1992. There was a huge funeral. His obituary in the New York Times did not include the fact that they died because of AIDS. She—against many odds—has managed to survive and thrive. Although she now has full-blown AIDS, she is "happy as a clam" and eager to share her story. She has a lot to share with people living with AIDS and their families. She has experienced traditional medicine and alternative methods of treatment as well as all the emotions and turmoil a devastating disease can bring to into a life.

She is writing a book called, "Dirty Woman: Being SHIV in a Crowded Room." Her book is not so much about AIDS as it is about the damage that secrecy causes in lives. Her husband, she found out long after he died, had not contracted the HIV virus from one-time contact with a hooker. He had a long-term relationship a male lover who had died of AIDS. He had given her the hooker story because he was too frightened to reveal his "real" life because of his generation and the culture of shame he existed in. She has forgiven him and made her life about love and understanding. She has a mission: to encourage honesty as a life-and-death matter and to get her message out to groups of people who are not ordinarily targeted for AIDS awareness, her peer group.

Think of the widowed woman, the newly divorced, the newly dating middle-age woman you know. Do you remember to say, as they go out the door, "Make sure you have protected sex? " I haven't, but I will from now on. •

If you like to reach Beverly London, you can e-mail her at LyndonBJ@aol.com. For a fascinating and hair-raising account of HIV / AIDS in Latin America and the high rate of infection of straight lives of men of the middle and upper class, read Silvana Paternostro's "In the Land of God and Man: Confronting our Sexual Culture."

Ellen Snortland teaches a writing workshop in Altadena. E-mail her at Ellensnortland@cs.com. Reprinted with permission by the author and published in *Pasadena Weekly*, October 2002.

Boo!

HALLOWEEN IS A GOOD TIME TO THINK ABOUT CONFRONTING YOUR FEARS ESPECIALLY THE ONES THAT COME WITH LIVING WITH HIV

By Ken Howard, LCSW

I love Halloween. Maybe it's because of the theatricality of it, with costumes and props, or maybe it's because of my addiction to chocolate. Author Peg Aloi, an expert on pagan holidays, explains that Halloween-or "Samhain" (which means "summer's end")-is observed as a celebration of the last harvest of the year before winter. It is also a time to reflect on and honor those who have passed on before us. The "veil between the worlds" of the living and the dead is said to be at its thinnest on this day, hence its association with seances and ghosts. For me, as a mental health professional, I think one could view the Halloween season in October as a time about confronting our fears-particularly those fears held by people living with HIV/AIDS.

By dressing up in costumes and embracing things scary and ghoulish, making a sugary feast of it all at a time when the days grow shorter and green fields grow brown, we are confronting and even embracing our fears. Fear is like an internal smoke alarm for our minds; it shrieks and screams as a signal to warn us that the house might be on fire, that we're in danger, that we had better move fast to prevent harm. But sometimes the smoke alarm of fear goes off because we burned the toast and it's nothing to worry about. Our internal fear trigger doesn't know the difference; its job is simply to give us that early warning signal, but it's up to us to check it out to see if a threat is real. Our instinct of fear is a much older brain function than our cognitive ability to reason out things. In the evolution of humankind, if we didn't have a good fear sense as a species, we never would have outrun the saber-toothed tigers. But sometimes our fears hold us back, and keep us from the wonderful things we would have said, done, visited, read, tried, dared, or been.

When faced with a decision that scares us, we can look at what can happen, what we want to happen, and what will likely happen. We can look to our supportive resources, do our homework, and know within reason what the outcome will be. We need to confront our fears with informed reason. If I enter an airplane and a four-year-old child is at the controls, reason tells me to get off the plane. But if I enter that same plane and see a trained, adult crew

in uniforms, I can reasonably place my trust that the trip will be safe.

How many of us living with HIV have to confront fears every day? We live with a virus that has been deadly to so many in all the world, yet-for many in Western countries with the good fortune of access to expert care-often we can remain stable and healthy indefinitely. October and Halloween are not just about life and death, but about all fears. We might fear illness and death as people with HIV, but what other fears do we face? Are we afraid to enter a relationship because we've been hurt in the past? Are we afraid to date because some one might reject us because of our HIV status? To accept a new job because of fear of losing disability benefits? To try medication because we're not sure

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Jeff Chernin, Ph.D., MFT Lic #37670

Except For One Little Problem:



Joan Denson

Joan Denson was the American Dream except for one little problem she was a lesbian. This is a memoir of the girl-next-door who faces her homosexuality and finds herself unwelcome in her surroundings. A child during WWII, the author came of age reading The Diary of Anne Frank. The memories of oppression and suffering of the innocent so captured her imagination that she struck up a friendship with Anne Frank's father and visited Anne's annex, where she found in her desire for Anne a hidden piece of herself. By early adulthood Denson absorbed the cul-ture of the fifties, an era famous for its "loud events and quiet discontents." With a husband and children, she coveted suburban bliss as much as the next girl. But something was amiss. That something came in the form of a lesbian experi-ence that led her to realize what had been missing all along. A precursor to the "lipstick lesbian" the author, now a prominent Beverly Hills psychotherapist, recounts the struggles, joys, and humor of grow-ing up homosexual in an era of repression. Her memoir provides a first-person account of the evolution of sexual mores over the last thirty years.

Price: \$14.95

what side effects it might have? To have children because of the small chance of perinatal transmission? To speak our minds to our insensitive landlord, boss, doctor, spouse, partner, sibling, parent, teacher, or neighbor because we think we lose our right to standup for ourselves once we test positive? All of these can provoke paralyzing fears that immobilize people into a stagnant misery, when some of those fears could be managed or eliminated when confronted with a few questions from informed reason. If you're afraid of something, ask yourself realistically: How likely is what you fear going to happen if you do x, y, or z? What about trying out x, y, or z a little bit? Who can support you in this? What do you need to know about this to make a better judgment? Who can teach you more? What's the risk of "not" trying this?

Halloween is a time for putting on masks, embodying our fears, looking them in the eye, and then knowing that—when it's over— we can take those masks off again and be okay. In the words of Danny Elfman and Oingo Boingo's classic song, "Dead Man's Party"; "Don't be afraid; it's only me/don't be afraid of what you cannot see."

Ken Howard, LCSW, is an HIV-positive licensed psychotherapist in private practice in Los Angeles. He is co-chair of the Los Angeles County HIV Mental Health Task Force and also works for an AIDS service organization. He welcomes your questions at kbhmsw@aol.com. Reprinted by permission of the author and previously published in October 2002, *A&U Magazine*. •

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Gay Men's Growth Group

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Gay Men's Group

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NEWSLETTER POLICY

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LAGPA

Progress Notes
11684 Ventura Blvd., #948
Studio City, CA 91604

You can email your articles to ckstewar@aol.com, or fax to (310) 838-6769. This newsletter is mailed to each member, and may be made available to non-members by requesting copies either through mail (to the address above), or by calling (310) 288-3465.

Publishing Schedule

Advertising and articles are due no later than the following dates:

	Due Date	Pub. Date
Spring 2003	2/15	3/1
Summer 2003	5/15	6/1

Classified Advertisement Rates

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This includes business cards, advertisement for upcoming events you are producing, personal promotion, or anything that you may want members to be aware of.

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Please contact me immediately, some training and hospital orientation is mandatory for one paid eight hour day in early December.

Please contact: Christopher Lawver M.A., Group therapist Alternatives., (818) 502-4770 X1439, FAX resume to (818) 502-4714

SOCIAL

Lesbiantalk

Lesbiantalk is a conversation salon for women. Not a therapy group, but an alternative to the bars and a great way for women to form a support network. Held the 1st and 3rd Thursdays of every month, this group has been meeting for 6 years. Only \$10. Call its host, Stephanie Book Koehler, MFT at (310) 314-6484 for more information.

IN MEMORIAM

Kevin Platt (9/1/1953 – 9/13/2002)

When Kevin Platt first applied to become an intern for the Mental Health Services program of the L.A. Gay and Lesbian Center, I was hesitant, to put it mildly. While very enthusiastic, he was lacking in experience, and, well...there was that issue of his being a quadriplegic. How the hell were clients going to respond to this man with no feeling from the neck down, sitting in the mechanized wheelchair across the counseling room—not to mention how were we going to manage the procedural and documentation logistics which his physical disability posed?

But, good, liberal, Jewish gay boy that I am, I realized that I had no good reason to deny him this opportunity—especially given that Kevin had become a quadriplegic because of a car accident which occurred when he was in training for the California AIDSride, a fundraiser for the Gay and Lesbian Center's Jeffrey Goodman Special Care Clinic.

As it turned out, I had no reason to worry. To my knowledge, not one client assigned to Kevin had a problem with his disability, and, in fact, I believe many—particularly those with more narcissistic defenses—probably did better work with Kevin than they might have with another counselor.

Apart from the fine job he did with his clients, to whom he was strongly devoted, Kevin's outgoing, upbeat nature soon made him an integral member of the mental health staff. Kevin had more vitality from the neck up than most people with fully functioning bodies. He was naturally curious about everyone, and it was gratifying for me to observe various staff and interns regularly stop by Kevin's office for a visit, as if having been granted an audience with the Pope.

When word came that he had died following kidney failure, it was a significant shock to all of us. It was difficult to comprehend how the vibrant energy that Kevin exuded could be shut off so abruptly. He was a remarkable individual, and, even though I like to think I made a difference in his life as his professional supervisor, I think that, as role models go, his impact on me was by far the more profound.

**The Lesbian and Gay Psychotherapy Association
of Southern California, Inc.**

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Progress Notes

— In This Issue —

Co-President's Statement

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Each event provides networking opportunities.