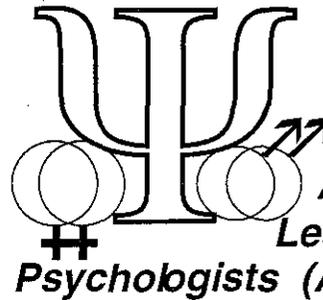


# NEWS- LETTER



Association of  
Lesbian and Gay  
Psychologists (ALGP Europe)

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# Chair's Column

by Melanie Steffens

Many weeks have passed already since Claudia, Ulli and I from the ALGP Europe Steering Group spent some wonderful time in Dublin. The week around the annual ALGP Europe conference is always so much fun that it feels like a reward for the—admittedly sometimes not too challenging—work for the association between those meetings. When leaving Dublin, we all felt that it had been a very successful week. On the subsequent pages, you will have the chance to read about the events that took place there. Importantly and quite unexpectedly, we stirred up some emotions on the conference (see next page). One of the ultimate results of the “scandal” was that there will be a symposium on “Homophobia: A problem for psychologists?” on the next conference of the Psychological Society of Ireland (PSI) that will be held in November. I was invited to present a paper there, and I gladly accepted. The experiences of ALGP Europe members and affiliated organisations with main-stream psychological associations in different European countries will be pointed out in the talk. If you have any good or bad experiences that I don't know of: Please contact me and tell me about them, so I can present a more balanced and thorough view in the paper.

These were the exciting news. In contrast, what is neither exciting nor new: ALGP Europe is still very short of money, not because there wouldn't be any money theoretically, but because practically, many sub-groups still owe us a lot. This situation is very frustrating for the Steering Group. None of us has received any refunds for our travel expenses up to now.

On our last Steering Group meeting at the be-

ginning of June, we decided to plan for a Steering Group transfer in 1998. This is partly motivated by private reasons. Additionally, like the Dutch did before us, we think that it is important that there are others who are willing to volunteer and run the association. If there isn't anybody, then we should question whether we need an ALGP on a European level. It might as well turn out that Europeans just don't feel “European” enough, that national associations are all we need at this point. For example, one of the ideas behind a European association was that one could help set up national groups where there aren't any. By now, it seems to me that a strong group of people in a particular country is a necessary precondition for founding a national group, and that they might just as well do so without us. (It might possibly take them a little longer.) I think it would be a pity not to carry on ALGP Europe, first because it seems that just now, we are starting to make a major impact on European Psychology (see other articles in this issue). Second, it is so rewarding to be in contact with and meet lesbian and gay psychologists from all over Europe. In other words: The networking is so much fun.

At the moment, we are waiting for all our national contact persons to return voting forms to us. They are deciding how inclusive the association is supposed to be in the future. I assume that changes are coming, and 1998 might see a much bigger and stronger ALGP Europe. Or it might be the association's final year—maybe until European integration has progressed enough for the national groups to want to connect more strongly again.

From July 6 to 11, the Fifth European Congress of Psychology “Dancing on the Edge” took place in Dublin. The congress is held every other year, each time in a different one of the 27 member countries of EFPPA, the European Federation of Professional Psychologists' Associations. Some of our readers may remember the reports from hot summer days in Athens two years ago. This year, Melanie Steffens, Claudia Mühlbauer and Ulli Biechele from the Steering Group and Anna Maria Imbarrato and Luca Pietrantoni from the brand-new Italian ALGP group were present in Dublin. We all stayed in a small gay and lesbian guesthouse for one week. From this city base we explored the campus as well as the variety of gay and lesbian nightlife. We enjoyed our private community as much as Dublin's gay and lesbian community, and also the international gay and lesbian psychological community at the congress and at the gay and lesbian communication centre. Our symposium, which was attended by some eighty colleagues (a large number compared to other symposia), is documented in the following articles.

# Focus on... Ireland

## *Dancing on the Edge—Notes on the Obscurity of Contemporary Homophobia*

by Ulli Biechele

Each European Congress of Psychology is organised by three organisations: the European Federation of Professional Psychologists' Associations (EFPPA), the national psychological association of the host country, and a board of participating international psychological associations. In Dublin, one of the associations in the board could have been ALGP Europe—our colleague in London, Pavlo Kanellakis, had long before applied for that. His first letter got no response, nor his second, nor the third, which he had sent as registered mail. So we wondered what would happen. Our symposium had been accepted in the submitted form. In the congress programme, however, ALGP Europe was missing in the list of participating associations. At the opening ceremony in the noble Royal Dublin Society, Pavlo tried to get hold of information about the boycott of ALGP Europe. A member of the organising committee, Teresa Burke, assured him this could only have happened inadvertently, as she was lesbian herself and would not be engaged in a homophobic organisation. She promised to take care of the matter and make the congress president apologize for the mistake and announce ALGP Europe as a participating association.

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### **The Congress Secretary, an Honourable Lady?**

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Nothing of that kind happened in spite of Teresa's intervention. She got very angry and started investigations. She found out that supposedly, the congress secretary, an honourable lady and notable psychotherapist, had intercepted the letters and not informed the organising committee. Obviously, the secretary found the idea disgusting that lesbians and gay men wanted to participate in organising "her" congress. When the president wanted to mention the "mistake" in the opening ceremony, she even succeeded in censoring the crucial sentence from his address. Asking for an explanation, Teresa did not get a satisfying response. She immediately quit the organising

committee. The congress had its scandal. Now the committee had to apologize (see the overhead copy below). The president of the Psychological Society of Ireland (PSI) visited our symposium (presumably, she would not have done so otherwise) and promised to write a supporting letter in which the organising committee recommends to include ALGP Europe in the board of participating associations for the next congress in Rome, 1999. The upcoming PSI conference in November will include a symposium on homophobia. I am glad to announce that our chair, Melanie, has been invited to present a paper there. What can we learn from this affair? Don't be afraid of disgrace when you get involved with homosexuals—the disgrace might be bigger when you try to play tricks on them!



## **Fifth European Congress of Psychology**

The Organising Committee deeply regrets the omission of the European Association of Lesbian and Gay Psychologists from the list of Participating Associations in the Congress Programme.

We warmly welcome the participation of this association of psychologists in the Congress.

Organising Committee  
Scientific Committee

## ***Lesbian and Gay Affirmative Psychology in Contemporary Europe. An Introduction***

by Ulli Biechele

The fact that a comparably large number of colleagues is present at our symposium confirms our point of view that there is a strong need in the field of psychology to talk about homosexuality on an academic level. Psychology, in history, has actually never paid much attention to gay and lesbian people. Homosexuality was "invented", which means labeled as a mental illness, by the medical sciences in the last century. Sigmund Freud—a medical doctor, too—initially conceptualized homosexuality as one possible form of human development which did not have to be pathologized. Later, his successors re-defined his theory to make it fit in the societal notion of homosexuality as an "unnatural perversion".

Society discriminated against lesbians and gay men, and psychoanalysts promised to "cure" them from their sexual orientation which was not welcome by society. Psychology took part in this discrimination, offering techniques to change homosexual behaviour into heterosexual behaviour, and never asking for reasons why to do so.

Probably nothing would have changed if lesbian women and gay men had not taken charge of their interests on their own. The societal reforms were prompted by the Stonewall riots in 1969. The professional de-pathologization of homosexuality was as well prompted by activists, by gay and lesbian psychiatrists and psychologists, who fought for a vote in the American Psychiatric Association in order to cancel homo-

sexuality from the DSM, the American classification schedule for mental disorders. On their second attempt in 1973, they succeeded. The ICD, the classification system more relevant in Europe, followed only in 1991.

Probably you know all these things. I bring them to mind again since in fact, cancelling a label does not equal sudden "normality". We, as the Steering Group of ALGP Europe, the Association of Lesbian and Gay Psychologists, still have to face and to overcome plenty of obstacles, for example when trying to be represented on a congress like this one. As openly lesbian and gay psychologists, we appreciate that we have received the opportunity to speak to an international professional audience, no longer officially considered as disturbed persons but as experts of relevant psychological issues. Gay affirmative psychology in our understanding means leaving behind etiological questions of the type "Why are persons homosexual?" and objectively researching psychological dimensions important for gay men and lesbian women, thus supporting the general emancipation process.

There is a broad variety of relevant psychological topics, for example development, relationships, psychotherapy, gender identity, sexuality, prejudice, violence, stigma management, mental health. For this symposium, we selected two fields of research and practice, the psychology of identity and the psychology of health.



### ***The Formation of Lesbian and Gay Identities: Accounts by German Lesbians and Gay Men***

by Melanie C. Steffens

Stage models of lesbian and gay identity development were described in some detail in this Newsletter before (Steffens & Eschmann, 1995). Briefly, the developmental process they describe begins with an unquestioned heterosexual identity that is ubiquitous in heterosexist, homophobic societies. Forming a positive lesbian or gay identity, which marks the final stage of the process, under such adverse circumstances requires ex-

ceptional competency and strength (d'Augelli, 1994).

Many different models of lesbian and/or gay identity formation have been proposed. They all start out with a first awareness of homosexual feelings ("My behaviour or thoughts may be lesbian/gay."), leading to confusion and alienation. A person may then redefine these incidents („It is perfectly common for teenage girls to

admire their female teachers, there is nothing lesbian about it."), or they may move on to test and explore these feelings ("I may be a lesbian/gay man."). The latter leads to social alienation, one feels different from family and peers and is uncertain about what the future will bring. Friendships with other lesbians or gay men and selective coming out will lead to identity acceptance ("Okay, I am lesbian/gay."). Finally, this new aspect of one's personal identity is integrated with its other aspects ("I am a lesbian/gay man, I behave like a lesbian/gay man, and significant others do accept it. But being a lesbian/gay man is just one part of my personality.").

These stage models of lesbian and/or gay identity formation have been seriously challenged by social constructionism, a philosophical point of view contrasting essentialism. The social constructionist position is that there is no such thing as a true sexual orientation which we are born with or which is formed during early childhood (e.g., Kitzinger & Wilkinson, 1995). There is no such thing as the lonely, introspective discovery of being lesbian/gay as an "essence" of our personality, a "true inner self". Rather, sexual orientation is a socially shared construct known to us. In our society, we make an important distinction between "males" and "females", and we make the distinction between "heterosexuals," "homosexuals," and "bisexuals" (the latter category was added more recently). A very different society is conceivable in which it is unimportant whether a person is male or female: all dress alike and behave alike, their sex is hard to notice. Rather, they might be distinguished along some other dimension which is rather unimportant to us (e.g., whether they can wiggle their ears or roll up their tongues, or not). Being homosexual or heterosexual would not make any sense in such a society, nobody would adopt this as an important factor defining themselves.

According to social constructionism, coming out is the construction of one's own sexual orientation within the framework of socially shared constructs available to us. Retrospectively, childhood memories are interpreted as signs of being lesbian or gay (Plummer, 1975): Whereas the lesbian remembers dressing up as a cowboy at Mardi Gras and forgets that she was a princess the year before, the heterosexual woman does the reverse. From a constructionist point of view, there is no such thing as non-dynamic identity stability

(Rust, 1993), as society and its constructs change, so does one's identity.

I make out several crucial differences between stage models and the constructionist account. (1) According to the former, identities of different individuals should be rather similar, as should be the developmental processes that led them there. (2) If identity formation is the process of discovering and accepting an essence of one's personality, an "inner lesbian/gay man" that has been there since early childhood, one does not have the choice whether to live a gay/lesbian or heterosexual life, whereas one chooses a certain identity if one constructs it. (3) According to stage models, a first awareness of lesbian/gay feelings should always be accompanied by negative feelings; constructionist models don't make that claim.

A rather informal empirical evaluation of these notions was undertaken using reciprocal pair interview data of 24 participants of a workshop on identity formation at the IV Congress of the VLSP (ALGP Germany). None of them said they were bisexual or heterosexual. Participants rested their sexual orientation identity either on feelings or on sexuality or on behaviour (now and past). Their accounts of the developmental process leading there were so different that there is no way of summarising them. The majority of participants think the process still goes on for them, whereas 5 say that their sexual orientation is stable now. At the point of "first awareness" of homosexual feelings, 11 participants had all positive feelings ("I was so happy first, it took me some time to realise the consequences. The feelings were so strong, there was no doubt: I could not ignore them."), for 8, feelings were mixed, and 5 would rather call these feelings negative. As many participants "have always been lesbian or gay", as have not. Four think one has no choice, 10 replied that "one chooses to live the feelings that there are", 2 think it is partly a choice, and 7 believe that one can decide about one's sexual orientation. Very striking were the replies with regard to participants' heterosexual past: 16 have been in love with someone of the opposite sex, 10 have had fulfilling heterosexual relationships, 6 can and 6 can somehow still imagine having heterosexual sex.

I draw the following conclusions from the accounts people gave: 24 different models of identity formation are needed to incorporate them. Half are convinced that they were lesbian or gay

since early childhood, half know that they chose to live that way. It is not true that a first awareness of lesbian/gay feelings is accompanied by negative feelings. If a lesbian or a gay man is someone who has fulfilling romantic and sexual relationships exclusively to people of the same sex, always had, and always will have, there are hardly any lesbians and gay men around.

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After the ALGP Europe symposium in Dublin (from left to right): Luca Pietrantoni (speaker), Pavlo Kanellakis (speaker), Celia Kitzinger (speaker), Claudia Mühlbauer (ALGP Europe Steering Group), Anna Maria Imbarrato (speaker), Melanie Steffens (ALGP Europe Steering Group), Ger Moane (Co-founder of ALGP Ireland), and Ulli Biechele (ALGP Europe Steering Group) (Picture: Sue Wilkinson)



## Health-Related Life-Styles of Lesbians and Bisexual Women in Tuscany, Italy

by Anna Maria Imbarrato

Beliefs, attitudes, and knowledge are major components of self-regulation of behavior. Understanding how people organize their thinking and acting toward health behaviors can lead to more effective preventive health care (e.g. Krantz, Grunberg, & Baum, 1985). In order to analyze the role of perceived personal control in behaviors that affect physical health, the following social cognitive models of health behavior are taken into consideration:

1) The *Self-Efficacy Mechanism* concept was developed within the framework of *Social Learning Theory* and uses both cognitive and behavioral factors to explain behavior change and health enhancement (Bandura, 1989).

2) Recently, a number of researchers (e.g. Terry, 1993) have suggested the necessity of incorporating self-efficacy expectancies in the *Theory of Reasoned Action* and in the modern version of the *Theory of Planned Behavior*

(Ajzen, & Madden, 1986; Fishbein, & Ajzen, 1975) to understand protective health behaviors.

3) The *Health Belief Model* (Rosenstock, 1974) represents an attempt to characterize the factors that influence the possibility that an individual will undertake health-related actions. It has received considerable support in numerous investigations of preventive health behaviors and compliance with medical regimens.

4) Locus of Control (Rotter, 1954) and Health Belief Model can be combined as in the Wallstons' *Multidimensional* concept of *Health Locus of Control*. (Wallston, Wallston, & De Vellis, 1978).

Within the framework of these theories, applied social psychology tried to analyze the variables correlated to preventive health behaviors (Cope, 1992; Budden, 1995). Female cancer rates continue to rise all over in the world, specially in the USA and in Europe. Many studies about this issue have highlighted the importance of an active participation of women to take care of their health (e.g. Champion, & Miller, 1992; Murray, & McMillan, 1993). From this perspective, very important factors are for example preventive actions, the delay between first symptoms and the decision for a gynecological check-up, and the compliance to medical prescriptions (Cromer, Frankel, Hayes, & Brown, 1992). The results of the various surveys which focus on this issue, suggest that psychological interventions, to enhance preventive behaviors and compliance, need to be tailored to the needs of specific risk groups.

### **Lesbian Invisibility in Health Care and Research**

Analyzing the international literature, however, only little empirical data are available regarding women's diseases within lesbian communities. However, the data from the few surveys conducted on health issues of lesbians and bisexual women show evidence of risk profiles for Sexually Transmitted Diseases (STD) and AIDS, and for breast cancer. This disease correlates to the history of breast cancer in the family, no full-term pregnancy before age 30, overweight, cigarette smoking, and alcohol consumption. (Bradford, Ryan, & Rothblum, 1994).

The almost non-existing common and scientific understanding of lesbian culture and life-style leaves lesbians out of health information, education and prevention projects (e.g. Stevens,

1996). Recent findings from Northern Europe and the USA are also confirmed by researches in Italy (Sasse, Iardino, Codice', Gherardi, Farchi, Chiarotti, 1992; ARCIGAY-ARCILESBICA, 1993; Raiteri, Fora, Gioannini, Russo, Lucchini, Terzi, Giacobbi, Sinicco, 1994).

In research of lesbian health issues, an assessment of personal health beliefs is necessary regarding prevention and compliance of gynecological cancers, and unsafe sex practices leading to HIV or other STD infections (Cole, & Cooper, 1990; Chu, Hammett, & Buehler, 1992). These studies try to explain the silence about lesbians in psychological as well as in social and medical research with for example lesbian invisibility and isolation (selected and/or forced), difficulties to find, contact and count lesbians, and ignorance about lesbian life-styles. Also, there is no standard definition of "lesbian". Obviously it is important to give up prejudices and strict classifications, so that studies and interventions can widen their field of action.

Our exploratory aim is to identify and to describe life-style and health behaviors in lesbian women. In particular, we want to identify and analyze the preventive health behaviors about breast cancer (which is one of the most widespread cancers in Italy within the female population), and Sexually Transmitted Diseases.

### **Subjects and Measures**

Subjects: 128 self-identified lesbian (113) and bisexual (15) women between 20 and 57, with a mean age of 33 (SD = 7.7) participated in this study. All the women interviewed live in Tuscany. Their education levels were Secondary School (14.1%), High School (52.4%), University degree (26.5%), Philosophy Doctor (7.0%).

The measures we used in our study were combined in an anonymous booklet of 157 items which we have developed for this purpose and which assesses the basic dimensions used by models of health behavior. The booklet has four sections:

- 1) A questionnaire of 115 items that assesses among other variables: health-related life-style, sexual identity and sexual behaviors, and socio-economic status;
- 2) A scale of breast self-examination knowledge (Cope, 1992);
- 3) A cancer attitude scale;
- 4) The Multidimensional Health Locus of

Control (MHLC), Form A (Wallston, Wallston, DeVellis, 1978).

Our booklet has been distributed on various occasions: private meetings, lesbian clubs, dance parties, gay/lesbian support groups and others social events.

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## Results

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### 1. Health-Related Life-Style

"Health" has been defined by our sample as "psycho-physical well-being"; the women think that a check-up is required only when there is pain (52.5%) or when some symptoms appear (44.5%). The women have a preference for specific types of health care: allopathy, homeopathy, acupuncture, phytotherapy.

21% of the subjects are non-smokers, 17% were smoking in the past, and all the others (62%) are still smoking; of these 7.8% are strong smokers. 41% of the subjects self-identify as overweight. 29% did not have a dental check-up in the last year.

### 2. Sexual Identity & Sexual Behaviors

60% of the women that we have interviewed do not reveal their sexual identity to health care professionals, and the most common problem experienced with them was the assumption of heterosexuality.

During the last year, 92% of the subjects had female sexual partners, 5.5% male and female partners; they did not have safe sex with a female partner. One third of these women changed their sexual behaviour after AIDS; the same data we have found for STDs.

### 3. Breast Self-Examination knowledge

10% of the women know this practice very well. Only 7.8% of our group does it regularly every month, although 25 % of the women have a personal or family history of breast cancer.

### 4. Cancer Attitude Scale

Factor analysis (Varimax) identified 5 factors that we have called:

*Health Motivation*; a measure of whether or not women engage in a list of activities to improve their health.

*Benefits & Control*; a measure of the perceived benefits of health actions and control of health.

*Susceptibility*; a measure of the perceived susceptibility to cancer.

*Seriousness*; a measure of the perceived seriousness of cancer.

*Barriers & Costs*; a measure of the perceived

barriers and costs to performing the actions.

Our data show that women perform health behaviors and perceive benefits of health actions and control of their health (we have found highest mean scores in Health Motivation and Benefits & Control Sub-dimensions).

### 5. Multidimensional Health Locus of Control

Factor analysis (Varimax) has confirmed the factors of the theoretical construct:

*Internal Health Locus of Control* (IHLC) measures health internality, or the extent to which individuals believe that internal factors are responsible for their health/illness.

*Powerful Others* (PHLC) assesses beliefs that one's health is determined by powerful other people (e.g., doctors, nurses, family or friends).

*Chance Health Locus of Control* (CHLC) measures the extent to which one believes that health/illness is a matter of fate, luck or chance.

On the MHLC's sub-dimensions our group has the highest mean score on the internal subscale, followed by Chance Health Locus of Control and Powerful Others.

A table of the statistical significant correlations between the most important variables is available on request.

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## Discussion and Conclusions

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Our study considers the utility of four psychological models as predictors of lesbian women's protective health behaviors. We know that many lesbians have experienced abuses (e.g. sexual assault, patronizing treatment, neglect, ignorance, intimidation and discrimination) and homophobia in the form of heterosexual presumption within the health care system because of their sexual preference. According to former researches, many women don't seem to properly do preventive check-ups in health centers and don't frequent services.

With regard to STD/HIV, women declare themselves well informed, however they do not practice safe sex with a female partner. They often are HIV tested but unfortunately just this seems to allow them not to practice safe sex.

With regard to attitudes toward cancer we found a generally strong will to keep a healthy body and mind. This finding is confirmed by the highest mean score on the Internal Health Locus of Control dimension that denotes a woman's intention to personally take care of her health.

Significant statistical correlations between the

considered variables reveal the existence of links among attitudes towards cancer, beliefs on health control, personal life-style, and health preventive behaviors.

Health education programs that ignore lesbians or support that lesbians have sexual contact with women only may be obscuring the various sources of risk in the life of lesbians. Lesbians are an ignored population with unique health care needs. Lesbians receive fewer gynecological services than other women, but not only because more often heterosexual women must seek medical care for birth control and pregnancies. Additionally, lesbian and bisexual women's risks of HIV infections are neglected because of dangerous myths about the safety of their sexual behavior.

Studies of breast cancer, HIV seroprevalence, psychological needs of lesbian or bisexual couples, attitudes about sexuality, the transfer of STDs between women and the incidence of environmental illnesses in these groups are needed.

Finally, I hope and want to recommend that lesbians and bisexual women will be included as subjects and reviewers in all women's health initiatives and research.

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## ***Into the Post-AIDS-Era? Gay Male Identity and Health Beliefs in HIV-Positive Gay Men***

by Luca Pietrantoni

The physical toll taken by AIDS all over the world has been enormous. At the end of 1995, a cumulative total of 168,000 AIDS cases had been reported in the European countries and more than 59,000 people died of AIDS in Europe. France, Italy and Spain represent only 20% of the European population, but they account for 70% of the AIDS cases diagnosed. In Italy sex between men, as a means of transmission, accounts for one fourth of ever reported cases.

The epidemic altered life for many gay men, bisexuals, and lesbians throughout the world. Living with HIV and AIDS as with other life-threatening illnesses is a stressful human experience which requires recurrent adaptation and readjustments. Studies demonstrating differences in rates of psychiatric distress (depression, suicide, etc.) between HIV-positive and HIV-negative people are controversial. Most of them isolated some mediator variables such as coping styles, social support, personality traits, and underlined the unexpected stress management resources and psychological resilience in HIV-positive people.

### **Psychological Factors Affecting HIV/AIDS Progression**

Several cross-sectional studies examined the relationship between psychosocial distress and coping style among HIV-positive gay men. People with proactive coping skills tended to have less psychological distress than people with avoidant coping skills. Avoidant coping includes a denial of reality while proactive coping includes a seeking support and care behaviour. Dealing with homophobia and wrestling with the meaning of one's sexual orientation in terms of identity, affiliations, life goals and disclosing to others may have additional psychosocial effects in HIV-positive gay men (Peterson, 1996). Gay men with HIV benefit from peer support groups because through these interaction they receive understanding, information and friendship. In addition, they experience a revitalizing sense of purpose, efficacy and mutuality which enables them to cope more successfully with their illness (Sandstrom, 1996).

Studies indicated that issues related to sexual

orientation and gay identity are predictors for a functional coping with HIV in gay and bisexual men. A successful coming out is associated with less internalized homophobia, a non-selfblame interpretation of one's HIV status and, consequently, an affirmative view and expression of one's sexuality. Several mental health professionals documented their clinical observations of internalized homophobia as a psychological reaction to HIV or AIDS among gay men. The notification of HIV+ status may trigger a reemergence of homophobic attitudes that had been suppressed or insufficiently resolved. Empirical studies found that greater internalized homophobia, especially in HIV+ asymptomatic gay men, predict higher level of psychological distress (Wagner, 1996; Nicholson, 1990).

Recent studies suggested that issues regarding gay orientation and identity are likely to affect not only psychological distress in HIV-positive gay men but physical condition and disease progression as well. Cole, Kemeny, and Taylo (1996) compared two groups of 80 gay and bisexual men with HIV. Men concealing their sexual orientation were found progressing to advanced HIV two years sooner than men who were "out of the closet". It is well-known that psychological stress can very much impact a person's overall health; does being in the closet represent such a type of stress? Psychological inhibition theory and psychoneuroimmunology may explain the relationship between stress and physical health, but some important psychosocial variables need to be considered. It has been hypothesized that "closeted" gay men are less likely to get tested early, are less likely to "network" with the gay community and to have a support network and consequently are less likely to get treatment early or to get the most effective physicians and treatment.

### **Consequences of New Treatments**

The World AIDS Conference in Vancouver last year represented a remarkable step in the advancement of treatment of HIV infections. The development of combination therapies with protease inhibitors has revolutionized treatment and the prognosis in people with HIV and AIDS,

bringing hope where there had been little. New drug therapies are incredibly improving health in many HIV positive people, and mortality rates are remarkably decreasing all over the world. A cure is not available but AIDS can be reconceptualized as a chronic and manageable disease.

Besides medical achievements, the gay and lesbian communities are confronted with both psychological and social changes, and new issues are emerging such as a relapse in preventive behavior and safer sex maintenance in gay and bisexual men. Some gay activists claim that the AIDS crisis is over and we are entering a post-AIDS-era. AIDS organizations are finding it more difficult to raise money and AIDS activism is decreasing in number in the major AIDS organizations.

The update medical anthem "hit it hard, hit it early" provides new combination therapies to most of HIV positive people regardless of symptoms or years of infection. Therefore, the "protease revolution" has brought HIV-positive people a difficult immediacy to health care decision making. As health psychology suggests, psychological factors enter into the decision on how to use health services. Psychological factors influence the way people recognize symptoms and interpret their meaning. They influence whether their symptoms are interpreted as illness, whether the health care system is perceived as the best place to obtain treatment, what are the benefits and the costs of treatments. Patients' views of themselves (perception of vulnerability, severity of illness and a cost-benefit analysis of treatment) are important to predict patients' response to medical advice and to better conceptualize compliant behavior as a participant decision making process. For instance, during the introduction of AZT in the drug market, many activists opposed AZT regimen considered harmful and adherence rate was very low. Not only disease characteristics, individual characteristics (health beliefs, self-esteem, etc.) but other psychosocial variables (social norm, social support, relationship with health care provider, etc.) are likely to affect health seeking and compliant behaviour (Zani, 1995).

Now as the gay community is confronted with medical improvements, gay men and lesbians are entering in a sort of collective "post traumatic stress syndrome" and are beginning to look retrospectively to the AIDS epidemic observing how

AIDS transformed their communities.

Based on media reports, AIDS is under control among the middle class, who have access to the new drugs. But there are poorer and more disadvantaged communities. People with HIV will have more and more chances to evaluate and monitor their health status, deciding if and when to start therapy, when to switch therapy and which is the right drug combination. The transmission of update information and the enhancement of medical adherence are challenges that should be addressed. The motto "knowledge is power" becomes more significant as AIDS is moving from the era of 'crisis' to the era of 'complexity'.

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### **Challenges to Health Professionals**

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Health professionals working with HIV+ gay men may be more effective in targeting resources and interventions aimed at improving physical and mental health and overall quality of life if they address issues related to gay identity and involvement in supportive communities. Affirmative oriented programs should be planned to promote selfvalue and health-seeking behaviors and to enhance positive self-concepts in gay men. Some infected gay men comment a sense of isolation and rejection within their own communities. Gay community based psychoeducational interventions should be promoted to raise awareness of the difficulties gay men with HIV/AIDS experience and how the others in the community could mitigate these problems. But counteracting societal stigma about sexual orientation and sexually transmitted diseases in society is a condition for the empowerment of infected as well as uninfected gay men. Interventions, for instance, should be aimed at providing gay-affirmative counseling and services, and at reducing homophobia in the health care system.

Community empowerment can provide coping skills to individuals which enable them to face the threat or the reality of illness, encouraging self care and discouraging denial and avoidance coping strategies. "Not testing" has been a not uncommon practice among gay men and new guidelines regarding antibody testing should stress that testing earlier can lead to better management of disease progression.

Gay and lesbian communities as a whole have been affected by the AIDS epidemic. Some studies documented adverse psychological effects and elevated levels of distress among all members of

the gay and lesbian community, regardless of HIV status. Odets (1994) reported how far HIV-negative people have been affected by living in a community devastated by AIDS. Unrecognized matters of grief, guilt, anxiety, and isolation marked the experience of uninfected gay men.

Relapse prevention constitutes a challenge for all health practitioners. Safer sex education toward gay and bisexual men should be altered to take into account new information about modified HIV risks and should be enlarged to health promotion in general, considering sexually transmitted diseases prevention as well as the impact of homophobia on self-esteem and health-related beliefs and behaviors.

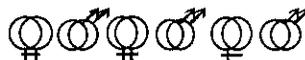
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The dynamic co-founders of ALGP Italy with their mobile phones: Anna Maria Imbarrato and Luca Pietrantoni (Picture: Melanie Steffens)

Dr. Luca Pietrantoni holds a Doctorate in Health Psychology and works at the Department of Psychology, University of Florence, Italy. In collaboration with Anna Maria Imbarrato, he is currently engaged in founding ALGP Italy.



## Meeting Dublin's Lesbian and Gay Professionals

by Ulli Biechele

An academic symposium is very important, but even more important is exchange and networking among gay and lesbian professionals working in psychology and related fields. Still in Germany, we were very curious how the community event in Dublin would turn out to be. We did not know our Irish colleagues, Ger Moane and Mark Adams, who promised in e-mails to arrange a meeting on Tuesday evening, just after the conference symposium. I want to express my

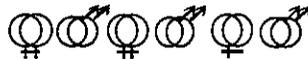
enthusiasm frankly. The evening was far beyond our expectations—not only as far as the number of present persons (about forty) is concerned but also the high level of the discussions and concentration for more than three hours. Thanks and compliments to Ger and Mark!

We were lucky that the Outhouse, a new communication centre for lesbians and gays, had just opened a few days before. So we had a very suitable environment, it felt like working and well-

being at the same time. Beforehand, we had considered a room with 25 seats big enough for the participants. By the time announced, the room was more than full, and again and again the door opened. All of us were glad that lesbian and gay psychology seemed to be an interesting enough issue to attract men and women from the United States, from France, Italy, Norway, and Germany. Most of the group however came from Ireland, as we learned in a first round of self-introductions. They were psychotherapists, psychiatrists, social workers, researchers from various backgrounds, reporters from the *Community News*, Dublin's and Ireland's lesbian and gay newspaper, etc. Everybody was interested in intensive exchange, and we decided to split the group into three sub-groups: Issues of psychotherapy, of identity, and of professional research. Discussions in each

group were disciplined as well as inspiring, bringing arguments and people together. Everybody was very pleased about the evening, and we had the impression that it may have been a crucial incentive for a future network of the colleagues in Dublin. They were also surprised about the great expertise regarding gay and lesbian issues already assembled in the city.

These blissful moments, besides the friendliness of the Irish in general, rewarded us for all our expenditures for participating in the congress. Hopefully we will have more good news soon concerning networking on the ALGP level: Christèle and her friend from Montpellier will make an effort to establish a group in France, the biggest white spot in the west of the ALGP Europe map. We wish them good luck.



## **Report on the ALGP Europe Board Meeting**

by Ulli Biechele

The traditional Board Meeting took place on July 11, 1997, in Dublin University. Present were Claudia Mühlbauer, Melanie Steffens, Ulli Biechele (Steering Group), Anna Maria Imbarrato, Luca Pietrantonì (Italy), and Mark Adams (Ireland). Present as a guest was Laurence Davis (Ireland/USA). The following is a short version of the official minutes.

Luca Pietrantonì and Anna Maria Imbarrato proudly presented the new-born Italian ALGP. Congratulations! Both were confident that they will be able to increase the number of Italian members soon. Melanie Steffens gave oral reports on the situation in the UK, Germany, the Netherlands, Sweden, and Denmark, (countries with affiliated organisations), Finland and Austria (national organisations exist, and an affiliation with ALGP Europe shall be established), Greece, France, Portugal, Spain (countries with single contact persons). Mark Adams reported on the situation in Ireland (he knows less than half a dozen gay or lesbian psychologists on the whole island). Melanie Steffens and Ulli Biechele gave an account of the activities of the Steering Group and the Editorial Board of the Newsletter. Since the Swedish group seems very unstable at present, the ALG(B)P Conference in 1998 shall not take place during Europride in Stockholm. Instead, the Dutch group will be asked to prepare the

Conference in Amsterdam during the Gay Games.

Melanie presented the financial situation. Bulk payments for 1996 are still missing from the UK, Denmark, and Germany. For 1997, none of the associations with bulk membership has paid yet. Due to this delay, no travel expenses could be refunded to the members of the Steering Group. There has been some success in raising money by advertisements from Sage and Haworth.

*With regard to the inclusion/exclusion discussion, the following resulted:*

- a) All participants agree on including bisexual members.
- b) They also unanimously agree on including members who have similar professions.
- c) Thus the name of the organization should be changed to: Association of Lesbians, Gays and Bisexuals in Psychology (ALGBP) Europe.
- d) Of course, all affiliated national organisations will remain sovereign in their inclusion/exclusion policies.

*Membership fees:*

- e) Bulk membership fees for large affiliated organizations (50 or more members) will be decreased to DM 25,- per person from 1998 on.

Items a), b), c), and e) have been mailed to the representatives of the affiliated national organisations for voting.

Mark Davis gave an account of the background of ALGP's exclusion from the board of participating associations (*see also the article "Dancing on the Edge – or: Notes on the Obscurity of Contemporary Homophobia" in this issue*).

Finally, the Steering Group announces its willingness to plan for a transfer. The prospective candidate is ALGPB UK. Since no members from the UK were present, Melanie will contact them in this matter.



## Political Activities of the Steering Group

by Ulli Biechele

The boycott of ALGP Europe at the Dublin congress proved once more that professional psychologists' associations have to discuss and elaborate their attitudes and politics towards lesbian women and gay men—both as clients and as professional members. In order to encourage this discussion, the Steering Group has intensified its public relation activities. In a survey mailed in July, the national psychological associations of all European countries are asked about political, clinical and scientific issues related to gay men and lesbians (see box). Responses are expected by the end of the year. A detailed publication is planned. Additionally, an article about ALGP Europe will be submitted to the *European Psychologist* within the next weeks.

This quarterly journal, the main platform for inter-European psychology, is edited in cooperation with the EFPPA (European Federation of Professional Psychologists' Associations). The Dublin scandal still being on everybody's mind, we are confident that this is the right time to launch such a presentation. For the 27th International Congress of Psychology in Stockholm in 2000, Melanie Steffens applied for a key-note talk and a workshop on lesbian and gay psychology. ALG(B)P Europe expressed its readiness to be included in the advisory committee, maybe in cooperation with Division 44 of the American Psychological Association (APA).

Items of the survey among European psychological associations:

- published or intended statements concerning homosexuality
- point of view concerning registered partnership for same-sex couples (as it was officially asked by the Swedish government from the Swedish Psychologists' Association)
- professional codices referring to sexual orientation conversion therapy (assisting gay men or lesbians in changing their sexual orientation)
- issues related to gay men and lesbians in the professional education of psychologists and psychotherapists
- research of psychological issues related to gay men and lesbians
- membership of openly gay or lesbian psychologists
- official sections concerning gay men and lesbians (as APA's Division 44 in the USA).



The not-so-political activities of the Steering Group

## Application/Subscription Form

- I am a psychologist or a psychology student, and I want to join ALGP Europe and receive the ALGP Europe Newsletter.
- I am neither a psychologist nor a psychology student, but I want to receive the ALGP Europe Newsletter at a price of DM 50 per year.

Please fill in this form and send it to: ALGP Europe, c/o Melanie Steffens, FB I – Psychologie, Universität Trier, Germany.

Name: \_\_\_\_\_  f  m Student:  yes  no

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Phone number including country and local access codes

Private: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation and place of employment (confidentiality guaranteed): \_\_\_\_\_

What is your professional speciality? \_\_\_\_\_

Remember to enclose a Euro-Cheque for DM 50. If paying by other means, please check:

- I have sent an international postal money order.

*Psychologists and psychology students only:*

*For the Netherlands and Germany only, check if applicable:*

- I've included no cheque since I want to join ALGP Europe via my national organisation. Send me name, address and phone no. of a contact person.

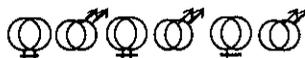
All nationalities, check if applicable:

- Please send me name, address and phone no. of the contact person for my national ALGP organisation.

**IMPORTANT!** Check one of the two following blanks:

- I grant permission to have my name, address and phone no. placed on a list to be distributed, on request, to other ALGP Europe members.
- Exclude my name from the address and phone list.

\_\_\_\_\_  
Date and signature



## New Books of Interest

Adams, H.E., Wright, L.W., & Lohr, B.A. (1996).

Is homophobia associated with homosexual arousal? *Journal of Abnormal Psychology*, 105, 440-445.

The authors investigated the role of homosexual arousal in exclusively heterosexual men who admitted negative affect toward homosexual individuals. Participants consisted of a group of homophobic men (n = 35) and a group of non-homophobic men (n = 29); they were assigned to groups on the basis of their scores on the Index of Homophobia. The men were exposed to sexually explicit erotic stimuli consisting of videotapes of heterosexual, male homosexual, and lesbian content, and changes in penile circumfer-

ence were monitored. They also completed an Aggression Questionnaire. Both groups exhibited increases in penile circumference to the heterosexual and lesbian stimuli. *Only the homophobic men showed an increase in penile erection to male homosexual stimuli.* The groups did not differ in aggression. Homophobia in men is apparently associated with homosexual arousal that the homophobic individual is either unaware of or denies.

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### Book Review

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Griffin, K. & Mulholland, L.A. (1997). *Lesbian motherhood in Europe*. London, UK: Cassell.

According to the back cover, *Lesbian motherhood in Europe* is "both a narrative account and a comprehensive reference source about lesbian parenting in Western, Central and Eastern Europe". It is divided into two very different sections. In Part One, overviews are presented about ways to get kids, family structures of lesbian families, dealing with the social environment, and the intersection of identities (as a mother and a lesbian), especially in relation to the lesbian community. Much of the information presented is based on interviews with lesbian mothers which the editors carried out all over Europe. It is interesting to read about all the different arrangements lesbian mothers made to carve out their lives in societies that offer no room for them and do not provide solutions for the problems they face. Some of the lesbian families resemble typical nuclear families, except that the father is exchanged with a co-mother. Others are as unusual as raising a kid in the house of the lesbian's mother, with her own gay twin brother being the father figure for the child. One lesbian, having to deal constantly with her daughter's jealousy towards her new lover, and vice versa, told her daughter "that I could not and would never leave her, that if I had to choose I would leave Lorella. Then I told my lover the same thing, that I could not and would never leave her, that if I had to choose I would leave Barbara." (p. 27) Differences between the women interviewed seem more striking than differences between the countries they live in, but nevertheless, the diversity of their stories makes an entertaining and thought-provoking read.

The second and much larger part of the book provides the reader with the profiles of 28 European countries, mostly written by lesbians living in those countries. The country profiles comprise a statistical overview, information on the attitudes towards lesbian mothering, on relevant legislation in a given country including insemination, adoption and fostering, as well as information on childcare and support groups. Not being very knowledgeable about these facts in different countries on the outset, when reading the different chapters I anyway suspected that their

quality varied considerably with the qualification or intention of the particular author(s). Granted that it is a very difficult task to portray the general political and social climate for a lesbian mother in a particular country, the authors' solutions to this problem seem more or less successful to me. Whereas Gro Lindstad, president of the Norwegian national organisation for Lesbian and Gay Liberation, leaves aside all speculation and restricts this part of her chapter to the results of a poll indicating that three quarters of Norwegians have strong reservations about lesbians' being foster parents or adopting children, the author of the section on Germany, Monika Wienbeck, makes a lot of statements such as "the children of lesbian mothers often experience discrimination from teachers" (p. 118). I feel strongly that such "facts", without any indication as to their sources, should be identified as personal views or assumptions.

The country profiles make me wonder which audience the book is aimed at. On the one hand, whereas many lesbian mothers and co-mothers, as well as mothers and co-mothers-to-be, will surely find the overviews in Part One interesting, I can't imagine that one wants to acquire encyclopedic knowledge about each and every one of the countries. On the other hand, researchers will probably find the information not reliable or well-organised enough. As a resource, *Lesbian motherhood in Europe* seems questionable for these very reasons. I would give credit to this pot-pourri, however, for trying to cover the whole range of European countries. The editors did not restrict themselves to Western Europe, and they succeeded in digging up lesbian mothers, lesbians, or other informed people in such countries as Russia, Latvia, or Slovenia.

Melanie C. Steffens

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### Book Review

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Davidson, P., Eadie, J., Hemmings, C., Kaloski, A., & Storr, M.J. (Ed.). (1997). *The bisexual imaginary: Representation, identity and desire*. London, UK: Cassell.

This is a collection of essays from the UK that theorises and interrogates the term 'bisexual'. What does it mean to desire both men and women? The question has been asked and answered in many different ways and for many different reasons: by Madonna, by Freud, by feminism, by Shakespeare, and more recently by the

emergent bisexual community.

The essays in *The Bisexual Imaginary* demonstrate that the ways in which bisexuality is discussed shed important light on how we make sense of our desires and how we produce identities and communities out of them. Covering variously film and sexology, photography and literature, psychoanalysis and political identity, this collection explores the different ways that bisexuality has been both represented and had its representation elided. By refusing to argue simply for a new an autonomous 'bisexual self', these essays show how desiring both men and women plays a complex role in the construction of gay, lesbian and straight identities. Bisexuality is presented as simultaneously pivotal to a sense of self and as that causes profound anxiety and tension within the self. This book offers wide ranging analysis of these concerns and makes a timely case for the centrality of bisexual theory to gender studies, lesbian and gay studies, and cultural and literary studies. The editors came together out of a group called "Bi Academic Intervention". This is a network of teachers, publishers and researchers working on the subject of bisexuality.

M.J. Storr

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### Book Review

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Symalla, T. & Walther, H. (1997). *Systemische Beratung schwuler Paare*. (Systemic Counselling with Gay Couples.) Deutsche AIDS-Hilfe e.V. (Ed.) Heidelberg, Germany: Carl-Auer-Systeme Verlag.

Are gay couples like straight couples? That is the opinion of most couple-psychotherapists, although only a minority is working with same-sex couples. Probably this results from the reservations gay men have towards straight therapists. They may have good reasons to do so. Though there is now no more tendency to try to convert homosexual clients into heterosexuals, many professionals still feel uncomfortable to deal with the love life and lifestyle of homosexuals.

Symalla and Walther, two family-therapists from Berlin, have written the first introduction about systemic counselling with gay couples. It's obvious that the content is based on the long-term practice of both authors.

They try to give an overview of the challenges gay couples are confronted with, like the delimitation of their relation system from the origin

family, the lack of bonding rituals and the increasing fear of AIDS reflected in their social network. They explore the dimensions of gay relationships including bonding-rituals like "sperm-swallowing" or "bringing-home-flowers" as well as societal conditions, role behaviors, and missing role models. The specific mixture of intensity and variety of relation systems is presented in a very differentiated way. The authors focus on conflict patterns of gay couples where the systemic approach serves as a helpful technique for the counselling practice. This is proved by a variety of cases documented in an empathetic way. Especially transcriptions of therapy-sessions are quite informative for all counsellors, working with same-sex-couples. Those counsellors who already work with the systemic approach get to know the special aspects of gay relationships; those who are working with gay clients are introduced to systemic theories.

The authors stress that they want to give impulses and assistance for the practical work. They hope that the readers will reflect, apply and develop this approach in their own style. Because of the need for help and support in gay relationships, this book may influence the practice of couple-therapists and couple-counsellors who work with clients living in a same-sex-relationship. I recommend this book not only for gay men but also for lesbian women interested in the systemic view of familiar and social backgrounds of inner conflicts. It might enable couples to work out problems in a more constructive way.

Helmuth Bühler

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### New Books and Articles

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Bepko, C. (1997). *The heart's progress: A lesbian memoir. Autobiography of a lesbian family therapist*. New York, USA: Viking.

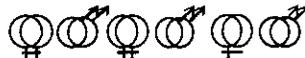
Hark, S. (1996). *Grenzen lesbischer Identitäten: Aufsätze*. (Boundaries of lesbian identities: Essays.) Berlin, Germany: Querverlag.

Herkommer, H. (1995). *Psychotherapeutisch begleitete Selbsthilfegruppe für Menschen mit HIV und AIDS: Verlauf, Prozeßanalyse, Dokumentation*. (Psychotherapeutically attended support group for people with HIV/AIDS: Process, analysis, documentation.) Offenbach am Main, Germany: Verlag 2000.

Hill, M. & Rothblum, E.D. (Ed.). (1996). *Couples therapy: Feminist perspectives*. New York, NY, USA: Harrington Park Press.

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- Kominars, S. B. (1996). *Accepting ourselves and others: A journey into recovery from addictive and compulsive behaviors for gays, lesbians, and bisexuals*. Center City, MN, USA: Hazelden.
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- Mendes-Leite, R. (1996). *Bisexualité: le dernier tabou*. Paris, France: Calmann Lévy.  
—*French study on bisexual men*.
- Pankratz, H. (1996). Report on the conference "The World of Psychotherapy" Vienna, 1996. *Lambda Nachrichten*, 18, 24-25.
- Rose, S. et al. (1996). *Bisexual horizons: Politics, histories, lives*. London, UK: Lawrence and Wishart.  
—*Collection of essays divided in four sections: theories on sexual identity; HIV/AIDS and safer sex; the bisexual movement; life stories of bisexual men and women*.
- Schemmann, F. (1996). *Ich bin HIV-positiv: Wie schwule Männer ihre Infektion verarbeiten*. Hamburg, Germany: MännerschwarmSkript.
- Survey on the ways HIV-positive homosexual men deal with their HIV-infection*.
- Schippers, J. (1996). *Homoseksuele identiteiten*. Amsterdam, The Netherlands: SAD Schorerstichting / Dissertation University of Amsterdam.  
—*Study on the individual construction of gay identities*.
- Weatherburn, P. et al. (1996). *Behaviourally bisexual men in the UK: Identifying needs for HIV prevention*. (Sigma Research, University of Portsmouth) London, UK: Health Education Authority.  
—*This report outlines the key findings of one of the largest studies ever undertaken in Great Britain to examine the sexual practices of men who have sex with both men and women. It also identifies those aspects of HIV prevention which have succeeded with behaviorally bisexual men, while highlighting areas that need further consideration in order to reduce the risk of HIV*.
- West, C. (1996). *Lesbian polyfidelity*. San Francisco, CA, USA: Booklegger Press.  
—*'Pleasure guide' for non-monogamous lesbians, based on a survey among 500 women and 25 indepth interviews*.



## NewsNewsNews

### European Congress on Lesbian and Gay Well-Being in Helsinki, Finland, 1997

The Finnish ALGP-related group STEAM organised an international conference in Helsinki in August on "Lesbian and Gay Well-Being,, in cooperation with Kristiina Institute, the womens' studies department and SETA, the Finnish lesbian and gay liberation movement. Over 60 professionals from Finland, Sweden, England and USA participated. The main purpose of the conference was to start an ongoing communication between those who do practical clinical work and those who research theoretically in postmodern and social constructionist environments. The participants were people working in the field of social welfare and counselling.

Erica Schoenberg, a lesbian psychoanalyst from the USA described the changes in her own working methods since she had started to view also psychoanalytic theories as socially con-

structed. Erica's talk was well-taken, because she spoke strongly against old psychoanalytic dogmas. Mike Ross from Texas University spoke about psychosocial aspects in AIDS medication, especially the question of compliance. Today's problem is that over a dozen pills have to be taken regularly every day. The Finnish keynote speaker was Tuija Pulkkinen, who looked at the construction of gay and lesbian identities from the viewpoint of Michel Foucault and Judith Butler. The chair of STEAM, Jussi Nissinen, talked about his work as a counsellor in network therapy based on social constructionism. Other themes were family care for HIV-positives, lesbian mothers, alternative insemination, lesbians as an invisible group in health care, and a study about the reactions of mothers to their sons' homosexuality. The STEAM conference received a bit of publicity, and we are planning to edit the conference papers as a book in English language.

Olli Ståhlström



## **Conferences & Papers & Requests**

### **Call for Submissions: Book about Long-Term Gay Male Couples**

A psychotherapist from California is looking for submissions for an anthology of stories about long term gay male relationships. The working title of the book is "When love lasts forever: Male couples on lasting love". Preferably, the couples will have been together at least 10 years though some shorter term couples may be accepted. The length of the contribution should be no more than 10 pages typed. For further information, please contact Merle Yost, MFCC, 5276 College Avenue, Oakland, CA 94618. E-Mail: merle@myost.com.

### **Call for Papers: Queer & Dis/abled**

For a Special Issue of the Journal of Gay, Lesbian, and Bisexual Identity (Guest Editors: Dawn Atkins and Catherine Marston). Original scholarly articles, clinical studies, research papers, cultural and literary theory and analysis, history, as well as personal essays, interviews, and poetry which explore the intersections of lesbian/bisexual/gay/transgendered and disabled identities can be submitted. Deadline is January 1, 1998 (a 250 word abstract only for scholarly articles). Send for submission guidelines via email to dawn-atkins@uiowa.edu or with self-addressed, stamped envelope to: Dawn Atkins & Catherine Marston, 114 MacBride Hall, Anthropology, University of Iowa, Iowa City, IA 52242, USA.

### **Midwest Bisexual Lesbian Gay Transgender College Conference**

The University of Illinois at Chicago (UIC) will host the 1998 Midwest Bisexual Lesbian Gay Transgender College Conference "Across the Fruited Plain" on February 20 to 22, 1998. Urvashi Vaid, Leslie Feinberg, and Michelangelo Signorile will be the three keynote speakers. The conference will also feature dozens of workshops, panels, etc.

Proposals (or intents-of-proposal) should be sent to: MBLGTCC-98 Program Committee, OGLBC (M/C 369), 1007 West Harrison St 4078 BSB, Chicago, IL 60607-7140, USA. E-mail: mblgcc98@uic.edu

### **5th International Bisexual Conference**

The 5th International Bisexual Conference (IBC5) will take place in Boston, Massachusetts on April 3, 4, and 5, 1998. The IBC5 conference theme is "One World, Many Faces: Unity and Diversity in Bi Communities, Queer Communities, and the World." The deadline for proposals for presentations is February 1, 1998. For further information, please contact IBC5 Call for Papers, P.O. Box 639, Cambridge MA 02140, USA; or via WWW: <http://www.biconf.org/>

### **Conference: Activism in Australia**

"Re:ACTIVATE. Lesbian, Gay, Bisexual and Transgender Activisms". 14-15 November 1997. A conference for activists, lobbyists, cultural workers, researchers, students and community members. Please contact: Australian Centre for Lesbian and Gay Research, Building H31, University of Sydney, NSW 2006, Australia. Telephone: +61-2-9351 5561, Fax: +61-2-9551 5562, E-mail: mfrances@mail.usyd.edu.au

### **Lesbian Novel Back in Print**

Northwestern University Press for Fall 1997 is reprinting Ann Allen Schockley's *LOVING HER*, ISBN 1-55553-329-9, paper \$12.95, originally published in October 1974 and long out of print. The book has a foreword by Alycee Lane (UC Santa Barbara). Richard Yarborough (UCLA), is editor of the Northeast Library of Black Literature Series.

Originally published in 1974, *LOVING HER* is the first novel by an African American author to deal explicitly with interracial lesbian love. The groundbreaking story centers on Renay, a talented black musician who is forced by pregnancy to marry the abusive, alcoholic Jerome Lee. When Jerome sells Renay's piano to finance his drinking, she leaves her destructive marriage, and flees with her young daughter to Terry, a wealthy white writer whom she met at a supper club. Terry awakens in Renay a love and sexual desire beyond her erotic imaginings. Despite the sexist, racist, and homophobic prejudices they must confront, the mutually supportive couple finds physical and emotional joy.



## ALGP: Hot News

### British Conference

The Annual Training Conference "Looking Back, Looking Forward—Queer Therapy in the 90's" will be held on Saturday 1st November 1997 at London Lighthouse, Ladbroke Grove, W11, England.

There will be a Keynote Presentation by Charles Neal (co-editor of Pink Therapy). Provisional workshop themes are: Addictions, Coming Out, Disability, Internalised Oppression, Parenting plus Results of new Queer Research Projects.

The Conference Fee is £60 including Refreshments and Lunch.

For further details and a Registration Form call Amanda Shribman on +44-181-444 1110 or write to her c/o ALGBP-UK Conference, PO Box 7534, London NW1 0ZA.

e-mail: shribman@easynet.co.uk

### German Conference

From October 31 until November 2, 1997, the fifth annual conference of VLSP (ALGP Germany) will take place, for the first time in Mannheim. The main topic is "Identity formation, identity confusion, identity politics".

Plenary keynote talks will be given by Sabine Hark, Berlin, Germany, and Henning Bech, Copenhagen, Denmark.

Also three workshop sessions with many parallel offers are scheduled. Since the German AIDS foundation *AIDS-Hilfe* is co-organisator, an especially broad variety of male gay health topics will be covered in the workshops. But also the coverage of lesbian and gay/lesbian issues is impressive.

For more information or registration please contact:

VLSP-Kongreßbüro, Postfach 240760, 68177 Mannheim, Germany. Fax: 0621-8413402.



### Addresses

If you want us to publish a contact address in your country on this page and/or in the internet, please tell us so!

Verband lesbischer Psychologinnen und schwuler Psychologen in Deutschland (VLSP), Postfach 221 330, 80 503 München, Germany, e-mail: 100653.3415@compuserve.com

Association of Lesbian and Gay Psychologists The Netherlands, Secretary: Rudolf Steinberger, P.C.Hoofdstraat 5, 1071 BL Amsterdam, The Netherlands, Phone: +31.20.6624206, Fax.: +31.20.6646.069

Association for Lesbian, Gay and Bisexual Psychologies (ALGBP) U.K., PO Box 7534, London NW1 0ZA, United Kingdom, e-mail: Dominic Davies (mother@innotts.co.uk)

### Addresses on the WWW

ALGP Europe: <http://www.psychologie.uni-trier.de:8000/projects/ALGP/algphome.html>

Finland: <http://www.dlc.fi/~jvan/steame.htm>

Germany: <http://www.psychologie.uni-trier.de:8000/projects/ALGP/VLSP/menu.htm>

The Netherlands: <http://www.psy.uva.nl/ResEdu/KP/Div/ALGP1.html>

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