Thank you, Dr. Robinson

I am a homosexual. I am a psychiatrist. I, like most of you in this room, am a member of the A.P.A., and am proud of that membership.

However, tonight, I am insofar as it is possible a we. I attempt tonight to speak for many of my fellow gay members of the A.P.A., as well as for myself. When we gather as these conventions we have somewhat glibly come to call ourselves the gay P.A., and several of us feel that it is time that real flesh and blood stand up before this organization and ask to be listened to and understood, insofar as that is possible.

I am in disguise tonight in order that I might speak freely, without conjuring up too much regard on your part about the particular who whom I happen to be. I do that mostly for your own protection. I can assure you that I could be any one of more than 200 psychiatrists registered at this convention, and the curious among you should avoid all risk of paranoia (with the implications suggested by Daniel Schreber and Robert Knight), cease attempting to figure out who I am, and listen to what I say.

... 

As psychiatrists who are homosexual, we must know our place and what we must do to be successful. If our goal is high academic appointment, a level of earning capacity equal to our fellows, or admission to a psychoanalytic institute, we must make certain that no one, in a position of power, is aware of our sexual preference and/or gender identity. There are practicing psychoanalysts among us who completed a training analysis without mentioning their homosexuality to their analysts. Those who are willing to speak out openly will do so only if they have little to lose. Then they will not be listened to. As psychiatrists who are homosexual, we must look carefully at the power which lies in our hands to
define the health of others around us. In particular, we should have clearly in our minds our own particular understanding of what it is to be a healthy homosexual in a world which sees that application as an impossible anachronism – one cannot be healthy and homosexual, they would say.

One other result of being psychiatrists who are homosexual is that we are required to be more “healthy” than our heterosexual counterparts. We have to make some sort of attempt through therapy or analysis to work our “problem” out, and many of us who make that effort are still left with a sense of failure and persistence of the “problem” out, and many of us who make that effort are still left with a sense of failure and persistence of the “problem.”

We could continue to cite examples of this sort of situation for the remainder of the night. It would be useful, however, if we could now look at the reverse. What is it like to be a homosexual who is also a psychiatrist? Most of us Gay P.A. members do not wear our badges into the Bayou Landing (a gay bar here in Dallas) or the Canal Baths. If we did, we would risk the derision of all the non-psychiatrist homosexuals. There is much negative feeling in the homosexual community towards psychiatrists, and those of us who are available are the easiest target on which the angry can vent their wrath.

Beyond that, in our own home towns, the chance are that in any gathering of homosexuals, there is likely to be any number of patients or paraprofessionals employees who might try to hurt us in the professional and/or larger community, if those communities enable them to hurt us that way.

Finally, as homosexuals who are psychiatrists, we seem to possess a unique ability to marry ourselves to institutions rather than wives or lovers. Many of us work 20 hours daily to protect institutions who would literally chew us up and spit us out if they knew, or chose to acknowledge the “truth.”
These are our feelings, and like any set of feelings, they have value only in so far as they move us toward concrete action. Here I would speak primarily to the other members of the Gay P.A. who are present tonight, although all of you are welcome to heed my words. Perhaps you can help your gay psychiatrist fiends understand what I am saying. When you are with fellow professionals who are denigrating the “faggots” the “queers,” don’t just stand idly by. Don’t give up your career either. Show a little creative ingenuity, and make sure that you let your associates know that they have a few issues which they have to think through again.

When fellow homosexuals come to you for treatment, don’t let your own problems get in your way. Develop creative ways to let the patients know that they’re alright, and then teach them everything they need to know. Refer them to other sources of information with biases different from your own, so that the homosexual will freely be able to make his own choices.

Finally, pull yourself up by your bootstraps and discover ways in which you as homosexual psychiatrists can be appropriately involved in movements which attempt to change the attitudes of both homosexuals and heterosexuals toward homosexuality. For all of us have something to lose. We may not be considered for that professorship, the analyst down the street may stop referring us his overflow, our supervisor may ask us to take a leave of absence. We are taking an even bigger risk. However, in not living fully our humanity, with all of the lessons it has to teach all the other humans around us. This is the greatest loss, our honest humanity, and that loss leads all those others around us to lose that little bit of their humanity as well. For if they were truly comfortable with their own homosexuality, then they could be comfortable with ours. We must, therefore, use our skills and wisdom to help them and us grow to be comfortable with that little piece of humanity called homosexuality.