A Fly in Shrink Soup

B4U-ACT Attends the 163rd Annual APA Convention

Color me the average, lazy citizen content to stand idly by until directly inconvenienced by this or that injustice. Prior to meriting rank in 2000 as an Illinois "Sexual Predator" for Possession of Child Pornography, the idea of investing absolute faith in any one philosophy – political or otherwise – grated against my lifelong inability to rule anything completely in or out; however, no sooner did I incur social death as a *Wikisposure* target and subsequently unemployable exile than adopt my first and last cause: My humanity – my singular certainty – contested as it is by most everybody else. In seeing to it my "death" is not in vain, I've elected to advocate for arguably the most stigmatized population on the planet, while conveniently under no pressure to protect a reputation of any surviving sort.

Recently, I joined the Board of Directors of B4U-ACT, a Maryland-based, non-profit organization funded by Baltimore Mental Health Systems, dedicated to promoting non-adversarial dialogs between mental health professionals and people who are sexually attracted to children. Given the general psychiatric consensus that pedophilia is a mental disorder, many minor-attracted people consider therapeutic consultation an act of self-betrayal, as if in seeking therapy one concedes to viewing his/her sexuality as a sickness. B4U-ACT works to collaborate with the mental health community toward the development of compassionate treatment options for minor-attracted people (including those who choose to embrace their attractions as an [albeit socially challenging] sexual orientation versus a mental illness), so MAPs seeking guidance for issues sexuality-related or otherwise may do so while remaining true to themselves.

Two months ago, B4U-ACT launched an e-mail blitz campaign challenging the process used to revise the American Psychiatric Association's Diagnostic & Statistical Manual (DSM) entry on "Pedophilia". In the APA's 163-year history, the DSM -- America's authoritative handbook on mental disorders -- has undergone four revisions, the fifth scheduled for publication in 2013. The DSM has steadily increased in size over the years as older disorders have been re-classified and new disorders assimilated. As with any "biblical text", the DSM is susceptible to misuse as an agent of social control, whereby policymakers, the criminal justice system, and other punitive bodies employ its findings to reinforce assumptions of inherent perniciousness in lesser understood social groups.

B4U-ACT questions whether the DSM-5 Sexual & Gender Identity Disorders Work Group and Subworkgroup on the Paraphilias have truly adhered to the APA's standards of scientific practice in formulating proposed revisions to the DSM's diagnostic criteria for "Pedophilia". Surely a population as socially stigmatized as MAPs deserves accurate representation in the DSM, considering "The Pedophile's" prime candidacy for misrepresentation in the public sector. Who better suited to the task of spearheading the research projects necessary to deconstructing fear-based notions of inherent pathology in "deviant" sexual minorities than the organization which, quite literally, writes the book on mental health?!

The APA supposedly values the direct involvement of stakeholders in the clinical research process and has, in the past, revised diagnostic criteria based on input from stakeholder advocacy groups (for example, declassifying "Gender Identity Disorder" as a mental illness in response to pressure from members of the LGBT community). The APA also calls for detailed examinations of diverse scientific perspectives (psychological, anthropological, sociological, biological, cross-cultural, etc.) in formulating psychiatric diagnoses; however, in the case of "Pedophilia", the DSM-5 Subworkgroup on the Paraphilias ignored these research considerations and confined themselves to studies based on individuals presently incarcerated for child-related sex crimes. Neither does sexual contact with a minor in and of itself constitute grounds for designating a convict a "pedophile," nor are self-identified MAPs currently under the jurisdiction of the criminal justice system in positions to interact honestly with researchers, seeing how blanket conformity to “deviancy control” treatment protocol at the expense of integrity is so often an inmate’s solitary ticket to freedom.

B4U-ACT is currently managing the daily circulation of fourteen letters penned by an assemblage of minor-attracted volunteers amongst eighteen DSM-5 committee members and nearly 2,000 additional recipients (media outlets, journalists, scholars, politicians, sexologists, child advocates, social justice lobbyists, and various mental health organizations) requesting the opportunity to lend the presences of law-abiding MAPs toward the completion of a DSM-5 capable of fostering fairer, more balanced public perceptions of people who are sexually attracted to children.

While B4U-ACT acknowledges the difficulties clinicians face securing research participants from so fiercely anonymous a community (understandably, few amongst this law-abiding sector are willing to stand up and be counted given the threats such declarations pose to one's personal and professional livelihoods), the organization considers direct interface a non-negotiable scientific imperative. B4U-ACT proposes to serve as a research gateway to the free-standing MAP community. I'm confident that scientific inquiries into this populace (should they ever be conducted) will verify the existence of a great many MAPs who’ve responsibly integrated sexual attractions to children into daily life without ever setting foot in a therapist’s office, but who could nevertheless profit from the support of a compassionate therapist in navigating the sexual and emotional roadblocks intrinsic to such a life.

DAY ONE

New Orleans is quite the mixed breed: A European Detroit with palm trees, America's own Bermuda Triangle, Triumph and Disaster’s disputed Jerusalem. As I approach the Morial Convention Center, host to the American Psychiatric Association's 163rd Annual Conference and, by all magnanimous appearances, wholly unaffected by Katrina, I resist sappy comparisons to this city's fledgling mantra, "We shall overcome." We locate the 1,250 B4U-ACT brochures accepted for conference distribution inside the main exhibit hall on a surprisingly prominent display marked "Important Annual Meeting Information." I exit the hall mystified the APA opted to display our literature in so central a location.

First up: The APA Presidential Address. I'm accompanied by B4U-ACT's Program Director Richard Kramer and Volunteer Coordinator Howard Kline. Both these men sport their own Ph.D.'s and have immersed themselves in MAP issues for a combined number of years exceeding my current age. While I understand these issues instinctively, I'm hardly in a position, as a college boundless newbie to sexuality controversy, to articulate them in the coming days to masters in the art of intellectual combat. I keep reminding myself that, as the subject of my own platform, I need only be myself to prove my points.

A marching band overtakes the center aisle blaring "When the Saints Go Marching In" as the APA's chief staff and assorted past presidents file onstage. I'm already two days removed from "normal" life as a professional dancer and envision a choreographed parody of the unfolding events, as is so often my reflex in times of stress. APA President Dr. Alan Schatzburg unveils the theme of the conference, "Pride in the Profession", in his opening statements, lauding the DSM-5 Committee for facilitating conference calls and face-to-face meetings with mental health advocacy groups in an effort to provide a “fair and accurate nomenclature of mental illness,” while follow-up speaker, President-Elect Carol Bernstein, emphasizes the importance of evidence-based practice and collaboration with patients. I resolve to bake a query pie out of these quotes in the days to come.

DAY TWO

Richard unpacks the fake beard he’s purchased in anticipation of the highly unlikely event local media outlets see fit to raise a stink over three pervs at a shrink expo. He’s retrieved the hundred-dollar bottle of spirit gum he FedExed a week in advance to the hotel as necessitated by airline flammable-substance restrictions, but the adhesive bleeds through the beard – at arm’s length, a noticeable fake. Howard models camouflage of his own, but the leather string tie and cowboy hat he’s chosen pull excessive focus. Rather than incite more ridicule than the three of us already face, they ditch their disguises and check their paranoia. Since my name, mug shot, criminal history, and sexual proclivities rest a mouse-click away from any Internet surfer curious enough to type my name into a search engine (courtesy of Perverted Justice), I have little left to lose braving the next three days as myself.

I scour the 100+ page line-up of conference workshops and presentations for a single session related to “Pedophilia” and find none. Richard has studied the schedule extensively and identifies a handful of workshops indirectly related to MAP issues worth attending. I wonder how the APA can possibly justify ignoring a topic of such pressing public interest. Since conference coordinators obviously made no effort to promote discussion on this topic (compensatory exhibit hall pamphlet placard notwithstanding), we resolve to make ourselves the issue whenever possible.

Despite the early hour, we arrive at the convention center in plenty of time to grab second-row seats for the "Suicide Risk Assessment Workshop". In B4U-ACT's 7-year history, Richard has been contacted by three adolescent boys who considered suicide in response to what they feared it meant to be attracted to younger boys. I, myself, carry four botched attempts to my credit.

"There's no substitute for a good psychiatric interview and empathic understanding," remarks the speaker. If a therapist manages to unearth the unspeakable issue at the core of a patient's depression and that issue happens to be “Pedophilia”, how long before empathy turns to suspicion, how long before the already-paranoid patient detects this suspicion and shuts down? What's the incentive for stigmatized sexual minorities to seek treatment for suicidal ideation from therapists bound by confidentiality laws to report the mere suspicion of illegal activity, even if the patient admits strictly to thoughts? What purpose does a doctor-patient relationship serve if a patient can't be fully disclosed without obligating a therapist to violate his confidence? Richard raises his hand and asks out loud more or less what I'm asking on paper. The speaker, while sympathetic, is visibly thrown. I'm so conscious of the unnatural shift in discussion I forget to write down his answer. "Management of risk" is all I manage. So much for a "good psychiatric interview." A suicidal MAP determined by his therapist to pose a greater risk to others than to himself is likely to land in prison long before undergoing a thorough assessment. Such is the trade-off when the public interest takes precedence over a patient's personal care. Apparently, Richard and I forgot this workshop was intended to address at-risk populations who actually deserve to live.

Next Up: "DSM-5: Progress in Research and Development". Echoes of Dr. Bernstein's high-regard for patient input. Talk of documenting case studies on video for training purposes. The Chair and Vice Chair of the DSM-5 Task Force, Drs. David Kupfer and Darrel Regier, respectively, appear to support the active involvement of stakeholders in the research process. Richard jots a question on a notepad, passing it to Howard and me for approval; Howard, meanwhile, types a question on his lap-top I squint to decipher. Both of them are thinking as they've done for years. I, on the other hand, have yet to bake that pie. The buzz-phrase quickly becomes "...measurable patient-reported outcomes...." I consider the limited correctional samples utilized to formulate the current diagnostic criteria on “Pedophilia”: "How can the DSM-5 Task Force accurately rely on patient-reported outcomes from populations who are under forensic pressures to self-edit?" I pass my question to Howard, but he’s more or less drafted the same question. Richard hands me back his paper slip. Since he broke the ice at the previous session, I interpret this gesture as a passing of the conch shell. Richard wants the Task Force to account for how the Subworkgroup on the Paraphilias is carrying out the initiative to include stakeholder groups in the research process. I consult my notes from the evening before, add a few choice ingredients, and serve the pie. Dr. Regier reports that the Task Force has corresponded with over fifty "consumer groups" since the onset of DSM-5 development, mentioning Autism and Transgender groups specifically. Just as I write "No mention of pedophilia-related consumer groups," Regier concludes, "...we've initiated plans for a conference call with a consumer group relevant to the Paraphilias and are awaiting follow-up with that group."

Whether this conference call inquiry, initiated a week earlier by Dr. Kenneth Zucker, Chair of the DSM-5 Sexual & Gender Identity Disorders Work Group, fell to B4U-ACT to stave off the hellfire and brimstone ignored advocacy groups tend to raise at conventions of this sort, or whether the DSM-5 committee is genuinely interested in discussing the possibility of ongoing, face-to-face dialogs with MAPs (as stated in our proposed agenda for such a call), I'm not sure, but we're ready to talk, regardless. Just this morning Richard left a message on Dr. Zucker's

voice mail alerting him to our presence at the conference and inviting him to meet with us while he's in town.

Howard follows up with his question about restricting pedophilia research to the sex offender management perspective. Adult sexual attraction to children and other "...disorders of high interest and low prevalence..." appear to frustrate the Task Force, given the hundreds of seemingly more common (albeit less socially provocative) disorders vying for attention. Had Regier instructed the Subworkgroup on the Paraphilias to consult non-forensic studies for diagnostic revisions, however, the committee would not only be aware that male preferential attraction to children has been estimated at roughly 5%, but that the worldwide conglomerate of sex offenders represents a mere fraction of that estimation. Sole reliance on correctional samples mistakenly leads clinicians to designate "Pedophilia" a low research priority, all the while severe stigma prevents those unspoken-for from ever speaking out.

We formally introduce ourselves to Reiger after the session, even though I'm certain he'd pegged us the second I rambled "…stakeholder groups." Regier's smiley "Pleasure to meet you" is impressive, considering the eight weeks worth of advocate spam he's stomached on B4U-ACT's account. We politely grill him for information on conference call protocol, but aside from rehashing the gory details of the LGBT community's class-action call for Zucker's resignation as an example of what he hopes to avoid in future consumer group consults, Regier indicates no certain direction such a call might lead.

Barely a breath and we find ourselves in roughly the same row of seats in a different room. I search for a face to attach to the Dr. Zucker I've been e-mail blitzing for the past two months, one of the five Chairs presenting at this "Update on the Work Groups" session. The proverbial conch shell has been replaced by a real one, a microphone stationed at the front of the middle aisle, presumably for post-presentation Q&A (as if tripping over questions isn't enough of a concern, only to have to contend with protruding feet and chair legs on the way to asking them). The Work Groups present in chronological order:

1. Eat dinner (Eating Disorders)

2. Have sex (Sexual & Gender Identity Disorders)

3. Nod off (Sleep Disorders)

4. Get nervous (Somatoform Disorders)

5. Go crazy (Psychotic Disorders)

All the calories I consume during the Eating Disorders presentation I burn writing during the Sexual & Gender Identity Disorders presentation. Zucker addresses a contention raised in past feedback sessions over the cryptic nature of the "distress" the DSM deems integral to pedophilia diagnoses: Is this "distress" implicit to the orientation or externally triggered by negative social

messages, the permanent inaccessibility of sex objects, etc.? If external, do such conflicts truly constitute disorder in the psychiatric sense? While the Chair of the Somatoform Disorders Work Group recognizes that psychosocial factors might very well exacerbate a preexisting condition, I'm not sure the Subworkgroup on the Paraphilias similarly acknowledges the impact of external stressors on pedophile behavior. Zucker discusses specific studies conducted for the purpose of developing more accurate diagnostic criteria for members of the Transgender Community, but mentions no studies for certain other "low prevalence" disorders. Of the eighteen total work groups assigned to comb the DSM's diagnostic terrain, revisions posed by the Sexual & Gender Identity Disorders Work Group garnered the second largest quantity of critical Internet feedback. I question why Zucker fails to address the scope of this feedback, then consider the sizable portion of commentary B4U-ACT alone was likely responsible for submitting. Zucker conveniently ducks out before the presentation ends. His e-mail auto-reply places him back in his Ontario office tomorrow afternoon. Perhaps he has a plane to catch. Or perhaps he's not interested in being publicly cornered by pervert advocates.

I welcome the hotel A/C after a twenty-minute trek in 90-degree heat and dress clothes. I've still got an hour's worth of e-mail blitz instructions to prepare for next day's circulation. I'm all too eager to trade slacks for shorts when Howard hatches Phase II of "How to Impose on APA Agenda." Howard takes B4U-ACT's mission statement very seriously. He's spent the last hour surveying a schedule of prime-time social functions for various societies, alumni associations, and university departments in conference attendance, highlighting a number of dinner receptions hosted by walking-distance hotels he recommends crashing so to “facilitate dialog between mental health professionals and people who are emotionally and sexually attracted to children." I try to conceive of waxing Jehovah's Witness about the plight of the pedophile to a table of tipsy eggheads I'm sure crave nothing more than awkward conversation to chase down their wine.

We follow Howard to the Hilton. I've already forgotten which reception we've elected to crash. I can't imagine winning any votes busting in on unsuspecting party-goers. My hypocrisy flows in two directions: Not only do I adamantly oppose the subtle-evangelist tactics we're one casual greeting away from waging, but, in doing so, I fail to seize a ripe, if horrifying, opportunity to champion my cause. I marvel at the man who dragged us here, a former encyclopedia salesman who quit because he was "too good" at it. Richard's not prepared to foist our agenda on these folks, either. I capitalize on his reservations by suggesting we restrict the lobbying to conference grounds, perhaps striking up conversations in the exhibit hall tomorrow afternoon with people perusing our literature table. "I look forward to watching how you purport to start those conversations," Howard says, though I haven't the slightest idea, but I at least buy myself half a day and get us the hell out of there.

Howard's disappointment is radioactive, a jittery aura I'm caught inside though he lags twenty paces behind. I ditch my shirt and tie at the hotel, then race back out with Richard to grab snacks from the corner grocery. We return to an empty room. Howard breezes in nearly three hours later with a Mickey D's Angus Mushroom & Swiss, a beaming smile, and a report on the serendipitous benefits of crashing dinner receptions. He’d spoken to the guest of honor first, who kindly invited him to sit down and have dinner after being briefed as to the nature of B4U-ACT. Two more remarkably defused chats followed (glory be to alcohol), his last with an influential mental health policy coordinator/psychiatric journal editor headquartered in B4U-ACT's own

Maryland, of all states. I hate Howard for his courage as I sink inside my incorrigible sense of decorum.

Richard checks his e-mail as I'm dozing off and reads aloud a message from Zucker, time-stamped 10:23am: "I can meet with you this afternoon at 12:30pm for one hour."

DAY THREE

A late afternoon workshop entitled "Ethical Issues in Psychiatric Practice" is the only session in today's line-up relevant to our cause. I'm spoiled by my few extra hours of sleep and alight at the prospect of returning to the hotel afterward for more, but I'm certain Howard hasn't forgotten my own suggestion as to how to spend the afternoon. A panel of psychiatric ethics specialists briefly introduce themselves, then open the floor for questions and dilemmas: Ethics of sharing sensitive client information with insurance companies. Ethics of abandoning clients to in-patient treatment programs. Ethics of treatment termination in the event of a suicide attempt. Howard raises his hand. His voice carries such he needn't waste time trudging halfway across the room to the microphone. After introducing the three of us and stating B4U-ACT's purpose in no uncertain terms, he tackles the limitations of doctor-patient confidentiality as they relate to MAPs in therapy. It's obvious to me it's obvious to everybody else he's just come out of the toy box, dragging his silent partners along with him.

A Louisiana doctor sees no dilemma at all. "We, as a society, have decided to err on the side of safety," he says. “It’s not a psychiatrist's place to determine whether there are consequences" for a patient if reporting him means a child escapes harm, he argues. A Maryland psychiatrist isn't sure mandatory reporting laws are justified and personally leans toward protecting confidentiality. Another doctor is curious how many other states beside Maryland grant psychiatrists the power of discretion in these instances. Richard points out how the flexibility afforded clinicians to determine their own reporting thresholds leads to greater uncertainty for MAP clients.

“Tension will always exist between psychiatry and the law," remarks another clinician. "That said, I don't think this dilemma is appropriate for this forum." I disagree, but say nothing. Tension will always exist between mental health professionals and minor-attracted people, so long as the doctor-patient relationship is governed by suspicion.

Howard's lap-top's sign-off tone one-ups the moderator's closing statements. A doctor sitting one row forward turns to face us: "Thank you for having the courage to talk about these issues." Another doctor a few rows back shifts down to echo his comments.

Richard wants to take a snapshot of the B4U-ACT brochure display in the exhibit hall. I'm sure Howard is anxious to visit our literature placard as well, considering the promise I inadvertently made him last night. The hall reeks of artificial happiness: Pharmaceutical banners cross-hatching the ceiling, drug company reps plugging every pill from Abilify to Zoloft – Seroquel X-R's marketing station a makeshift department store – convention booths usurped by book

publishers, hospital staff recruiters, inpatient service providers, and – what certainly no psychiatric convention is fully functional without – suicide-proof shower manufacturers.

No sooner do we stack our bags on the garbage can adjacent the literature table (a curious juxtaposition, indeed) than a passer-by browses our flier. "Well," Howard challenges, "...here's your chance...," but I'd rather hit up the Ativan distributors for some free samples. While I generally make it a point to play the hypocrite no more than twice in a twenty-four hour period, the one-man-show I put on is unfortunately not the shame-shirking, here-and-queer tearjerker Howard expects. I confess I'm too uncomfortable to follow through with my own plan, that I'm not an instigator by nature and, frankly, can't wrap my mind around the idea of striking up an unsolicited conversation about the most private, controversial aspect of my life with a complete stranger. Howard detects my terror-disguised-as-anger and backs down. My cowardice assumes "Sulking Child Posture" at the base of my throat. My breaths are forced to detour around the bloating mass.

Tonight, the Hilton is hosting receptions for two major Maryland-based university Psychiatry departments. I agree to accompany Howard and Richard so long as Howard serves as ice-breaker, and even then, I can't promise I'll be able to access the presence of mind to participate in conversations. I expect the worst in the hopes I'm pleasantly surprised.

We gamble against the presence of guest list enforcers, but there she sits manning the entryway to Reception No. 1. When she can't place our names, I surprise myself: "We're from an advocacy organization operating out of Maryland and would like to network with some of the psychiatrists here tonight."

"How did you find out about this?" she asks. "It wasn't publicly advertised." Howard whips out his "Schedule of Events" copy and shows her the circled listing. "Oh Dear," she says. "Well, then…."

We spot an older gentleman eating alone at the back of the dining hall. I feel guilty partaking in the buffet, but encroaching on him without plates in our hands would deprive Howard of his ice-breaker: "May we eat with you?" The man gestures to the available chairs. I worry how many psychiatrists we're destined to insult this evening when they inevitably ask us where we practice only to discover not only aren't we psychiatrists, but pedophile advocates who, surely in their estimation, require serious treatment. "We're not psychiatrists," Howard responds to this man's predictable inquiry.

"Congratulations!" he says.

"We're part of a non-profit group in Maryland called B4U-ACT that advocates for arguably the most stigmatized population on the planet." The man awaits Howard's potentially debatable answer. "We work to increase dialog between mental health professionals and people who are emotionally and sexually attracted to children." The man offers no argument, but instead, complains about the "Draconian" sex offender laws he must frequently take into account in his work as a forensic psychiatrist. Richard joins Howard in expounding on B4U-ACT's mission. I eat pasta and nod.

Of the ten or so psychiatrists with whom Howard shares his opinion as to "the most stigmatized population on the planet", not a single doctor disagrees. The Chair of the DSM-5 Psychosis Work Group – incidentally, a Maryland clinician – encourages us to follow up with Zucker's conference-call proposition and thanks us "for not being Christian Scientists." The Chair of the Psychiatry Department, tonight's guest of honor, works closely with some of the social workers who've attended B4U-ACT workshops. He listens compassionately as Richard discusses the mutual MHP/MAP understanding these meetings make possible. His wife, a former journalist, "interviews" Richard and Howard for twenty minutes about everything from B4U-ACT's funding sources to its proposed "Principles and Perspectives of [Therapeutic] Practice". I'm a dumb-waiter at a self-serve smorgasbord, the quintessential third wheel.

We venture one storey down to Reception No. 2, another Maryland university Psychiatry Department supper, but the crowd has thinned considerably. The Department Head greets us before we officially step inside. I grab some cheese squares as Howard commences the statement of purpose I've nearly memorized. The Chair keeps trying to finish Howard's sentences, as if to make his case for him. Perhaps somebody he knows from upstairs tipped him off to our sales pitch. Still, he sympathizes with our dilemma and accepts a B4U-ACT flier, as has every psychiatrist we – or, more precisely, Richard and Howard – have spoken to tonight (sans one geriatric psychiatrist who politely declined for obvious reasons). I suspect at least a couple fliers will be soaking up residue at the bottom of empty wine glasses before the night is over, though none of us go back for an accurate count.

We slump like deflated balloons on hotel lobby chairs, marveling at the unlikelihood of the past few hours: The consummate elephant in the room candidly, unapologetically calling attention to himself as long-perceived adversaries respond with intrigue, empathy, and encouragement. Perhaps these acts of kindness were mere formality – demonstrations of the therapist's professional reflex; perhaps not even psychiatrists are immune to the "I-love-everybody" effects of alcohol; then again, perhaps compassionate mental health services for self-identified MAPs isn't as outlandish a premise as once thought.

I can't, in best conscience, share in Howard and Richard's pride. I've danced professionally for fifteen years. I'm a willing and eager ham…so long as I'm entertaining a voluntary crowd, but the prospect of displeasing an unwitting spectator is a needle in my eyeball. I question whether I'll ever again be able to refer to myself as "B4U-ACT Communications Director" without choking on the irony. Richard and Howard assure me they'd much prefer a loyal, stone-silent companion to going this business alone. I begin to distinguish myself a bit more from the wallpaper.

DAY FOUR

We assume our customary end-row conference room seats so Howard's lap-top power cord can reach the wall outlet. I copy the session's title from the program booklet into my notebook: "Stigma: When Psychiatrists Who Have Been in Treatment Speak Out." Three well-established

doctors recount personal experiences negotiating the dual doctor-patient role, how best to manage a practice while combating mental illnesses of their own, and the subsequent struggle to prove their competencies as clinicians. I read the Q&A proposal Howard types on his lap-top. I dare not avert my eyes to chicken-scratch Howard my opinions while these panelists bare their souls, but I hesitate to approve his line of questioning. Steering the stigma issue back to MAPs as Howard seeks to do in this delicate instance, especially when speaking not as a psychiatrist, but as a self-interested advocate, threatens to belittle the presenters' hardships in a callous ploy to compete for the superior sob story.

I dread the applause following the final speaker's closing remarks. A few questions pass before Howard raises his hand. Howard is living, breathing spam as he regales B4U-ACT's mission. "Have any of you known psychiatrists who've confided in you about being sexually attracted to children and, if so, how did you handle it?" The last panelist to present, a former president of the National Alliance on Mental Illness (arguably the most influential mental health advocacy organization in the country), speaks first: "In NAMI's thirty-year history, no [psychiatrist] has ever come talking about a paraphilia." Surely society's zero-tolerance policies regarding "sexual deviants" in the workplace in no way contribute to the absence of such disclosures.

Another panelist wishes to distinguish illness from impairment: "One can manage an illness responsibly," he argues. "So long as one is getting the proper care, he has the right to practice, but let's be clear about our boundaries." As for where exactly on the mental health grid illness yields to impairment, he doesn't elaborate, but his implications ring clear: Minor-attracted clinicians are not in a position to treat patients because, as everybody knows, pedophiles can't control their behavior and are thus impaired from practicing responsible medicine.

"I don't know what I would say," the first presenter adds, "because I don't have that experience." Apparently, declaring one's estrangement to this issue and leaving it at that is more important than offering hypothetical solutions.

We b-line to NAMI's former president the second the moderator dismisses the session to inquire about any paraphilia-related stigma initiatives she's known NAMI to oversee, but as expected, NAMI limits its focus to the five "highest priority" mental health categories. She confesses NAMI is unlikely to be of help to us (perhaps, as Richard muses later, because pedophiles deserve to be stigmatized) and personally considers "low prevalence" mental health anomalies best championed by independent special interest groups like ours.

I'm baffled, once again, by the interrogatory stink bomb that is Howard Kline – able to flush out hypocrisy in a single blast. As his latest surprise attack demonstrates, a stigmatized life does not, as a rule, cultivate a spirit of universal tolerance.

Richard and Howard trek back to the exhibit hall to disseminate fliers, stone-silent sidekick in faithful tow. The majority of convention booths are occupied by market-mad service reps who save Howard the trouble of breaking the ice. A recruiter surges halfway through her staffing pitch before Howard seizes an opening to break the news that not only aren't we psychiatrists…, but the unsavory revelation meets with peaceful well-wishing. Howard even manages to nab me a free promotional Frisbee out of the deal. I round the corner and unintentionally lock eyes with

another recruiter who asks where I'm from. Richard and Howard generously proceed to the next booth so I can trip over my answer in relative privacy, but I feel a bit less guilty proselytizing to proselytizers. "We're from all over," I explain, gesturing to my receding cohorts, "but the advocacy organization we work for is based in Maryland ." I resist apologetic overtones as I relay B4U-ACT's purpose.

"Oh. Well, good luck," she says. Had she unloaded her opening line on me in some far-away bar, I might've lasted an entire drink with her.

Two women perch on stools. "No slip coffee mug grips free of charge!" one of them chirps, fanning out three black slabs in her outstretched hand. As we reach in to claim our prizes, I glimpse the byline on the banner behind her: Christian-Based Recovery Programs. "Now, you'll think of us every time you set your coffee mug down," the other woman says. Fortunately, I don't drink coffee. We thank her for serving the best interests of our stainable attire, but stop short of introducing ourselves as MAP advocates, thus dodging the salvation proposition likely to otherwise follow. Apparently, my 12-Step recollections are inaccurate. I could swear the first step to recovery went something like, "…admitting there is no God."

We quickly discover that general care psychiatric facilities (at least those represented at the conference) generally exclude MAPs from the patient population, perhaps because most MAPs who enter treatment do so under involuntary court-mandate as a result of legal violations, in quarantined facilities presided over by criminal justice officials. Why would a secretly-struggling MAP willingly seek treatment in advance of a crisis when the only services which currently exist function under forensically-based assumptions of inevitable transgression? Case in point: Butner, North Carolina 's Federal Corrections Complex, once dubbed "the most advanced prison system on Earth." Amidst the FCC's five "cutting-edge" correctional tiers lies the Sex Offender Treatment Complex, home to the adage, "You're all part of the same shit pile" (quoted to me by a former Butner inmate as one of its "counselors'" favorite fall-back lines), presently stripped down to a no-frills convention booth manned by two uniformed staffing recruiters.

We scour the 200+ vendors aligning the city-block long exhibit hall, but locate only one privately-operating sex offender treatment service provider, a residential center for juvenile offenders. We exchange literature with the program's marketing director only to discover even in the private sector the public lingo reigns. I wonder if she's cringing at the term "Minor-Attracted Person" as much as I'm cringing at the phrase "Deviant Arousal Cycle."

We retreat to an empty second-floor lounge to prepare for the conference's closing session, "Feedback on Criteria and Terminology in DSM-5". We'll likely be rehashing questions we posed on Day Two, but in front of a much larger audience, as this session is scheduled to convene in two consecutive rooms, presumably undivided to accommodate twice the average turn-out. Richard drafts a page-and-a-half summary of B4U-ACT's chief concerns regarding the proposed revisions to the DSM-5's entry on "Pedophilia," banking on the hope that the word "Feedback" in the session's title denotes some type of soapbox opportunity for audience members. Though the media has all but ignored the APA conference up to this point, Richard and Howard fear this session's prominence, as indicated by the boost in audience accommodations and the breadth of DSM-5 controversies likely to be addressed, might attract

some last-minute attention. Neither wish to ultimately live to regret ditching his disguise. I enlist myself to present B4U-ACT's case. Not only am I in the publicly disgraced position to not give a squelched livelihood about cameras, let alone owe B4U-ACT in astronomical vocal dues, but the red dress shirt I'm wearing is undoubtedly the most media savvy of the four I've donned this week. Richard times my test-read: 2:07, a rather modest run-time for a soapbox rant, considering the topic. I rehearse the summary a couple more times, careful not to confuse the text with the eight pages of Shakespeare I'm slated to recite next week for a narrative dance project.

We arrive at the designated conference hall(s) to find a meeting already in progress. Richard double checks the program booklet. We've miscalculated the time by thirty minutes. We tread briskly through one of at least twenty-five rows of empty seats. A cluster of forty or so attendees divvy out across the first ten rows. Drs. Reiger and Kupfer, Chair and Co-Chair of the DSM-5 Task Force, take turns firing multiple choice questions regarding "Criteria and Terminology in DSM-5" from dual podiums on a raised stage. I gather the calculator-like devices pock-marking the empty chairs to be electronic response cards of some sort. Sure enough, after each twenty-second answer period, a master computer tallies the total number of inputted responses for each answer choice, transmitting them in percentage format to a projector screen for brief discussion. Reiger and Kupfer then compare the results of these public polls against the results of corresponding polls conducted on DSM-5 committee members as a way to measure clinical-laboratory/clinical-field status quo uniformity.

I set my response card on the empty chair to my left. Most of these questions I'm in no personal, clinical, or educational position to justifiably answer, though occasionally questions arise concerning the stigmatizing impact of diagnostic terminology. Clinicians vote whether the negative social connotations attached to terms like "Addiction Disorder," "Personality Disorder," "Schizophrenia", and "Callous-Unemotional Disorder" outweigh their ability to adequately encapsulate a diagnosis. I sense the tireless efforts of LGBT advocates paying off in a question on whether to reclassify "Gender Identity Disorder" as "Gender Incongruence", and similarly, of Intellectual Disabilities advocates in a proposal to base the diagnostic code for such conditions on adaptive functioning considerations versus I.Q. Reiger also addresses the concerns of the Asperger's Syndrome community over the Disruptive Behaviors Disorders Work Group's proposal to subsume the term "Asperger's" into a much broader "Autism Spectrum Disorder" context. Unlike the transgender community, "Aspies" by and large don their diagnostic label as a badge of honor. When Asperger's patients turned out in large numbers to protest the removal of a term they consider so integral to their personal and social identities, community representatives "were brought in to meet face-to-face with the Work Groups," Reiger explains. "…a fascinating example of the sensitivity of our language when dealing with these patient populations." I suppose, on the flipside, I should praise the Sexual & Gender Identity Disorders Work Group for proposing to combine "Pedophilia" with "Hebephilia" (Adult Sexual Attraction to Adolescents), classified up to this point under "Paraphilia Not Otherwise Specified" to create "Pedohebephilia", cleverly enlisting a formerly non-pathologized population to help camouflage one of society's most reviled scarlet letters, all the while aiding and abetting the expansion of socially-designated perversion.

Of the 30+ multiple choice questions Reiger and Kupfer pose, only two questions tackle revisions proposed by the Sexual & Gender Identity Disorders Work Group (neither of them

related to “Pedophilia"), a rather negligent shortage considering the revisions proposed by this work group garnered the second-highest volume of critical Internet feedback out of eighteen total revision categories.

With five minutes to spare, Regier opens the floor. As usual, we’ve chosen outside aisle seats within reachable proximity to wall outlets, enabling the dozen or so attendees closest the middle aisle to flood in behind the microphone before we even have a chance to stand up. I file Richard’s summary in a notebook flap for safe-keeping and resign myself to compensating for my silence in some other, yet-to-be determined form, though I’m secretly relieved Howard’s event schedule lists no receptions for this evening as an option.

I recall the phone conversation I’d had with Michael Melsheimer, B4U-ACT’s Founder, the night before: “I hope you’ll post about the APA conference on GC,” he’d spurred from the confines of his wheelchair some several hundred miles away. “I’m very proud of you.” Hospice is having an increasingly difficult time regulating his morphine intake, but I’d managed to catch him in a lucid moment. His lungs have surmised the Emphysema up to this point much as his self-worth surmised the societal hatred that compelled him to establish B4U-ACT. Two years in Stage IV and content as ever to live unassisted, save one loyal feline and a pet oxygen tank. I’m only sorry this for-the-good-of-all shit-disturber is forced to savor the gains of his own organization vicariously through the likes of me, though the prospect of making good on his request rests my heart a bit.

I swipe my back-pack from a neighboring seat and rise to sling it over my shoulder, the blood draining from my head for the first time in four days. The dearth of publicized dinner receptions renders Richard, Howard, and I unencumbered New Orleans tourists with six hours of havoc-wreaking daylight to kill. We hatch a plan to milk a reasonably priced Cajun joint for all the gumbo and deep-fried fish we’re worth, rebels that we are. I adjust my spicy-red tie and wink at the nonexistent cameras.

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I’m indebted to the art of dance for granting me a tiny edge over most people…not in any practical sense, but in the existential thumbprint sense, so when I dwell on my life as a perennial sex offender registrant, an involuntarily outed “filthy pedo-freak”, and a secretly aspiring family man and start to disappear inside the irreconcilable paradox these conflicting interests seemingly all add up to, I can find myself, again, thriving inside this singular skill, and take pride in the value I’ve acquired serving Beauty on my knees.

Bearing the mark of a socially unacceptable sexuality and the subsequent brunt of cultural obtuseness has endowed me with another more practical, yet no less atypical, edge: A cerebral stomach calibrated to accommodate mass quantities of gray area, a capacity to vacillate between left and right extremes, listen objectively to both sides, and in some cases, reconcile differences, a superpower which functions more like a curse in a world teeming with black-and-white thinkers.

Minor-attracted people by-and-large hold their dignity and mindfulness to be self-evident; hence, the importance of direct interface with researchers similarly adept at stomaching gray, who can vouch for the harmonious convergence of sexuality and personhood in the unlikeliest of populations, and who, quite possibly, will jeopardize their professional reputations taking a stand for reason on this front, in much the same way Richard, Howard, and I jeopardized our careers (well, what's left of mine) taking a stand for the essential humanity of our community.

- *Paul Christiano,* July 2010