

Gay and Lesbian Issues and Psychology Review

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The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to LGBTQ issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual, gender and racial groups. The Review encourages the elaboration of an expansive approach to psychological research on people of a diverse range of sexual and non-gender normative groups, and publishes articles from across a range of disciplines including (but not limited to) psychology, social work, cultural studies, sociology, gender studies, politics, history and legal studies.

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EDITORIAL: QUEER HATE

CHRISTOPHER FOX

In collating this special edition I chose *queer hate* purposefully. As I argue later in the edition, homophobia does not capture the true essence of our experiences as LGBTQ people. I have a phobia of snakes; friends have phobias of spiders – we are able to learn to deal with these phobias. Yet the abuse and hate we experience in our lives is more than someone's phobia. *Queer hate* is also about encompassing the myriad of sexualities and sexual lives that are often placed on the periphery of society. Homophobia is not encompassing of these forms of sexuality. Transphobia and biphobia, although accepted terms, also suffer the same issues as homophobia. Queer hate is a more informative term. Queer as a broad and inclusive term and hate as it is more than a phobia, or a fear perpetrators have – it is hatred and intolerance.

Issues pertaining to expression of queer hate are never easily summarised. Each jurisdiction in Australia has separate laws and although there may be similarity, there is variety between states. Not all states afford the same protections. Vilification laws on sexuality vary as do the application of anti-discrimination laws. Let alone legislation protecting the rights of trans people and I can not think of, nor find, explicit mention of bisexuality – still a silent taboo within and outside our community. When we consider queer hate the issue of speech-acts is often not given the same strength as physical acts. Language is an important cultural symbol and language often forms the basis of some of the queer hate experiences we have in our lives. The old saying may state "stick and stones may break my bones" but we know that words can also hurt us. Asquith's (2004) work on heterosexual and antisemitic hate speech at-

tests to the harm and hurt caused by speech.

I am not going to cite the statistics on queer hate. I believe we know these well either through first-hand experience or through supporting the broader queer community. I do not think it our job to educate those that do not know. The question needs to be if people do not know, why don't they know? We need to use our resources more wisely and effect change so the barriers to the broader (heterosexual) community knowing the information are re-dressed.

This edition includes contributions addressing the many faces of queer hate. We have drawn from many disciplines and this reflects the need for us to understand issues from many lenses or imaginations. Willis presents his research into young lesbian, gay, bisexual and queer people and their experiences in the workplace. There is a relative lack of information in Anglo-democracy on workplace heteronormativity especially when compared to countries like Sweden and Norway who have long since begun investigating this issue.

Lesbian's experiences of the health system are documented in Dyson's article. Her work draws on Butler's (1997) concept of speakability and the lack of recognition and the use of exclusion as tools to control and manage that which is deemed unspeakable.

Rurality is the theme of the research of Gottschalk and Newton. They argue there are similar experiences between rural and urban gay men and lesbians and these experiences are different between the two groups. Rurality is also a key issue for young same-sex attracted young people.

I wrote earlier in this Editorial the strength and importance of language as a cultural symbol, and I further this argument by exploring the word homophobia. I argue in the article that although we have many new and nuanced meanings to homophobia, that for many people it is still defined *as a fear of homosexuals*, and this definition contributes to the continued queer hate we experience. Phobias are excusable, yet the hatred and intolerance we experience is far from excusable. We need to challenge, interrogate and problematise our language in order to change it.

Pitt, Couch, Croy, Mitchell and Mulcare present findings from the Tranznation project. This was one of the world's first national studies of the experiences of trans-people and was conducted in Australia and New Zealand. The experiences of trans-people in accessing health services highlights one area of queer hatred for the trans-community. Queer hatred in health services has been documented in the past for the broader community (see McNair & Thomacos, 2005; Pitts, Smith, Mitchell & Patel, 2006).

Lysenko argues that "trans-positive" psychological practice is not enough. To offer best practice in psychology we need to develop better policy and practice guidelines. Her thesis is the need for the Australian Psychological Society to be leaders in spear-heading the development of policy and guidelines. This would in some way re-dress the issues recorded by Pitts et al. in their research with the trans community.

Riggs and Patterson explore issues of transphobia and homophobia in the media. This is not an uncommon practice and we often find media perpetrating heteronormative and gender normative practices in innocuous ways. The media is a key conveyor of social norms and values and we are yet to develop a code of practice for media organisations when addressing queer issues. Riggs and Patterson use the example of public service announcements on homophobia in the USA to demon-

strate how the media can (in)advertently contribute to the ongoing queer hate.

This edition does not address the forms of hate we might find within our communities. The roles of racism, classism, misogyny and misandrogyny. We need to focus our attention on the hatred we perpetrate as well as fighting the hatred we experience. I do not sit with rose coloured glasses thinking we can *live as one*. This is not seeking a dialogue on political correctness. Political correctness is a function of those who use a divide and conquer approach. Multiculturalism is about the celebration and acceptance of diversity and it is this celebration and acceptance of diversity we need to address within our communities. To ask for acceptance of diversity we also have to show acceptance of diversity, concepts and experiences we need to explore further.

The last taboo in addressing queer hate is the idea of internalised homophobia. The supposed "self-hatred" is often individualised and pathologised and not discussed or addressed or the broader social systems in which we live. Internalised homophobia is not an individual's problem but society's problem and is a symptom of the queer hate endemic in the communities we live and work. As practitioners, activists, researchers or a combination of these roles, we do not address the social responsibility and focus on ideographic approach by teaching/counselling/supporting the individual to find ways for *them* to address the internalised homophobia. Although important, this process only re-iterates (to some degree) the personal responsibility of the individual experiencing queer hate rather than treating it as a symptom of living in a world of hatred and intolerance.

Finally, I would like to add my thanks to the review team for this edition. Putting an edition together is never easy and the reviewers play a major role and often receive little acknowledgement. As an editor of another publication and also reviewer for a number of publications I know the importance this team

of people always play. I hope this edition challenges each reader in a new way and it inspires others to examine their practice and ask how can it be improved.

Some may argue we have a responsibility to educate those around us – but when do those around us take responsibility for the intolerances in our society?

References

- Asquith, N. (2004). *In terrorem*: 'With their tanks and their bombs, and their bombs and their guns, in your head'. *Journal of Sociology*, 40, 400-416.
- Butler, J. (1997). *Excitable speech: A politics of the performative*. New York: Routledge
- Hillier, L., Turner, A., & Mitchell, A. (2005). *Writing themselves in again: 6 years on: The 2nd national report on the sexuality, health & well-being of same sex Attracted young people in Australia*. Monograph series no. 50. Melbourne: Australian Research Centre in Sex, Health & Society.
- McNair, R., & Thomacos, N. (2005). *Not yet equal: Report of the VGLRL same sex relationships survey 2005*. Melbourne: Victorian Gay and Lesbian Rights Lobby with the assistance of Gay and Lesbian Health Victoria.
- Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of GLBTI Australians*. Monograph series no. 57. Melbourne: Gay and Lesbian Health Victoria and Australian Research Centre in Sex, Health & Society.



'IT REALLY IS WATER OFF OUR BACKS': YOUNG LGBQ PEOPLE'S STRATEGIES FOR RESISTING AND REFUTING HOMONEGATIVE PRACTICES IN AUSTRALIAN WORKPLACES

PAUL WILLIS

Abstract

Homophobia has many faces in the workplace yet little attention has been given to the experiences of younger lesbian, gay, bisexual and queer-identifying (LGBQ) employees as new entrants to the labour market. This paper responds to calls for more affirming analyses of young LGBQ people by focussing on the strategies young workers exercise when responding to and refuting homonegative practices at work. Findings are presented from a qualitative investigation of how young women and men (18-26 years) manage diverse sexual identities in Australian workplaces. Data was generated from multiple methods of online interviewing, focused interviews and web-based surveys, and analysed through the constructivist grounded theory approach. Strategies communicated by young people were 1) dismissing and questioning homonegative expressions; 2) pursuing informal and formal measures for change; and, 3) seeking to educate others. Conditions that facilitate and constrain young LGBQ people in speaking back to homonegativity are discussed.

Key words: young LGBQ people, the workplace, agency, homonegativity.

Introduction

The representation of young lesbian, gay, bisexual and queer-identifying (LGBQ)¹ people in

the social sciences has wavered between invisible and hidden to a predominant focus on problem-saturated accounts (Cohler & Hammack, 2007). From the 1980s onwards, research into this identity-based group has played a vital role in bringing their sexual narratives to light. Non-heterosexual youth have reported numerous negative social and emotional outcomes that stem from living in anti-homosexual environments, from increased risks of homelessness (Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman & Hopfer, 2006) to detrimental mental health effects such as lowered self-esteem, depression and heightened levels of distress (D'Augelli, Pilkington & Hershberger 2002; Ueno, 2005). While not wishing to deny these challenges, concerns have arisen over the wider representation of young LGBQ lives in social research as primarily problematic.

The individual lives of young LGBQ people are frequently framed as risk-laden within educational, social policy and social work literature (Filax, 2006; Talburt, 2004). Savin-Williams (2005) argues that a vast amount of research on same-sex attracted youth is limited by its focus on life-difficulties, which chiefly signifies a preoccupation with what goes wrong in their lives. This singular focus has been criticised by numerous authors as conveying totalising stories of distress, damage and injury, and not sufficiently reflecting the diversity of LGBQ youth (Harwood, 2004; Talburt, 2004). This criticism raises the question of how do researchers approach the lives of young LGBQ people in a more affirming and enabling manner. This paper sets out to expand on the interactions between young LGBQ and homonegative discourse and extend recognition of their agency and resourcefulness. The primary

¹ The identity-markers *lesbian, gay, bisexual and queer* are used in accordance with the preferences of the young people who participated in the research. The majority referred to these terms when discussing how they perceived their sexuality.

aim is to illustrate young people's agency in responding to and refuting homonegative practices and expressions within the context of the workplace as a central site of human organisation, production and paid employment. A secondary aim is to examine the conditions that facilitate, and potentially constrain, the exercise of these strategies.

Background to the Research

Homophobic violence is discussed as an everyday reality for LGBQ youth in Australia across numerous social domains. The second national survey of 'same-sex attracted young people' indicates that 44% of 1,749 respondents (aged 14–21) reported experiences of verbal abuse and name-calling while 15% reported physical abuse (Hillier, Turner & Mitchell, 2005). Coping with abuse can generate acute psychosocial stressors for young LGBQ people (D'Augelli, Pilkington & Hershberger, 2002; Poteat & Espelage, 2007). It can also heighten engagement in health-impeding activities, including self-harming and suicidal behaviours (D'Augelli, Grossman, Salter, Vasey, Starks & Sinclair, 2005; Kitts, 2005); and, alcohol and other drugs misuse (D'Augelli, 2004; Ziyadeh, Prokop, Fisher, Rosario, Field, Camargo & Austin, 2007). Homophobic expressions can have subjectifying effects as violence reinforces oppressive messages about homosexuality as 'unnatural, unhealthy, evil or freakish' (Hillier et al 2005, p. 39).

Young LGBQ people frequently exercise their agency in spite of the constraints of homophobia (Miceli, 2002). Recent qualitative evidence from the UK has raised awareness of young people's resilience to bullying and homophobia and their reclaiming of pride identities (McDermott, Roen & Scourfield, 2008). Likewise, many young people develop and express an affirmative sexual identity (Hillier et al, 2005). Blackburn (2007) argues that young LGBQ people are in the strongest position to challenge homophobia when able to identify with multiple subject positions:

... only when youth can claim multiple subject positions, including but not limited to the iden-

tities of victims and agents, they can point to and name the oppressions they experience and negotiate and work against those oppressions... (p. 51).

While agency can only be exercised within limited situations, this does not diminish the possibilities for young people to resist and refute homophobic discourse (Blackburn, 2007). Discourse is in reference to the 'language practices' through which human actors interpret and act upon social reality (Healy, 2005). Blackburn's theorising of agency echoes Michel Foucault's pivotal (1988) argument that at the various points in which power is exercised, moments of resistance are ever-present across human relationships. There is no singular point of resistance against oppressive discourses but multiple possibilities of resistance (Foucault 1988, p. 123). The counter-resistance of young LGBQ people is poignantly illustrated through Hillier and Harrison's (2004) metaphor of 'finding the fault lines' and identifying the inconsistencies riddled throughout homophobic beliefs. One example is young people's capacity to reframe homophobic abuse as a wider social problem rather than an impairment of their individual self (Hillier & Harrison, 2004).

There is a paucity of research on the ways in which young people reject homophobic discourse. Likewise, scant attention is given to the experiences of young LGBQ people as new entrants to the workplace. Recent findings from Hillier et al's (2005) national survey of 'same-sex attracted young people' suggest that work-based discrimination can be a common foe (Hillier et al, 2005). Emslie's (1998) short case study of young lesbian and gay workers indicates that isolation and hiding are two barriers that prevent LGBQ youth from equal participation. Wide-scale studies from economically advantaged nations including Australia, United States and United Kingdom convey collective accounts of abuse, discrimination and harassment against queer employees (Colgan, Creegan, McKearney & Wright, 2006; Griffith & Hebl, 2002; Irwin, 1999; Ragins & Cornwell, 2003; Rostosky & Riggle,

2002; Smith & Ingram, 2004). Homophobic expressions at work can be reiterated through direct and indirect acts of discrimination (Badgett, 1996; Drydakis, 2009; Irwin, 1999), verbal, physical and sexual abuse (Asquith, 1999; Colgan et al, 2006), and the pervasive presumption of heterosexuality and silencing of non-normative sexualities (Rondahl, Inyala & Carlsson, 2007; Ward & Winstanley, 2003; Woods & Lucas, 1993).

The present research brings attention to young LGB people's encounters with homonegativity in Australian workplaces. The concept of homonegativity has been applied as a more suitable analytical lens in contrast to homophobia. Homophobia is a diffuse and multifaceted concept. While it typically denotes expressions of animosity towards homosexuality and same-sex relationships (Tomsen & Mason, 1997), it is difficult to locate a universally agreed definition. Conceptually, this term has its faults—first, by locating homophobia in the individual psyche as a clinical problem that negates responsibility, and second, by failing to recognise structural dimensions that bolster homophobic attitudes (Green, 2005; Plummer, 1999). In contrast, homonegativity signifies a collectively shared system of anti-homosexual beliefs that is produced through processes of social exchange (Russell and Bohan, 2006). Russell and Bohan (2006) depict homonegativity as a pervasive 'attitudinal fog' of socially and linguistically constructed beliefs that all social actors, regardless of sexuality, both 'receive' and 'transmit'. As a communal discourse, homonegative attitudes are always open to deconstruction and dismantling as 'it is the fog, not its ventroliquators, that needs to be addressed' (Russell and Bohan, 2006, p. 35).

Research Design and Methods

Participants and Sampling Methods

The aims of this qualitative project were to learn how young LGBQ people experience their place of employment and to examine

how organisational dynamics impact on the working lives. Adopting a purposive sampling approach (Liamputtong & Ezzy, 2005), the research was advertised through a number of recruitment sources to ensure a diverse sample across age, employment, gender and sexual identity. Recruitment sources included LGBQ and youth-related websites, youth and health service providers, and hard copy advertisements displayed in social and community venues. Potential participants were directed to a central website that outlined the purpose and methods of the project. The criteria for participation were: i) young people who were aged between 16 and 26; ii) who defined their sexuality as non-heterosexual/ not straight; and iii) who were willing to share stories from their current/ most recent or previous paid employment in a workplace setting located in Australia.

Thirty-four young people between the ages of 18 to 26 self-selected to participate in the research. Participants were located across all Australian states with no responses from the two territories (Australian Capital Territory and Northern Territory). The average age of participants was 22 with a skew towards an older population. No participants under eighteen years contacted the researcher. Their absence could reflect a reluctance of younger people to participate in a project in which they were required to 'come out' to the researcher. Likewise, there were no young people employed in trade industries or apprenticeships, suggesting more targeted recruitment methods are needed. There was an almost equal number of men (n=18) and women (n=16) and the majority of young people (n=29) identified their current residential location as 'urban'. When invited to describe their sexuality, the majority of young people referred to identity markers *lesbian, gay, bisexual or queer* or a combination of these self-descriptors. The sample had a varied range of occupational groups and industries. Ten major industries were identified from participants' stories of current or most recent employment. Table 1 (over page) outlines the number of participants in each identified industry group and

examples of current or most recent job positions within each industry.

Data Collection Methods & Analysis

Three methods were used for data collection: online interviewing (13), focused interviews (12) and web-based surveys (13). Online methods were utilised in recognition that the Internet is a prominent technology in the social and sexual lives of same-sex attracted young people (Hillier & Harrison, 2007). Interviews were facilitated through a free-to-download instant messaging program. The majority of interviews ran over two to four meetings online over the course of several hours. Focused interviews were conducted face-to-face with participants primarily located in the researcher's home-state and in some cases required several meetings to allow sufficient time to discuss their work-history in depth.

Face-to-face and online interviews were led by

a focussed, active interview approach (Holstein & Gubrium, 1995; Liamputtong & Ezzy, 2005) to generate reflections about young people's previous and current experiences of organisational cultures, relationships and practices. Interviews commenced with a broad opening statement and question that was conducive to storytelling: *'Tell me about your experiences of the workplace...What it like is as a non-hetero / not straight worker in your workplace?'* This then led into a recursive series of questions that was guided by a list of topics from a pre-prepared theme list. Themes were developed from topics prominent in the workplace literature and from two pilot interviews: an online interview with a gay-identifying volunteer and a face-to-face interview with a lesbian-identifying volunteer. Topics included in the list were *formal /informal roles, disclosure at work, perceptions of organisational cultures, significant relationships within work, relationship to members of management, and life/work balance*. The web-based survey contained open-ended questions

Table 1. Number of participants in each identified industry group and examples of current or most recent employment* within each industry

Identified work industries	Number of participants within each industry (N=34)	Examples of job positions occupied in industry
Customer service and retail	8	Car salesperson, computer salesperson, call centre consultant, sales assistant
Community, health and human services	8	Addictions counsellor, youth workers, family support workers, community project officer
Clerical administration	5	Administration assistant, library officer, insurance claims consultant
Hospitality and service work	5	Bartender, waiter, kitchen had, flight attendant, gaming attendant
Education, sport and recreation	3	Primary school teacher, swimming instructor
Manual labour and manufacturing	2	Cleaner, manufacturer
Public service	2	Legal advisor, ministerial writer
Information technologies	1	Technology interface designer

* 'Most recent employment' refers to participants who were not employed in paid work at the time of interviewing due to other life-factors such as parenting responsibilities or tertiary education.

adapted from the same list to ensure consistency across methods. This survey was uploaded onto the website with expanding text-boxes to allow sufficient space for qualitative responses. Completed surveys were sent to the researcher's email account and clarifying questions were emailed back and forth between participant and researcher to expand on original responses.

Interview transcriptions were returned to the participants for their review and approval before the transcripts were analysed thematically through the constructivist ground theory method outlined by Charmaz (2006). A series of coding techniques were applied, from open coding to theoretical coding, with the electronic aid of the computer-assisted qualitative data analysis program *NVivo7* (QSR, 2006). Coding techniques were applied following the constructivist ground theory method detailed by Charmaz (2006). This method applies the original techniques developed by Glaser and Strauss (1967) in a more open-ended and flexible approach that acknowledges the subjective presence of the researcher. The strength of this method is through its provision of clear guidelines and strategies for building analytic frameworks (Charmaz 2000, p. 511). At the same time, it allows for flexible coding and the

development of generic concepts that are always tentative and conditional (Charmaz 2000 p. 524). Findings are presented thematically to reduce likelihood of identifying participants and employers named in the data. Participants selected pseudonyms to further protect their identities.

Findings

During their working lives, the majority of young people (30) described a range of symbolic and material practices and discriminatory actions by which co-workers, managers, clients and customers attempted to exclude or alienate LGBTQ-identifying employees (see Willis, 2009). Symbolic practices were indirect and implicit expressions and practices that repeatedly reinforced the normalcy and 'taken-for-grantedness' of heterosexuality. Material practices were direct acts of violence perpetrated against young people because of their sexuality. Discriminatory experiences were more formalised actions executed through organisational procedures by people in senior and managerial roles. Table 2 provides a summary of the homonegative expressions encountered by young people in their workplaces.

Table 2. Three most prevalent forms of homonegativity encountered and described by young LGBTQ people in the workplace (N=30)

Homonegative expressions in the workplace	Description and number of participants reporting each practice.
Symbolic practices	Reinforcing and consolidating heterosexual norms (6) Expressions of discomfort and disapproval towards LGBTQ identities (3) Presumption of heterosexuality by staff and service users (4) Sexual identities questioned by staff and service users (6) Expressions of homonegative humour to group audiences (6) Witnessing homonegative expressions and espoused beliefs (20)
Material practices	Physical assault and bullying from co-workers (1) Verbal abuse and harassment (9) Public vilification in local media (1) Sexual harassment from members of management (2)
Discriminatory practices	Repeated criticism of work-performance (2) Unfair dismissal (3) Refusal of leave provisions (1)

In spite of these oppressive encounters, participants did not perceive themselves as powerless and neither did they passively tolerate these hostile practices. The young people who had been targets of material violence and discrimination secured later employment, established new work-relationships and found confidence in discussing their sexual identities and relationships at work. None of these young people were thwarted in the continuation of their work-lives. Participants deployed numerous strategies for counter-acting, questioning, and taking action against homonegativity. The three strategies presented below demonstrate the ways in which participants actively resisted the vilifying logic of homonegative actions, beliefs and expressions.

1. Dismissing and questioning homonegative comments

Dismissing and questioning the homonegative comments voiced by others in the workplace were strategies exercised by sixteen (16) participants. In the main part, these young people perceived homonegative sentiments and stereotypes as archaic, illogical and dispensable. Fundamentalist religious convictions were the most apparent and insidious set of beliefs spoken aloud in participants' interactions with other staff members, customers and clients. Three (3) young women discussed how they had dismissed the religious opinions of moral condemnation voiced by co-workers from Christian and Muslim fundamentalist backgrounds alike. Participants were not only familiar with these fundamentalist arguments but also the lack of logic contained within these belief statements. From Bubble's perspective (19 years), these arguments lacked both insight and logic:

I don't know, it seems to me if people would actually think 'Is there anything actually wrong with this?' then logic should say that you come to the conclusion that it [homosexual relationships] is ok, there's nothing wrong with it. But people are still coming to the conclusion that it's weird and freaky and wrong—which has no brain!

[laughs]. Because I have this dogmatic view that it's just ok, there's nothing wrong with it! (Bubbles)

In this statement, Bubbles deploys a similar alienating language as her co-workers as a means of undermining their homonegative beliefs as 'weird' and 'freaky'.

Five participants had publicly questioned the homonegative comments of other staff members, chiefly in third person and without directly referring to their sexuality. Trent (21 years) was an exception to this rule. While employed at a chemical warehouse, Trent had worked hard at challenging the stereotypical beliefs voiced by his male co-workers about gay men:

... Normally I just bring the point up, 'Well am I like that?' And of course they say 'No but you're different', and normally I just respond with 'Exactly, that was one gay person - not all' and they normally move on then. But you know you might not have stopped them believing it, but you have made them think a bit ... that's all you can do, challenge the stereotypes in a hope that sense kicks in. (Trent)

Some participants shared their strategy of gently questioning the prejudiced beliefs of others without identifying their own sexual desires. This provided a limited degree of protection from potential abuse. Aiden (21 years) had questioned the homonegative and offensive comments voiced by other people employed at the same restaurant:

If I do decide to say something I might say things like, 'Easy does it!', 'That's a bit much, isn't it?', 'Is using that word necessary?', 'They're just like everyone else you know?', 'Who cares man? We're all human' etc... Obviously I wouldn't say something like that to someone who would be likely to reply 'What, are you a poof too?' or 'What are you, some kind of poofa?', but rather someone who is 'educatable' or at least borderline, I guess. (Aiden)

This is a precarious scenario for young people in which questions can quickly arise about their sexual subjectivity; this ever-present ten-

sion is particularly acute in working with children. Three young people had verbally challenged the derogatory use of the term 'gay' by children, adolescents and co-workers alike. Ingrid (23 years) shared the various strategies used to highlight to her school students the absurdity of referring to people and objects as 'gay':

...you can joke with them and say 'Is that chair attracted to the other one beside it? Is that what you mean?' or make them stand up in front of the class and read the dictionary definition [of 'gay'], but you know at the same time it's still difficult, mainly because if there's other kids in my class that identify as gay or as non-heterosexual in general how are they going to feel? (Ingrid)

These strategies are noteworthy as they illustrate how, on an introspective level, young people refuse to accept the homonegative beliefs of others and, on an interpersonal level, how young people refuse to accept these belief-statements as taken-for-granted.

2. Taking action through informal and formal strategies

In these stories, participants elaborated on their attempts to take action against the homonegative expressions of others through informal and formal strategies of change. Informal strategies involved directly retaliating against the homonegative actions of others. More formal strategies included contacting the Head Office to lodge a complaint. On an informal basis, Pearson (22 years) elaborated on the quick-witted means by which flight attendant staff sought revenge against verbally abusive passengers on board their flights:

It really is water off our backs—"It's our plane, and it's not on" is a common catchcry amongst crew! Crews are generally very protective of each other, and anything we can't sort out quick wittedly amongst us, will be sorted out by other means... revenge is very much gained, usually by pointing problem passengers out to customs supervisors, who take a much larger interest in the person than they would probably be expecting! (Pearson)

In these situations, Pearson had the protection and support of his fellow crewmembers around him; very few participants had access to the same level of collegial support.

One young person, Peggie, discussed how she had pursued both informal and formal action through two separate workplaces on her own. On an informal level, Peggie had fiercely argued with her 'sleazy' manager about his sexually inappropriate behaviour and homophobic language at the bookstore. She had also physically retaliated against his unwelcome sexualised behaviour:

... [general manager] he was really a sleaze, you know, and even at our Christmas dinner I went and had a few drinks and he kept coming up and he thought he had the right to come up and try and touch me and you know, ah he was just a friggin' tosser... I'd hit him [Laugh] I did that night anyway—right across the face. (Peggie)

On a formal level, Peggie had later raised her concerns about her manager's abusive treatment through a resignation letter directed to the company's Head Office. After leaving the bookstore, she felt immensely satisfied when she received recognition for her letter. This had been an affirming experience for Peggie in which the victimisation she had experienced was validated by other people from the same company and in higher positions of authority:

... I was very happy, very happy because it just goes to show it's not in your head and you're not pretending that someone is victimising you or you're not being victimised by someone, you know, he was just a bad person. (Peggie)

Peggie's comments resonate with Blackburn's (2007) position that young people are most empowered when in a dual position to recognise ill-treatment from others and the effect is has on them *and* to feel enabled to take action against abusive conduct.

Vacating employment was also a formal, and indeed irreversible, change chosen by five (5) young people who had resigned when their former workplaces became sites of social ex-

clusion and discrimination. Nick (18 years) eventually had enough of working at a computer sales store and decided he no longer wished to endure the constant bullying he had received from older male staff members and their 'foul' language: 'I felt like walking out all the time but I couldn't coz my job was hanging on by a thread. Eventually I decided I didn't need that kind of stress and I quit coz I didn't really need the job'. These actions do not explicitly illustrate young people speaking back to homonegativity. However, these experiences are still worth acknowledging because they demonstrate how young people refuse to participate in oppressive work-relationships. Resigning can be a powerful means of exercising control over alienating circumstances.

It was not always realistic to speak out against homoengative practices within organisational procedures, particularly when experiencing abusive or discriminatory treatment from people in management. Equally, no one had pursued complaints through external legal bodies such as equal opportunity commissions, though at least ten (10) participants communicated their awareness of workplace discrimination and harassment as unlawful. Hillier et al's (2005) national research indicates that young LGBQ people are least likely to disclose to and seek support from 'professionals' as opposed to friends and family members. In relation to the present research, this may also preclude young people from seeking support from professionals such as equal opportunity officers.

3. Educating others within censored boundaries

These stories depict the experiences of participants seeking to educate other staff members about LGBQ lives, communities and relationships as well as advocating for sexual identity-related issues in the workplace. Part of the purpose of this strategy was to dismantle the presumption of heterosexuality. This was the most popular response with 10 participants, who discussed in detail their attempts to

'enlighten' others. The majority of these young people had connected with others in the workplace and disclosed their sexual identity before embarking on this process of awareness raising. Sharing supportive relationships assisted them in their educative conversations without necessarily threatening their established work-relationships. Through conversations at work, Kat (21 years) had sought to push the boundaries of what her co-workers perceived as morally acceptable and unacceptable:

... holding hands is okay, well then what about kissing in public, de facto relationships are okay, well then what about children, normal sex is okay, well then what about dildos, it's okay to talk about it in high school, well why not primary school etc... That said I will only push people's boundaries and sometimes their buttons in environments and situations where I feel safe enough to do so... (Kat)

This process of 'pushing the boundaries' could only be safely facilitated in work-relationships that were conducive to these conversations. Some participants acted as queer mentors to their co-workers, enlightening others about the diverse expressions of LGBQ sexualities through more factual-based information which participants discussed as reflective of their social reality. Sam had sought to correct a work colleague about the number of queer residents in their rural community:

One of the other ladies that works in this same building, said why would you want to start a gay chat room in [rural town]... there would be hardly any of 'those' people here, so I quickly informed her that I was, and if the stats say that one in 10 people are gay there is a huge possibility that [rural town's] population would be the same. (Sam)

Two participants had facilitated the provision of queer-related resources at work once they had received some indication of support. For instance, Alex (21 years) had campaigned for the inclusion of more lesbian and gay materials in her library. While feeling unable to speak about her girlfriend at work, this level of invisibility was not immobilising. In contrast,

some participants directly referred to their sexual identities and life-experiences as a source of experiential knowledge and a catalyst for change. However, there were restricted conditions through which these strategies could be exercised.

The majority of awareness-raising discussions occurred within censored and socially 'acceptable' boundaries. In each of these accounts, except for Kat's, awareness-raising conversations focused on couple-based relationships, managing same-sex households and the estimated population of queer citizens (or, validity through numbers). In particular, three participants had worked hard to 'prove' their sense of similarity as just 'ordinary' colleagues who also happened to be not straight. For Peggie, this meant emphasising to an older male colleague the ordinariness of domestic routines shared with her girlfriend:

... One of my managers, he's got a footballing background, he's very much a bloke... When I first started working there he used to ask me actually genuine questions about the gay community and what everyone did and what it was like, and I'd just tell him we do normal stuff, we [partner and I] have a house to run, and you've got to do your laundry and dishes and stuff like that, you know, really just domestic sort of stuff...(Peggie)

For several gay-identifying men, including Trent and Moskoe, seeking acceptance and understanding from co-workers required distancing themselves from gender variant behaviours:

you hear stories about the guys' [at work] weekends out and that a 'poof' with a limp wrist and no masculinity at all trying to hit on them and how uncomfortable it made them... But then they look at me and they don't see the gay people that they have in their mind, I'm just a guy who respects them so in turn most of the time they respect me. (Trent)

Within these reflections, participants conflated deviance from gender normative behaviours with homosexuality; an association they wished to avoid in maintaining the respect of

their co-workers. Likewise, participants relied on normative depictions of sexual and intimate life outside of work. Conversations rarely strayed into the more intricate fields of sexual pleasures, activities and fantasies. As informal 'educators', young LGBTQ people are under pressure to present themselves as 'good' gays and lesbians within normative understandings of intimate relationships. While these conversations may not trouble non-normative ideas about sexuality or gender, success may lie in simply making these environments safe spaces for young workers.

Discussion: Counter-Resistance to Homonegative Practices at Work

This paper has illustrated how young people circumvent homonegative adversity at work and reject demoralising messages about LGBTQ identities. Despite their encounters with homonegative practices, young people were not deterred from responding to homonegative expressions and actions. Participants recounted multiple strategies, including questioning homonegative beliefs, taking informal and formal action and attempting to educate others. These strategies are significant for two reasons. First, in response to the critique of other authors on the limited representation of LGBTQ youth in research and policy (Harwood, 2004; Rofes, 2004; Russell et al, 2000; Savin-Williams, 2005; Talburt, 2004), these findings illustrate how young people are simultaneously positioned as agents of change as well as victims of homonegative practices. This extends appreciation for the resilience of young LGBTQ people against stressful life-events and affirms what Savin-Williams' (2005) discusses as the capacity of young people to circumvent 'adversity and health-damaging behaviours' (p. 183).

Second, this discussion highlights that homonegative workplaces can be experienced as enabling as well as constraining environments. Encountering homonegative expressions and actions in their workplaces mobilised young people to exercise a range of strategies geared towards resistance and change. This is

consistent with Foucault's description of power networks as always open to contestation in human relationships (Foucault, 1988). Young people are never located in positions of complete powerlessness but can also feel enabled in their encounters with homonegative expressions and actions (Russell & Bohan, 2006). Equally, young workers had the capacity to question the assumed rationality and logic of homonegative statements. This reinforces Hillier and Harrison's (2004) discussion of the ways in which same-sex attracted young people locate the 'fault lines' in oppressive discourse.

Strategies for change occurred under limited conditions, such as the reassurance of pre-established relationships or by discussing sexuality within censored margins. It is difficult to pinpoint how effective these strategies may be in facilitating broader change in oppressive work-cultures. Arguably, it should not be the sole responsibility of non-heterosexual employees to initiate this systemic change. As homonegativity is constructed and circulated in the social domain, it is a community responsibility to oppose its dehumanising effects (Russell & Bohan, 2006). This raises questions for future research on the role of non-LGBQ identifying employees and managers play in deconstructing homonegative discourse and how this role is shared and exercised with LGBQ employees. Additional research may shed light on how censored conditions are sustained (and, more importantly, how they might be subverted) across work-relationships.

The findings from this qualitative study are limited in scope and generalisability and therefore not readily transferable to other organisational contexts. Further, this research has relied on a self-selected sample that is diverse in gender representation and occupation but contains gaps in illustrating the work-experiences of young people in trade industries. Bearing these limitations in mind, these findings do attune social researchers, vocational counsellors and youth workers to the challenges young LGBQ people may encounter

during early participation in the labour market. This discussion also garners increased recognition for the limitations, breaks and fissures embedded within homonegative discourse and the capacity of young people to transcend its injurious effects.

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References

- Asquith, N. (1999). Sexuality at work: A study of lesbians' workplace experiences. *New Zealand Journal of Industrial Relations*, 24 (1), 1-19.
- Badgett, M. V. L. (1996). Employment and sexual orientation: Disclosure and discrimination in the workplace. *Journal of Gay and Lesbian Social Services*, 4(4), 29-52.
- Blackburn, M. (2007). The experiencing, negotiation, breaking, and remaking of gender rules and regulations by queer youth. *Journal of Gay and Lesbian Issues in Education*, 4(2), 33-54.
- Charmaz, K. (2006). *Constructing grounded theory - A practical guide through qualitative analysis*. London: Sage Publications.
- Cohler, B. J., & Hammack, P. L. (2007). The psychological world of the gay teenager: Social change, narrative and "normality". *Journal of Youth and Adolescence*, 36(1), 47-59.
- Colgan, F., Creegan, C., McKearney, A., & Wright, T. (2006). *Lesbian, gay and bisexual workers - Equality, diversity and inclusion in the workplace. A qualitative research study*. London: Comparative Organisation and Equality Research Centre (COERC), London Metropolitan University.
- D'Augelli, A. R. (2004). High tobacco use among lesbian, gay, and bisexual youth - Mounting evidence about a hidden population's health risk behaviour. *Archives of Pediatrics & Adolescent Medicine*, 158(4), 309-310.
- D'Augelli, A. R., Grossman, A. H., Salter, N. P.,

- Vasey, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behaviour, 35*(6), 646-660.
- D'Augelli, A. R., & Grossman, A. H. (2006). Researching lesbian, gay, and bisexual youth: Conceptual, practical, and ethical considerations. *Journal of Gay and Lesbian Issues in Education, 3*(213), 35-56.
- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly, 17* (2), 148-167.
- Drydakis, N. (2009). Sexual orientation discrimination in the labour market. *Labour Economics, 16* (4), 364-372.
- Emslie, M. (1998). "Paying for an identity": Issues facing young gay people in the workplace. In J. Bessant, & Cook, S. (Ed.), *Against the Odds: Young people and work* (pp. 159-168). Hobart: ACYS.
- Filax, G. (2006). *Queer youth in the province of the "severely normal"* Vancouver: UBC Press.
- Foucault, M. (1988). Power and sex. In L. D. Kritzman (Ed.), *Michel Foucault: Politics, philosophy and culture: Interviews and other writings 1977-1984* (pp. 110-124). New York: Routledge.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Green, B. C. (2005). Homosexual signification: A moral construct in social contexts. *Journal of Homosexuality, 49*(2), 119-134.
- Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: "Coming out" at work. *Journal of Applied Psychology, 87*(6), 1191-1199.
- Harwood, V. (2004). *Telling truths: Wounded truths and the activity of truth telling. Discourse: studies in the cultural politics of education, 25*(4), 467-476.
- Healy, K. (2005). *Social work theories in context: Creating frameworks for practice*. Houndmills: Palgrave Macmillan.
- Hillier, L., & Harrison, L. (2004). Homophobia and the production of shame: Young people and same sex attraction. *Culture, Health & Sexuality, 6*(1), 79-94.
- Hillier, L., Turner, A. & Mitchell, A. (2005). *Writing themselves in again: 6 years on, The 2nd national report on the sexuality, health & well-being of same sex attracted young people in Australia*. Melbourne: Australian Research Centre in Sex, Health and Society (ARCSHS), Faculty of Health Sciences, La Trobe University.
- Hillier, L., & Harrison, L. (2007). Building realities less limited than their own: Young people practising same-sex attraction on the internet. *Sexualities, 10*(1), 82-100.
- Holstein, J. A., & Gubrium, J. F. (1995). *The active interview* (Vol. 37). Thousand Oaks: Sage Publications.
- Irwin, J. (1999). *The pink ceiling is too low*. Sydney: Australian Centre for Lesbian and Gay Research, University of Sydney.
- Kitts, R. L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence, 40*(159), 621-628.
- Liamputtong, P., & Ezzy, D. (2005). *Qualitative research methods* (2nd ed.). South Melbourne: Oxford University Press.
- McDermott, E., Roen, K. & Scourfield, J. (2008). 'Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours'. *Culture, Health and Sexuality, 10*(8), pp. 815-829.
- Miceli, M. S. (2002). Gay, lesbian and bisexual youth. In D. Richardson & S. Seidman (Eds.), *Handbook of lesbian and gay studies* (pp. 199-214). London: Sage Publications.
- Plummer, D. C. (1999). *One of the boys - Masculinity, homophobia and modern manhood*. New York: Harrington Park Press.
- Poteat, V. P., & Espelage, D. L. (2007). Predicting psychosocial consequences of homophobic victimization in middle school students. *Journal of Early Adolescence, 27*(2), 175-191.
- Ragins, B. R., Cornwell, J.M. & Miller, J.S. (2003). Heterosexism in the workplace: Does race and gender matter? *Group and Organisation Management, 28*(1), 45-74.
- Rofes, E. (2004). Martyr-Target-Victim: Interrogating narratives of persecution and suffering among queer youth. In M. L. Rasmussen, E. Rofes & S. Talburt (Eds.), *Youth and*

- sexualities: Pleasure, subversion, and insubordination in and out of schools* (pp. 41-62). New York: Palgrave Macmillan.
- Rondahl, G., Innala, S., & Carlsson, M. (2007). To hide or not to hide, that is the question! Lesbians and gay men describe experiences from nursing work environment. *Journal of Homosexuality*, 52(3-4), 211-233.
- Rostosky, S. S., & Riggle, E. D. B. (2002). "Out" at work: The relation of actor and partner workplace policy and internalized homophobia to disclosure status. *Journal of Counseling Psychology*, 49(4), 411-419.
- Russell, G. M., Bohan, J.S. & Lilly, D. (2000). Queer youth: Old stories, new stories. In S. L. Jones (Ed.), *A Sea of stories: The shaping power of narrative in gay and lesbian cultures* (pp. 69-92). New York: Harrington Park Press.
- Russell, G. M., & Bohan, J. S. (2006). The case of internalized homophobia - Theory and/as practice. *Theory & Psychology*, 16(3), 343-366.
- Savin-Williams, R. C. (2005). *The new gay teenager*. Cambridge: Harvard University Press.
- Smith, N. G., & Ingram, K. M. (2004). Workplace heterosexism and adjustment among lesbian, gay, and bisexual individuals: The role of unsupportive social interactions. *Journal of Counseling Psychology*, 51(1), 57-67.
- Talbert, S. (2004). Intelligibility and narrating queer youth. In M. L. Rasmussen, E. Rofes & S. Talbert (Eds.), *Youth and sexualities - Pleasure, subversion and insubordination in and out of schools* (pp. 17-40). New York: Palgrave Macmillan.
- Tomsen, S., & Mason, G. (1997). Introduction. In G. Mason & S. Tomsen (Eds.), *Homophobic violence* (pp. vii-xi). Sydney: Hawkins Press.
- Ueno, K. (2005). Sexual orientation and psychological distress in adolescence - Examining interpersonal stressors and social support processes. *Social Psychology Quarterly*, 68(3), 258-277.
- Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D. N., Garcia, J. T., Hoffman, A., et al. (2006). Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare*, 151-170.
- Ward, J., & Winstanley, D. (2003). The absent presence: Negative space within discourse and the construction of minority sexual identity in the workplace. *Human Relations*, 56(10), 1255-1280.
- Woods, J. D., & Lucas, J. H. (1993). *The Corporate closet: The professional lives of gay men in America*. New York: The Free Press.
- Willis, P. (2009). From exclusion to inclusion: Young queer workers' negotiations of sexually exclusive and inclusive spaces in Australian workplaces. *Journal of Youth Studies*, 12(6), 629-651.
- Ziyadeh, N. J., Prokop, L. A., Fisher, L. B., Rosario, M., Field, A. E., Camargo, C. A., et al. (2007). Sexual orientation, gender and alcohol use in a cohort study of US adolescent girls and boys. *Drug and Alcohol Dependence* 87(2-3), 119-130.



LESBIAN EXCLUSION: 'I DIDN'T LEARN IT IN A COGNISANT SENSE, I ABSORBED IT THROUGH MY SKIN'

SUZANNE DYSON

Abstract

This article explores the ways in which a group of women in a study about lesbian health negotiated their sexual identity over time. This occurred through experiences of exclusion, being rendered unrecognisable as lesbian subjects and by embodying normalising and homophobic discourses that produce lesbianism as deviant. Many of the experiences related by the women happened early in their lives, but the impact remained with them in the present. These experiences affect the ways in which they negotiated the health care system and their own sexual subjectivity. The paper draws on the work of queer theorist Judith Butler in relation to survivable subjects, intelligible genders and domains of speakability. It concludes by drawing attention to the implications for this in clinical practice.

Key Words: Lesbian identity, recognition, subjectivity, exclusion, speakability, Butler

Introduction

This paper draws on qualitative doctoral research carried out between 2001 and 2006 that sought to understand how a group of lesbians from the state of Victoria, Australia, produced and managed their own health, and to understand their interactions with health-care providers. Lesbian health discourse has tended to focus on lesbian invisibility in health services being responsible for poor service provision and less than optimal health outcomes for many non-heterosexual women. Nineteen women were interviewed to understand the ways in which discourses about lesbianism and constructions of the lesbian health field inflected the ways in which lesbians construct and manage their own health, and how lesbians position themselves as they

negotiated clinical spaces. Ethics approval was obtained from the Human Ethics Committee at La Trobe University to conduct this research.

While the women in this project had no problem identifying with lesbians as a group, a minority actually claimed a lesbian identity, preferring instead to identify as dyke, queer and gay, or to refuse identity altogether. Few saw themselves as invisible. They managed their interactions with health care providers (including counsellors) strategically, making a choice to come out or remain silent about their sexuality depending on whether they judged the provider to be trustworthy and conditions to be safe.

One of the questions I asked in interviews was about how participants first learned that there might be something wrong with their feelings of attraction or desire for other women. Three themes emerged – lack of recognition, exclusion, and embodied knowledge.

Being out or passing are both options for sexual minorities, unless they choose to be visible, lesbians can go unrecognised. Butler (1997) raised the issue of "survivable subjects":

One 'exists' not only by virtue of being recognised, but, in a prior sense by being recognisable. The terms that facilitate recognition are themselves conventional, often through exclusion and violence, the linguistic conditions of survivable subjects (p. 5).

Stereotypes, assumptions and representations of lesbians transgressing gender norms can operate to shape the lesbian sexual subject by limiting what is acceptable feminine appearance and behaviour. Regardless of the time, acceptable expressions of sexuality appear to be inextricably linked with the limits of nor-

malised femininity and gender roles, and the threat of transgressing these norms also functions to regulate homoerotic attraction and desire. In relation to this Butler (1990) introduced the concept of 'intelligible genders':

'Intelligible' genders are those, which in some sense institute and maintain relations of coherence and continuity among sex, gender, sexual practice and desire ... certain kinds of 'identities' cannot 'exist' – that is, those in which gender does not follow sex and those whose practices of desire do not 'follow' from either sex or gender (p. 17).

Butler also argued that subjects who transgress the limits of normative gender are constructed through exclusion, because they fail to conform to unspoken normative requirements. These can be seen as hegemonic, in that they constitute a common, meaningful material framework within the social order (Binford 1998).

For the women in this study it was often the thoughtless words and immature teasing that were most powerful in regulating their behaviour and suppressing subjectivities. The outcomes the women in this study ranged from depression to concealment, and even suicidal ideation.

Recognition

The stereotype of the mannish lesbian has a long history of functioning to limit the boundaries of acceptable gender and sexual expression for women. Colleen (64) and Jenny (32), while being a generation apart in age, both identified this stereotype as having an impact on them as sexual beings.

Colleen's mother's disapproval of women who transgressed gender norms played a key role in Colleen's perception of her own sexuality well into her adulthood. Colleen's mother was vocal in her disapproval of women wearing what she saw as 'masculine' clothes. I asked if there was ever a time in her life when she had

discussed sexuality with her mother, to which she replied:

Oh, no, no, she didn't approve because, you know, we used to go and watch the tennis and I wanted Navratilova's autograph. I did get it, but [mother] said to me, oh, you're not going after that man, are you? So I said, oh, mum, you just don't like sport, and she didn't, you know. That's all she said about it. She didn't approve of her. She thought that was sort of too mannish.

The presence of Navratilova as a high-profile lesbian and a strong muscular woman became a focus for her mother's disapproval of what she saw as masculine women. This appears to have been connected with a perception of a deviant performance of gender/sexuality and Navratilova was constituted by Colleen's mother as not 'existing' as a woman (as described by Butler above).

One possible way of viewing Colleen's mother's disapproval of women wearing slacks is as an effect of her generation, in which women were less likely to wear pants. However, the association between lesbianism and masculinity also affected Jenny (32) who was half Colleen's age. Jenny related how, when she was a younger woman, her mother had communicated her disapproval about lesbians:

Lesbians ... the visible ones that I saw would be the ones that my mum would be quite horrified with. [She would say] 'that Martina Navratilova, she's really butch [laughter] and she looks like a man'. And so lesbians to me were people who wore steel cap boots and short hair and leather jackets.

It was apparent that for both of these parents the emergence of Navratilova served as an archetype of the mannish woman (read lesbian). She thus provided an exemplar they did not want their daughters to emulate.

Despite the 'gender bending' fashions of the 1980's and 1990's, these mothers' used these discourses to communicate 'normal' gender and sexuality for their daughters. In this way,

they acted to regulate their daughters' sexuality, not necessarily from conscious understanding, but from their own embodied understanding about the 'rules of the game;' perhaps knowing that if their daughters did transgress, they would be seen as deviant.

Exclusion

Lesley (47) witnessed others being victimised through homophobic bullying at school. She described herself as being aware of "quite strong attractions" to a girl at her school whom she "kept thinking about for a long time". Although she had these feelings of same-sex attraction, she did not act on them until much later. I asked her, "was there a point when you started to think that being a lesbian might not be seen as normal, or might be seen as different in some way that was negative?" She replied:

Oh, yeah. I mean I think I probably would have come out a lot earlier if this hadn't happened. I can remember at school, and it's one of those things that I feel really shameful about. There were these two girls and everybody talked about them, being in a relationship ... they were labelled and they were sort of slightly ostracised, and in order to sort of be part of the bigger group I participated in that.

The way in which Lesley's peer group labelled the two girls (who may or may not have been in a lesbian relationship) also operated indirectly to inform Lesley about what could happen if she broke the unspoken rules about the limits of acceptable intimacy between girls. The girls who transgressed were regulated by exclusion and name-calling. This also acted to constrain others who might transgress. Thus, she says, she would have come out a lot earlier if it had not been for witnessing and participating in ostracising the other girls on the basis of their perceived difference.

Unlike Lesley, who participated in ostracising others, Candace (28) directly experienced bullying at school because of her sexuality. At fifteen she and a girlfriend fell passionately in love. Candace was a naïve fifteen-year-old

who had never heard of lesbianism and acted only on her desire:

I was at school and it was my best friend actually and she said, Have you ever had lesbian tendencies? and I didn't even know what a lesbian was. I'm like, and this was at 15, I was very sheltered. I said, oh, what's a lesbian? and she said, oh, well, you know, it's a woman who loves a woman, and I'm like, oh, yes, I love women all the time, you know, not realising.

She and her girlfriend went to the same school and because they were openly affectionate, others quickly found out they were a couple. I asked her about the experience:

That was shocking. It was a very, very intense relationship, I suppose passionate would be the word. And I think what happened was, it caught on. ... I think [first] it was name-calling and then they found a letter ... What else? So yes, so that got around the school and the teachers – and that was fabulous – and yes, just the usual name calling, I guess. We were never like, bullied in a violent way or, you know, anything like that, thank goodness, but verbally is pretty bad anyway especially over three years. It can get to you after a while, yes, so I came away feeling pretty crappy about myself and left school, you know.

Being violently recognised and publicly humiliated by her peers because of her difference had an effect on her emotional health and Candace described being depressed because of the bullying, to the extent of planning her suicide.

Embodied Knowledge

The subject who comes to understand that her innermost sexual feelings and desires are constituted as deviant by those around her can experience exclusion, shame and fear, and in an attempt to fit in and belong, can go through various stages of hiding, or not acting on her desires. Although sexual subjectivity is shaped by many influences over time, a number of the participants in this project alluded to 'just knowing' that their sexual feelings

were unacceptable without being able to recall any specific incident or experience that compounded these feelings.

Colleen (64) had felt attracted to other girls from when she was very young. An only child raised in a strict Catholic family in the 1940s and 1950s, Colleen was sent to an all-girls school, where the nuns effectively policed sexuality by ensuring that the girls were never left alone in situations that could become sexual with boys or with each other, although Colleen only understood this as an adult. She said:

You're brought up with girls as girls, yeah, but we weren't allowed to go round two together. Always had to be more than two together and we never understood why, you see. Till you grow up you don't realise that, but they did, yes, yes, you know, girls, two of you together. No. The nuns watched that very carefully. There was always three or four or five of us, you know, little groups. Yeah.

Colleen made it clear that she always knew she was attracted to women but was always aware that she was under surveillance. I asked if she had ever had a relationship with a man, to which she replied:

No, not really, no. Never been, couldn't be bothered, you know, yeah. I was sort of always home under the watchful eye of mum and dad who watched me like a hawk all the time, yeah.

In discussing who knew she is a lesbian, Colleen mentioned that she has a cousin who is an out lesbian. I asked how she had found out about this:

I'd heard about her in the family because I heard mum talking to her mother and saying, oh, she ran off with another woman. My mother never told me that. I just sort of overheard her say, you know, yeah.

Without any direct action Colleen's parents successfully managed to convey their disapproval of any kind of expression of sexuality. It was not until after her mother's death that

Colleen came out by joining a lesbian social group.

Shona (35) also experienced early foreclosure concerning lesbianism, she did not come out to her family until she started her first serious lesbian relationship at age twenty-five, even though she had been 'exploring her sexuality' since her first year of university seven years earlier. Her first recollection of homophobic foreclosures, were in the form of comments made in her hearing, by her father:

I had heard [my father] make a lot of homophobic comments as I was growing up and I just couldn't deal with telling him ...

Shona heard her father's homophobic comments as containing an implicit message, that if she was like the people he vilified, he might hate her, or stop loving her. When she went to university, she sought counselling:

When I was first thinking about my sexuality I did see a, um, psychiatrist for a while. It was in the context of sort of broader depression really ... but clearly I was sort of concerned about sexuality. When I brought that up, she was kind of very dismissive [and said] "oh, no, I'm sure that you're not a lesbian".

The psychiatrist's dismissal of the possibility of her being lesbian constituted another foreclosure, and in counselling the issue of her depression was never explored in the context of her sexuality. In doing this, the psychiatrist placed lesbianism outside the domain of speakability, thereby rendering it deviant and pathological. Shona internalised these seemingly minor incidents, and it was not until she was in her first serious relationship that she was able to broach the matter of sexuality with her parents.

It is interesting to note that Shona's (belated) coming-out did not lead to the kind of homophobia she had feared from her family:

... having been kind of very homophobic, [my Dad would] be now sort of like 'well I just don't understand why they won't let you marry',

[laughs]. And so – ah, and I have them, you know, writing letters to politicians around gay law reform and stuff so that all – it was much more positive than I expected ...

Deb (39) is from a working-class rural family and is a survivor of childhood sexual abuse. Her mother died when she was seven, and she was raised by her older siblings and a largely absent alcoholic father. She related how in her childhood the object of her desire was always other girls:

... that sexual experimentation stuff, for me, um, it was always girls that I was sexually interested in and I say that, you know, I was sexualised at a very young age um, and there was another little girl up the street that I went through primary school with and ... we had pretty constant sexual contact with one another ...

When she went to secondary school, a Presentation convent, Deb formed a close friendship with another girl:

... I developed the biggest crush on this girl. I still feel really fondly towards her, but it was an all girl secondary school. It was [a Catholic girls'] college and we were called Presso lessos [laughs] and so the negative connotations of what it would mean to have emotional or sexual feelings towards a girl were just not worth it ...

I asked her, when did you know sexual contact between women was not acceptable?

I've asked myself. When did I know that it wasn't okay to be a lesbian um [pause seven seconds] [sighs] I think [pause two seconds] I feel like I didn't learn it in a cognisant sense, but I absorbed it through my skin, um, not that it wasn't okay to be a lesbian, but that female sexuality was for the purpose of men's pleasure and men were in charge and women had to be available ...

Deb's shame about her sexual feelings led to her denying her feelings for other women for many years, during which time she was unhappily married to a man, and had a child. Deb was the first person in her family to finish

high school, and she valued her education. At age thirty she went to university, and a chance event there constituted a discursive break for her:

I had a university tutor and we all used to have coffee, you know [he was a] very bohemian sort of man. And in the caff one day and he said 'well I go both ways' and for me if a guy could accept themselves as being bisexual, I thought 'oh my God, he's not ashamed, he doesn't hate it'. And I grabbed that term [I thought] I'm allowed to explore this now.

This positive reference to sexual diversity opened a door for Deb:

It was like I could breathe, I had this voice in my head that said 'okay, now you be who you are'. And I rang up Gay line and my fear was still that my sexuality was some monstrous thing, and I use that in an academic sense, I had this monstrous sexuality that would devour other women and, and was wrong ...

Symbolic violence and exclusion can also play out in subtle ways, that act both internally and externally to shape sexual subjectivity. Other women in the study had no recollection of overt experiences like those described above, but "just knew" that their sexual attraction to women was wrong. For these women there was no specific experience that they could recall, but their embodied knowledge still had the power to separate them from others because of their difference.

As a child, Sandy (52) recalled having erotic dreams about a woman that evoked feelings of shame:

I had dreams when I was about fourteen and I was, you know, dreaming about a woman in the Sunday-school group [laughs]. I didn't talk about it with anybody but I felt really, you know, like 'oh my God, that shouldn't have happened'. Like I shouldn't be dreaming like that [laughs] ... I knew there was definitely something not acceptable about that... Just ah, you know, it really sort of frightened me...

Each of these women 'just knew' that her desire or behaviour was not normal. Regulation was not understood as being imposed externally, but they felt separated from others by their feelings, because of their embodied understanding about the consequences of difference.

Discussion

This embodied understanding about the consequences of being different is probably present in all of us, but for those of us whose desires are stronger than the regulating power of normalisation, it can be harmful.

For lesbians, visibility and invisibility are the products of speaking out or silence about sexual orientation. Colleen, Jenny, Shona, Sandy and Deb have all successfully negotiated 'being' lesbian on their own terms today. Lesley and Candace not only survived overt exclusion in their youth, but have gone on to thrive as adult lesbians. These women have both recognised their feelings of sexual attraction, and negotiated being lesbian in their social worlds. It is of note that the resulting way of being for each of these women is quite different. They have used power productively and demonstrated a range of responses, reactions and results; in doing this they are agents who act to shape their own social worlds.

Being cast out of the domain of the recognisable is harmful. In clinical settings it is important for workers to understand some of the subtle and embodied damage done to members of sexual minorities throughout their lives by both inadvertent heterocentricity and overt homophobia. Counsellors and therapists also need to be aware of their own values and attitudes in their practice, including sexism, homophobia and heterosexism. Clients from sexual minorities are unlikely to fully engage in the therapeutic process unless trust is established, and this means being open to the possibility of a range of sexual attraction, behaviour and identity in their clients.

Research has identified mental health as a significant health issue for lesbians. Not because of any essential psychological, physical or genetic difference between lesbians and heterosexual women, but from the stress of living in a society that labels those who do not conform to gender or sexual norms deviant. Service providers should be aware of never making assumptions, firstly about orientation, and secondly about her sexual practices, both past and present. Even if a woman comes out as a lesbian in a consultation, she may have children from a heterosexual relationship, or within a lesbian relationship.

In the dynamics of a developing clinical relationship, for the service-provider, knowing what works with a person presenting for care is territory that cannot always be clearly articulated. The service-provider who tries to successfully negotiate this relationship is likely to find that what works well with one person will not necessarily work with others. The participants in this study who had negotiated a clinical relationship that worked had not had access to longer consultations, or special treatment. The relationship had developed over time in an environment that was inclusive of difference, in which she felt respected and heard, and in which communication was easy and open.

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References

Binford, L. (1999). A failure of normalization: Transnational migration, popular justice and

police repression in the contemporary neo-liberal Mexican social formation. *Social Justice*, 26(3), 123-145.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge

Butler, J. (1997). *Excitable speech: A politics of the performative*. New York: Routledge.



RURAL HOMOPHOBIA: NOT REALLY GAY

LORENE GOTTSCHALK AND JANICE NEWTON

Abstract

This study, conducted for the Department of Human Services (Grampians Region) in Victoria, found that gay men and lesbians experience similar types of stigma and discrimination in rural areas as those in urban centres, but that this was exacerbated by the lack of anonymity in the smaller communities. The hatred of homosexuality can, in some relatively supportive family, community, school and work contexts, transform into a homophobia that embodies a fear of homosexuality which can, and not infrequently does, result in homophobic abuse and violence. Although the majority of research participants in this study were accepting of their sexuality and happy to be lesbian or gay, they nevertheless lived curtailed lives with a blanket around a central dimension of their lives. Furthermore it was found that the experience of gay men is not a mirror image of that for lesbians.

Key Words: homophobia, gay, lesbian, rural

Introduction

Until recently there has not been a lot of research that examines the experiences of lesbians and gay men in regional and rural areas in Australia. That which has been done has concentrated mainly on the experiences of gay men. Though normally such research should not be extrapolated to include women, it is fair to say that both lesbians and gay men in rural areas experience isolation, and homophobia. In this paper we draw on a study funded by the Department of Human Services, Grampians Region, Victoria (Gottschalk & Newton, 2003) that sought to identify uniquely regional and rural aspects of being 'different', in this case being a lesbian or gay man, and how being different is worked out within the more

conservative values held by the majority of people in regional and rural Victoria. This study argues that while rural people were likely to have experienced the raw and violent edge of 'hatred' homophobia in the past, in newer contexts, they may be more likely now to experience 'fear' homophobia from those around them. Homosexuality must not be flaunted and hence gay men and lesbians feel constrained drawing a curtain over that intimate aspect of their lives.

After a short discussion of the literature and a definition of the concept of homophobia, the background to the project is explained before presenting evidence on the experiences of homophobia by rural people.

The repercussions of the dominant discourse about homosexuality in the 20th century as a sickness or sin are physical and psychological violence (Robinson, 2008), commonly termed homophobic hate crimes (Mason, 2007). Studies conducted in Australia and other countries suggest these issues are particularly relevant in regional and rural areas.

Although there is some contrary evidence of supportive communities for gays in rural areas (Dahir 2000) anecdotal evidence, and some studies (eg. Hopwood & Connors, 2002; Leonard, 2003) note that people from rural communities hold to traditional values, are more conservative, and are less tolerant of diversity especially homosexuality. Furthermore Quinn (2003) and Pitts, Smith, Mitchell and Patel, (2006), pointed out that feelings of social exclusion by lesbians and gay men are exacerbated in rural and regional areas. For example Boulden (2000) in a USA study of rural gay men found that his respondents spoke of the difficulty of coming out to others and issues of safety. They described their rural environment

as one of 'don't ask, don't tell' and of being 'on guard'. Intense hatred was experienced by a gay couple in a US rural town which caused to feel physically threatened and unsafe (Dahir 2000). Nevertheless the men described themselves as happy to be living in a rural area. Similarly a German study (Sautter 2002) found that "... in the country where everybody knows each other ... you need to develop a really thick skin" (2002, p.48).

There is not a lot of research that examines the experiences of lesbians and gay men in regional and rural areas in Australia, however there are some notable studies. Hopwood and Connors (2002) make the link between rural communities' adherence to religious values and their lesser acceptance of diversity such as gender non-conformity, which is associated with homosexuality. Gorman-Murray, Waitt and Gibson (2008) studied Daylesford, a town identified by Gottschalk and Newton (2003) as a place seen to be a haven by lesbians and gay men. Gorman-Murray et al explain the refusal of the local shire to fly the rainbow flag from the town hall during 'Chill Out', the town's annual gay and lesbian festival and homophobic letters to the Editor and cite them as incidents of homophobia. Since then however the Shire has funded the position of a permanent 'Chill Out' manager.

When it comes to concepts of masculinity, a traditionally more conservative rural context may exaggerate attitudes that remain strong generally. For gay men, non-adherence to notions of masculinity is problematic. Any characteristic or behaviour that is outside the confines of hegemonic masculinity can only be seen as feminine and behaviours labelled such are negatively sanctioned (Connell, 1987; 1995; McCann, Minichiello & Plummer, 2009).

Concepts of masculinity are often narrower and more rigid in country areas where there is less acceptance of diversity and less tolerance of someone who is different. This can have an impact on all young men, straight or gay, who may be restricted, often unconsciously, into narrow roles of what it means to be a man.

Homophobia is as much about how heterosexuality is defined as it is about homosexuality (Thorpe, 1999, p.186).

Discrimination, harassment, verbal and physical abuse are thus directed at young men who do not conform to notions of masculinity and particularly so if the young men are known to be gay (Mason and Tomsen, 1997). When a group of school youths were asked who it was they did not wish to be associated with, the answer was boys who were gay or in any way feminine (McCann et al., 2009). For women it is less clear whether the abuse is directed at their femaleness or at their lesbianism (Mason & Tomsen, 1997). Gender non-conformity in girls and women is more tolerated and less severely sanctioned than it is in men or boys (Thorne, 1990; Gottschalk, 2003).

Research thus far, then, has intimated, in spite of some contrary findings, that there may be significant differences between urban and rural levels of acceptance of homosexuality and attitudes toward acceptable expressions of masculinity. Although the word homophobia refers to "fear of" homosexuals and/or lesbians, the emotion experienced by those with homophobia is generally interpreted as hatred rather than fear. Homosexuals may be seen as the "non-ideal" victim in that they are not innocent people having crimes committed against them (Mason 2007, p.262). Mason points out that vilified groups such as homosexuals are perceived to have some moral failure by not conforming to the norm and are thus to some extent seen to be complicit in their victimisation. This perception, she believes, leads to feelings of disgust and contempt which in turn can lead to hate crimes.

McCann et al., (2009, p. 217) conclude that homophobia is "a learnt attribute concerned with policing the boundaries of our modern concept of masculinity". Growing up and living in a culture that is at best ambivalent toward homosexuality and at its worst violent to homosexuals, means that all people, whether they are conscious of it or not, are exposed to many negative attitudes and messages about homo-

sexuality. The consequences of societal 'homophobia' included fear, depression, feelings of alienation and an internalised oppression that lead to negative self – concepts and constrain the development of a healthy gay or lesbian identity (Cass, 1979; Troiden, 1989).

Unless otherwise stated the term homophobia is then used to describe attitudes and actions representing hatred of homosexuality and/or of homosexual people.

Method

The participants in this study were recruited from a number of sources: private networks, lesbian and gay social groups, and through community radio and print media publicity. Distribution methods included personal contact, email contact and mail contact enclosing the questionnaire and covering letters.

A questionnaire resulted in 106 responses (95 valid). All respondents were either living or had lived in the Grampians Region of Victoria. Twenty in depth interviews were carried out with ten lesbians (interviewed by one of the authors) and ten gay men (interviewed by a male research assistant). The interviews were used to clarify, validate and extend the information in the questionnaires.

The age range of respondents was 17 to 59 years with little gender difference in the spread. Lesbians were more likely to have a degree or diploma but slightly less likely to have a post graduate qualification than gay men. Most respondents had a professional or management/administrative occupation. The men and women differed significantly in terms of the age they became aware of same sex attraction, (82% of those becoming aware *after* they were 19, were female compared to men where 92.3% had become aware by the age of 19) and in terms of marital status (79% of those currently or had been married, were female. Only 21% of those who were or had been married were male).

Results

In each of the domains of inquiry examined in this study, that is family, community, school, contact with health professionals and the workplace, lesbians and gay men had experiences of 'homophobia'. In the culture of rural and regional Victoria homosexuality is still considered a marginalised experience. At the time they were forming a homosexual identity 89% of lesbians and 70% of gay men in this study indicated that they had heard negative comments made about homosexuals. Seventy-eight percent of lesbians and 60% of gay men were aware of homosexuals being abused or bashed and 81.8% of lesbians and 67.5% of gay men were aware that homosexuals were actively discriminated against. This has serious consequence for how lesbians and gay men can live out their lives.

Several of the interviews revealed quite horrific accounts of homophobia resulting in physical violence in their past. In extreme cases people who had been friends became major enemies. There were also cases of serious abuse. Cheryl told how she was raped by a male 'friend' for being a lesbian. "I was 23 years old." At times there was brutal, sadistic punishment. Wilma tells a chilling story of what transpired when she confided aspects of her sexuality to a female friend.

My friend rejected me but later ... she called me and asked to meet her in the lane. I went in the hope that she had changed her mind. I remember it was very dark. I saw her in the distance and started walking towards her. I couldn't work out why she wasn't coming forward. The next moment I felt myself being thrown to the ground, something cold against my neck. Fear set in, I couldn't scream in shock. I felt male pricks going in. Everywhere laughter in the background. And when it was finished a few kicks in the ribs and the parting words 'dicks are better than cunts' and (friend [sic]) was in the background laughing.

According to Susan Brownmiller (1976) gang rape is used as a social control mechanism to keep women in line, in the case above to give

Cheryll heterosexual experience, or to make her heterosexual, as well as to humiliate and degrade. It is punishing a woman for daring to be a lesbian and to reject men.

The physical abuse of a boy deemed to be homosexual was not a mirror image at all, in that there was no attempt to force him to have sex with a member of the opposite sex. It was quite the contrary.

I did have a nickname in secondary school which was 'Poofster' which I still find very difficult to say, but I guess my experience was not just not mental, it was physical I would say all but one male in my class was involved in verbal and physical abuse. Physical abuse was I guess being felt up, probably the easiest way to put it. I tended to stay in safe places as much as possible. Places like the library, school yard but never venturing anywhere where I could be singled out. I guess I didn't feel safe anywhere. I would be groped in a classroom right in front of a teacher under a desk. The teacher wouldn't even know what was going on but all the other students knowing about it. It started to slow down in form three I guess. It was really humiliating. (Jacob)

The general pervading atmosphere of non-acceptance of homosexuals caused a significant number of women and men to leave their communities. Those who did not leave were often isolated and felt constrained to be secretive about their sexuality. Sian's experiences exemplify a climate of non-acceptance in rural areas very well.

I did not tell many or any people about my sexuality. I was concerned about what people may think about me. I was living in an area where I only knew of one other lesbian who was in a relationship with a much older woman. I knew that she had copped heaps of shit from people in the area. I remember going to a 'same-sex attracted dance' and being very frightened about my future. I only started feeling better about myself and my future when I visited a major capital city and mixed in areas where I felt as though I was accepted for who I was. (Sian)

Gerard spoke of two types of isolation of which

he was acutely aware,

... from my own experience you are isolated because of any number of reasons. You may be isolated geographically, which to an extent I was simply because I was on a property three hours out of town. So there's that sort of isolation. Or you may be isolated because you are locked into an extremely small narrow social group that literally knows everything going on. So you can't afford to fall foul of that. One of the real issues (of being homosexual) is the level of stress that, that generates for you.

Tony became a homosexual in adulthood and believes that the isolation contributed to his late awakening. He felt that the indoctrination to marry and have children and lack of awareness of other options may have prevented exploration of his sexuality. The lack of awareness of options he attributes to lack of a television in his home, limited newspaper and radio station access.

So yeah, the opportunities to even start to think about such things were not there. There were no seeds being dribbled out of a bag to start thought processes. I didn't encounter the words gay or lesbian until I was in my late twenties.

Vernon was also experiencing the types of pressures that Tony had to get married and have a family.

Now I get questions as to why I am not married and sorts of things which is all a bit difficult because all the country boys are normally married by the time they are 22. They're awkward questions particularly when all the cousins my age are all married, without exception. (Vernon)

However he also described the loneliness of gay men who chose to stay on farms.

While they are running properties and all of those sorts of things, they are incredibly lonely because you are not going to get someone [another gay man] in the city to move up to the country. That is just not going to happen (because) it is not a great lifestyle choice if you have a nice job and everything in the city. They

are really very lonely and I think the loneliness breeds a real vulnerability. One of the things I do notice is, over time, and meeting different country people, the number of them that have come to be HIV positive. Because they are stuck in the country and get to the city maybe once a month, once a quarter, depending on how far away they are and what time of the year it is and all of those sorts of things, and they just sort of go berserk ... as you do. (Vernon)

Major differences were found in the school experience. Boys in particular were victims of cruel bullying if they did not conform to acceptable notions of masculinity and were suspected of being homosexual. The issues of gender non-conformity and homosexuality were confused and some boys who were perceived as sissy boys were victim of merciless homophobic bullying (32.5% said they had been abused and 37.5% said they had been physically assaulted). A noteworthy number of gay men had been abused by fellow students and experienced physical violence, whereas women by and large were spared such reactions.

Several lesbians mentioned the support of teachers but this was not always the case. It seems that teachers, like students, were less accepting and more aggressive toward young males who they thought were homosexual. One gay man reported that a teacher had been physically violent. The reaction of one of Jacob's teachers when Jacob went to him for help is etched in his memory.

I do remember in Year 9 it being quite important that I really couldn't take it any more being called these names in class and actually going up to a teacher that I really trusted, and telling this teacher that they were calling me these names, which was Poofter. At that time I didn't even know what it meant, but I just knew it was meant to be dirty. Having got up, and god knows where I got the strength to do it, but to get up in front of that class of boys and tell the teacher they are calling me this name and being told by this teacher to go back to my seat and sit down. The humiliation of telling an adult that I thought I could tell and not getting the response that I needed, was just even more shaming. So never really telling

another adult again really, in fact trying to hide it, almost that I had told someone and I wanted to take it back. (Jacob)

Cheryll, the only woman who reported a negative reaction from teachers, explained how, "I told a girl from my netball team that I cared for her, she told her parents and I was kicked off the netball team despite being the 'all star' goal defence."

Those who were in professions where they were working with children felt more vulnerable. Jessica worked as a primary school teacher in a central Victorian location. She was extremely careful not to inadvertently admit to being a lesbian. "I am very scared to come out at work." Some of this fear centre around the interrelations with children and their reactions. Jessica explained that, "Homophobia in children is becoming more and more younger."

... (in) teaching you are in a profession where you prefer that people don't know you are gay because it suddenly makes you susceptible to all sorts of unsavoury accusations because people draw that connection between homosexuality and paedophilia. Also the fact that if the kids get to know it, it makes it much harder to actually do your job, because teenagers are notoriously anxious about their own sexuality. Working in private schools in particular you've got to be very careful because you are not covered by the anti-discrimination legislation in terms of sexual preference and all those sorts of things. And if you've got a school that is not particularly understanding you can be out on your backside sort of like that (click of fingers). I suppose in some ways I am still very cautious about that whole thing. (Gerard)

I distinctively remember the boarding master having a conversation with me about it because I was in the same boarding house and he was more or less ferreting for information of what I knew and saying to me about a colleague, 'If I find out he is homosexual, he will be out of here so fast his feet won't even touch the ground'. With that message you realise how you have to play it. (Vernon)

When consulting medical and other professionals lesbians and gay men often do not disclose their sexuality to avoid discrimination. Non acceptance by the church means that those who wish, cannot participate or completely participate honestly. Homophobia in the church has caused many respondents to reject organised religion.

In the family it is not uncommon for parental and family acceptance to be combined with restrictions such as 'don't bring your partner home' and 'don't talk about it' as the family fears social ostracism. In the community lesbians and gay men, even if they are accepted cannot do things in public that heterosexuals take for granted. Often they are completely secretive for fear of homophobic attack.

Vernon talked about the double life lived by most homosexuals, having to hide their sexuality from many for fear of discrimination and/or abuse.

I was sort of living a schizophrenic existence where I was completely straight with my straight friends who knew nothing about this other side of what my life was. And even moving to (city) didn't quite solve the problem. It gave me an outlet, but it gave me an added complication in the sense that I now had a very active part of my life that I had to keep disguised from everyone else I knew. (Vernon)

Conclusion

This short paper has focused on findings related to homophobia from a larger research project undertaken in 2003, but current literature such as McCann et al (2009) suggest that its currency persists. The questionnaire and interview data confirmed previous literature which suggests that hypermasculinity, conservatism and some institutional religions in rural and regional areas can create a climate for lesbians and gay men in particular that, at best is unwelcoming and, at worst, dangerous. This hatred of homosexuality can, in some relatively supportive family and work contexts, transform into a homophobia that embodies a fear of homosexuality

and of the social ostracism that results if a community finds out. Although the majority of research participants were accepting of their sexuality and happy to be lesbian or gay, they nevertheless lived curtailed lives with a blanket around a central dimension of their lives. Their minority status, and status as a marginalised group, means that in every aspect of their lives they have to be mindful of their sexuality.

This research also underlines the importance of recognising diversity within the homosexual community. The data confirm that lesbians and gay men are not a mirror image of each other. They are two distinct groups of people with very different social and political backgrounds and experiences and needs. Furthermore, as with the Daylesford Shire's ultimate support of the 'Chill Out' Festival one participant, believed there were signs of change. "I go back to the Wimmera now and again. People I was brought up with accept me very, very well. There's the odd one who doesn't, and you know what, they're the ones who are still tightly tied to the church."

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References

- Boulden, W. (2000). How can you be gay and live in Wyoming: what is the experience of being a white, middle aged, gay man living in Wyoming. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 60(10-A), 3795.
- Brownmiller, S. (1976). *Against our will: men, women and rape*. New York: Penguin.
- Cass, V. (1979). Homosexual identity formation: a theoretical model. *Journal of Homosexuality*, 4(3), 219-235.
- Connell, R.W. (1987). *Gender and power: society, the person and sexual politics*. Cambridge: Blackwell.
- Connell, R.W. (1995). *Masculinities*. St Leonards, NSW: Allen and Unwin.
- Dahir, M. (2000). Out in the country. *Advocate*. (June 20), 814, 83-85.
- Frock, S. D. (2000). The relationship between internalised homophobia and psychological distress in lesbians. *Dissertation Abstracts International Section A: Humanities and Social Sciences*. 61 (1-B) 529.
- Gorman-Murray, A Waitt, G. and Gibson, C. (2008). A Queer Country? A case study of the politics of gay/lesbian belonging in an Australian country town. *Australian Geographer*, 39(2), 171-191(21)
- Gottschalk, L. (2003). Same-sex sexuality and childhood gender non-conformity: a spurious connection. *Journal of Gender Studies*, 12 (10), 35-50.
- Gottschalk, L & Newton, J. (2003). *Not so gay in the bush: 'coming out' in rural and regional Victoria*. Report prepared by the University of Ballarat for the Department of Human Services, Grampians Region.
- Hopwood, M., & Connors, J. (2002). Heterosexual attitudes to homosexuality: homophobia at a rural Australian university, *Journal of Gay and Lesbian Social Services: Issues in practice, Policy and Research*. 14(2) 79-94.
- Leonard, W. (2003). *Health and Sexual Diversity: A Health and Wellbeing Action Plan for Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians*. Rural and Regional Health and Aged Care Services Division, Department of Human Services.
- Mason, G. (2007). Hate crime as a moral category: Lessons from the Snowtown case, *The Australian and New Zealand Journal of Criminology*, 40(3), 249-271.
- Mason, G. & Tomsen, S, (eds.). (1997). *Homophobic violence*. Leichhardt, NSW: Hawkins Press.
- McCann, P. Minichiello, V. & Plummer. D. (2009). Is Homophobia Inevitable? *Journal of Sociology*, 45(2), 201-220.
- Pitts, M., Smith, A., Mitchell, A. & Patel, S. (2006). *Private Lives: A Report on the Health and Wellbeing of GLBTI Australians*. Gay and Lesbian Health Victoria, The Australian Research Centre in Sex, Health and Society, La Trobe University.
- Quinn, K. (2003). Rural Suicide and Same-sex Attracted Youth: Issues, Interventions, and Implications for Rural Counsellors. *Rural and Remote Health (on-line)* No. 222, pp. 1-6.
- Robinson, S. (ed.). (2008). *Homophobia: an Australian History*. Sydney: The federation Press.
- Sautter, U. (2002). Coming out of the farm, in *Time Atlantic*, 4/15, 159(15).48.
- Thorne, B. (1990). Children and gender: constructions of difference. In D.L. Rhode, (Ed.), *Theoretical perspectives on sexual difference* (pp. 100-113). New Haven: Yale University Press,.
- Thorpe, A. (1999). Out in the bush: rural health and homosexuality. In Linda Briskman and Margaret Lynn, with LaNanze (Eds). *Challenging rural practice: Human Service in Australia*, Geelong: Deakin University Press.
- Troiden, R. (1989). The formation of homosexual identities in *Journal of Homosexuality*, 17(1) 2.



IT'S HATRED AND INTOLERANCE NOT FEAR

CHRISTOPHER FOX

Abstract

This paper will explore and deconstruct homophobia. The usefulness of homophobia as an inclusive and pervasive term in exploring hate and intolerance against GLBTIQ (queer) people is no longer a valid. The sociocultural promotion of heteronormativity has legitimised homophobia. Given that a heterosexual lifestyle is hailed as normal and openly promoted across all elements of modern western society, non-heterosexual lifestyles are easily classed as other. Consequently homophobia has been inaccurately allowed to mask its intolerance as a mere fear rather than open and irrational hatred. Where sexism, racism and antisemitism are openly legislated against and recognised as hatred and/or intolerance, homophobia is not afforded the same outrage. The term is not accurate or inclusive and by the fact that it is based on a fear has afforded legitimacy to queer hatred and intolerance. New models of homophobia need to be developed to reflect the pervasiveness of heteronormativity. Models of homophobia are heterocentric and legitimise the fear of the other. Fear is irrational – but hatred is a conscious choice. A hatred of queer people is a choice and should not be legitimised by heteronormative terminology.

Key words: Homophobia, heteronormativity, gay hate, heterocentrism

David Plummer (2001) in his article *Policing Manhood* argues that there is a lack of certainty around the definition of the word homophobia. Interestingly he suggests that the development of another term would not be useful, nor would it be beneficial to attempt define the term in its literal sense given its infinitely nuanced meanings. Plummer further asserts that homophobia is not only about

fear: his central theme is that the homophobia is broader than what most people account for and there is a distinct need for the recognition of the broader social implications of homophobia. Plummer's argument presents a salient point: homophobia as a term is problematic and needs to be broadened and unpacked in order to address the hatred and violence it casually alludes.

While Plummer (2001) does highlight some extremely valid and important points, I am arguing that it is in fact the term homophobia that is at the root of the problem. In this paper I consider the key issues of using a term which in essence means *fear* to describe hate-based and violent behaviour.

My arguments against Plummer (2001) primarily stems from the work of Barbara Smith (1993) who argues that oppression of non-heterosexuals is not perceived as seriously as other forms of oppressions within society. Queer oppressions are often based on the belief that sexuality is a private matter, not part of the public or political domains. Smith, also argued that homophobia is more often associated with gay white men, as can also be seen in the writings of Plummer (2001).

Smith (1993) also points to the acceptable use of homophobic terms in societal contexts, where other bigoted terms would not be tolerated. For example, the use of the term in Australia of *poof*, or jokes about dykes and faggots are more acceptable than racist jokes that use terms like 'Chinks' for Chinese. We need to consider the social ramifications of these intolerant expressions. I would argue that the racial slur is not acceptable because it can be termed *racist*, where as the bigoted terms for the gay community are constructed as *homophobic* and thus are legitimised as

reactions of fear. It is for these reasons that I assert the term homophobia contributes to the creation of a culture which accepts and tolerates aggressive actions towards the gay community

Inherently Plummer's (2001) definition currently offers the broadest and most accurate definition of homophobia as he acknowledges the complexities of defining the term beyond the traditional and limiting definitions. In essence homophobia is used to describe the myriad of experiences queer people encounter while living in a heteronormative world. Although the term has meanings that incorporate the violence and hatred, it is my contention that it is the word (homophobia) that provides the greatest obstacle for challenging and changing the heteronormative central world

Deconstructing Homophobia

The term homophobia is credited to George Weinberg who developed the term in the mid 1960s, however it was not a published term until it appeared in his book *Society and the Healthy Homosexual* in 1975. Weinberg, in an interview with Rasj Ayyar, describes the development of the word:

Homophobia is just that: a phobia. A morbid and irrational dread which prompts irrational behavior flight or the desire to destroy the stimulus for the phobia and anything reminiscent of it. Because human beings are the stimulus, a common homophobic reaction is brutality in many cases, as we all know. We also know its consequences.

In a later interview with George Herek (2004), Weinberg also stated:

....It was a fear of homosexuals which seemed to be associated with a fear of contagion, a fear of reducing the things one fought for—home and family. It was a religious fear and it had led to great brutality as fear always does.

Weinberg's definition originally acknowledged that the experience of homophobia is often brutal. Weinberg also acknowledges the no-

tion of being queer as "dirt and disease" and the perceived challenge of queerness to the heteronormative ideals of family but he used the notion of irrational fear (a phobia) as the basis for the term. And unlike Weinberg, I do not believe fear *always* leads to brutality – fear of difference can lead to hatred, which can lead to brutality.

Homophobia is term used to describe a set of behaviours and also by some to define a pathology. The word is derived from the Greek root *homo* meaning *the same*, and the root for *phobia* meaning fear. A number of definitions have offered. From the *Oxford English Dictionary* (2008): "the irrational fear of loving someone of the same sex; to a more encompassing definition of "irrational fear or hatred of homosexuals".

While ground breaking and visionary, Weinberg's term was not definitive. Through the creation of the term he empowered people to name and discuss the previously unnamed acts of violence and discrimination. The term homophobia allowed for the conscious examination of bigoted behaviour and brought homosexuality into the legitimised realms of the academic, psychological and medical spheres.

Four decades later however we must acknowledge that Wienburg's term is no longer equipped to deal with the plethora of meanings now associated with the term. It is a testament to Weinburg's vision that the term has functioned for so long – but there is now a need to move beyond his fear basis and into a more assertive definition.

Again I return to the problematic elements of the term homophobia – whilst it is legitimately recognised as a psychological and sociological term ultimately all definitions return to the basis of FEAR and do not address the intolerance and hatred expressed by the perpetrators. It is unconscionable that academic schools of thought would allow an intolerance to be legitimised via such ambiguous terms. I reiterate the need for a more public deconstruction of the term to heighten awareness

that fear, like ignorance, is no excuse.

As noted by Plummer (2001) the meaning of the word has developed further from the original meaning. Homophobia in its many guises can be framed as an anti-gay bias, as heterosexism and as a variant of misogyny (Plummer, 2001). He also argues that homophobia can be defined as the non conformists who betray or fail to measure up to the collectively authorised [gender identities]. This supports Herek's (2004) argument that there is little empirical support that the antigay attitudes (and violence) inherent in most homophobic attacks do not represent a proper phobia. The attitudes and behaviours are more than that.

Homophobia has multiple expressions: verbal, physical expression (e.g., pointing), exclusive – as a way to exclude rather than include, ridicule, and physical violence. In essence, homophobia has moved from a created word to being both a term and pathology in little more than three decades.

All definitions of homophobia recognise that it affects more than just the victim/survivor but invariably the whole of society. Given this I would assert that homophobia potentially has the scope to affect one of the broadest cross sections of the community as it can transcend gender, race, creed and socioeconomic boundaries. Consequently it is arguably one of the largest remaining intolerances which must be deconstructed before society can grow more harmoniously.

Heteronormativity

One way of analysing homophobia in Western society is through binary oppositions. Western society is created in a series of binary oppositions. Sedgwick (1990) re-iterates the idea of binary constructions in her work on coming out. The binary oppositions focus on the notion of the normal versus the other, or in other words, the dominant versus the dominated. We have created a normal sexuality in heterosexuality and often by language we use

continue this dominance. For example, when describing alternative sexualities, we only buy into the argument that there is a dominant or normal sexuality (heterosexuality) for the alternative to be created against.

Although it can be argued that challenges are presented to the binary oppositions, it is binary oppositions that have greatest currency in society. This currency is enshrined through the domination of science and rationalism and the notion of opposing forces - good and bad; or push and pull.

It is also important to reflect that heteronormativity was created in a binary world – the (pre) dominant – heterosexuality (heteronormativity) vs the others (non heterosexuals). In creating this binary, we ensure that heterosexuality always sits on the positive side of the binary. This can be seen in the following table (see Table 1).

Table 1 *Examples of the Binary Construction of Heterosexuality and Homosexuality*

Heterosexual	Homosexual
Normal	Perverted; deviant
Loving	Promiscuous (slutty)
Healthy	Diseased; unclean
Family	Isolated
Godly	Damned

Creating the Other

I would not necessarily argue that it is set in society to be anti-homosexual but because heterosexuality claims the positive, queerness becomes the *ugly other*. This results from the binaries we see in Table 1. The ugly other is re-enforced because people have limited exposure to queerness because of their fear.

Cultural representations tend to follow the

classic stereotypes, although exceptions are available (e.g., *Queer as Folk* and *The L Word*). These cultural representations are often not available on free-to-air television, and if they are freely available they are often broadcast beyond popular viewing times. With this said, the *being or lived experience* of gays/lesbians exists for most heterosexuals through the heterosexual lens. Queer sexualities are represented by non-sexuality.

Take for example Will from *Will and Grace* – an American sitcom with gay men as the central characters – Will is portrayed as a non-sexual person; with hang ups on relationships; never being truly successful with relationships. Will experiences 18 failed relationships in eight seasons, Jack the other gay character never has a relationship beyond a one night stand. On the other side of the coin Grace one of the female heterosexual characters has approximately 5 relationships and Karen maintains a marriage throughout most of the eight seasons.

In essence, the non-sexual representation of Will and other gay characters becomes the camp stereotype rather than an actual expression of sexuality. Basically there is no sexual just the homo! In the end this becomes a self-fulfilling prophecy.

Creating the other is process that society engages in through social, cultural and institutional processes. Fear comes from a lack of information; ignorance and also from a perceived threat. Homophobia is a guarantee in our society because the heteronormative binary construct guarantees queer is constructed as the other.

This creation of the other is critiqued through pop culture. If we look to such shows as *Buffy the Vampire Slayer* and movies like *X Men* and *X Men 2* we see how fear attached to the other is challenged. In *Buffy*, the key moment is when Buffy comes out as a slayer to her mother (not when Willow comes out as a lesbian). Through the story line we see the Mother's fear, ignorance and confusion as

Buffy identifies as something other than the normal. Similarly, in *X Men 2*, when the Ice-man comes out to his parents as a mutant we again see how being the other results in fear and loathing.

These examples of the other (being a slayer; being a mutant) are symbolic for being gay/queer. In creating gayness/queerness as the other, we have this notion of fear and ignorance; people perceive non-heterosexual people, queer people, as a threat. Yet there are a myriad of others in our society and that is why our society struggles in terms of tolerance.

Previously we have had many others in society. Primarily some these have been broken down or weakened to at least some degree. If we look back to the role of race and gender in the last 50 years we can see how they were created as the other. In both these examples of "othering" there was a fear associated with the social groups and this fear/ignorance resulted in symbolic and physical violence.

The shift in tolerance of the fear happen in a four way process: 1) challenge to the dominant paradigm; 2) lobbying for political change; 3) legislative change; and 4) supported by education. The process was about changing society's expectations; bringing a change about perception and acceptance of the other. This process developed discrimination as a form of violence and violence was unacceptable that could and should be punished with the full force of the law.

It is important to note that education alone did not bring about change but was a part of the change process. In essence, race and gender were not allowed to be feared, the term racism and sexism legitimised acceptance in so much as the discriminatory behaviour became known as violent behaviour and resulted in punishment through the law. In Australia, as in many developed countries we have legislation that protects people on the basis of sex and gender, and race and ethnicity.

Masking as Fear

Through using the term homophobia rather than any other terminology we have created within our society or culture a legitimised fear – a situation or state of being where discrimination is acceptable. Remember that it is okay that we have phobias.

When we talk of phobias we often legitimise their existence. For example, for an arachnophobe – will gladly say they have a fear of spiders, but that this fear is okay. Through my experiences of teaching in undergraduate university and professional development courses, I often encounter a similar response from my students when discussing issues about queerness. For example, "If I went into a gay bar I think I would be a little homophobic." Or "I know I can be homophobic sometimes - but you're okay".

I think the idea of homophobia as legitimised fear is exemplified through Homosexual Advance Defense or Homosexual Panic Defense. In this case, the defence of violent behaviour, often murder, is based on the notion that the victim made a sexual pass (or perceived sexual pass) at the defendant, and the defendant reacted in violent manner due to his fear: an overly emotive response because he has a phobia. The violent response in advance or panic defense is underpinned by the flight or fight response in the defendant. Fight or flight response is a parasympathetic nervous system phenomena when a person is placed in a highly threatening situation they will either stay and fight, or run away (flight). The flight or flight response is often enacted when confront with a fearful situation.

Herek and Berril (1992) argued that laws which stigmatised and even criminalise homosexual behaviour contribute to the ongoing fight with homophobia. The recent decriminalisation of homosexuality also contributes to the masking of homophobia as fear. As being gay was illegal and criminals are to be feared; they are constructed as the deviant other. The criminalisation of homophobia, delegitimises

the violence, the decriminalisation of gay sex also paves the way for the legitimising of other – queer identities. As Claire Glummer (1999) editor of the Express, a New Zealand queer paper stated: "Accordingly, the Homosexual Law Reform Act 1986, was crucial in... .. encouraging more positive social perceptions of homosexuality."

The dominance in the construct of the word of homophobia is the associated fear. Although we may argue that homophobia is more than just an irrational fear (e.g., Plummer, 2001) even violence (e.g., Thomsen, 2002), in the vernacular, fear is the dominant understanding or construct in homophobia: the fear of gay men is how most people understand the word; and the excuse most people use for explaining why there is gay bashing. Because of this fear there is an inherent acceptance – ok to be fearful – just as we accept an irrational and overly emotional response to any other object the term homophobia guarantees acceptance of discriminatory behaviour based on fear.

Again the homosexual status of the *other* does not allow for equitable or just consideration or understanding within our society to the point where homophobia is not de-legitimised with the same force of the legislation and power of education focus as other areas like racism and sexism.

To further my argument of the other not allowing for equitable or just consideration I draw on an episode from the US version of *Queer as Folk*. The scene is from Episode 1, Season 2, and is a court case after a homophobic attack. Chris Hobbs, a high school student violently attacked Justin Taylor, a gay student, at the school formal. Through the sentencing scene we see how heteronormativity legitimises the construction of the other. Chris Hobbs (the perpetrator) is constructed as good and moral while Justin Taylor (the survivor) is constructed as the other – therefore violence is acceptable. Justin is not just a victim of physical violence but like many queer people is perpetually victimised by the pres-

ence of the phobia of the other.

If this was a hate crime based upon race or gender the judge would not have the right or jurisdiction to ignore the hate based violence, however because the discriminatory and violent act is in response to the fear of homosexuality or other sexuality there is an acceptance that the punishment should be minimised as the perpetrators actions were based on fear. So in other words the Judge's comments legitimise the violence. In many ways this fictional and dramatised court case is reflective of Gail Glummer's argument that homophobia will be legitimised whilst there is a leniency in court/legal responses to queer hate and violence.

Conclusion

On a personal level, individuals, because of the presence of the phobia, are comfortable in claiming they are homophobic where as they deny other forms of discrimination. When people do make statements that maybe racist or sexist; individuals are at least conscious that they should deny the discrimination. For example, "I am not racist" or "I don't mean to be racist"; "I am not sexist" or "I don't mean to be sexist".

In both these examples there is an acknowledgment of unacceptable behaviour. But often with homophobia the qualifying comments are not included: "I know I can be homophobic sometimes, but I like you". People are comfortable with homophobia because we have a comfortableness with phobias. Mouzos and Thompson (2000) argued that to rid society of queer hate and violence, violence needs to be seen as unacceptable and not supported by societal norms and institutions.

Change will be slow and slowly we have been creating change. Yet until the acceptance of fear is removed we will still have to combat homophobia. In creating change, and contrary to David Plummer's (2001) argument that we do not need to find new word, we do need to find a new word. Homophobia is based on

homosexual – we have moved beyond such descriptors and the word does not reflect the queerness of our identities hence queer hate in this sense would seem more appropriate.

Ultimately what we need is a powerful universally, socially and legislatively recognisable term for violent discrimination against people who are the sexual other – non heterosexuals. Yet because the heteronormativity of language is so dominant, linguistically I can not claim a positive title.

Homophobia is combated by us everyday of our lives. We defend our rights and create new ways of doing and being. We challenge the dominant paradigm and will continue to do so. The challenge is not to accept a term that creates a comfortableness for those in power; to use as an excuse for the hate and intolerance we experience but to challenge at every level.

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References

- Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research & Social Policy, 1*(2), 6.24.
- Herek, G. M., & Berrill, K. T. (1992). *Hate crimes: Confronting violence against lesbians and gay men*. Thousand Oaks, CA: Sage.
- Mouzos, J., & Thompson, S. (2000). *Gay-hate related homicides: An overview of major findings in New South Wales*. Canberra: Australian Institute of Criminology
- Oxford University Press. (2008). Oxford English dictionary. Retrieved 28 November, 2008, from <http://0->

- dictionary.oed.com.alpha2.latrobe.edu.au/
Plummer, D. (2001). Policing manhood: New theories about the social significance of homophobia. In C. Wood (Ed.), *Sexual positions* (pp. 60-75). Melbourne: Hill of Content.
- Sedgwick, E. K. (1990). *Epistemology of the closet*. Berkeley University of California Press.
- Smith, B. (1993). Homophobia: Why bring it up? In H. Abelove, M.A. Barale & D. M. Halperin (Eds.), *The lesbian and gay studies reader* (pp. 99.102). New York: Routledge.
- Thomsen, S. (2002). *Hatred, murder and male honour: Anti-homosexual homicides in New South Wales, 1980–2000*. Canberra: Australian Institute of Criminology.



HEALTH SERVICE USE AND EXPERIENCES OF TRANSGENDER PEOPLE: AUSTRALIAN AND NEW ZEALAND PERSPECTIVES

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Abstract

Health service use and experiences of people who identified as transgender, in Australia and New Zealand, were examined. Participants were invited to complete a web-based survey that allowed for closed and open responses. In total, 253 respondents completed the survey; 229 were from Australia and 24 from New Zealand; 75.5% (191) reported the sex recorded on their birth certificate as male and 24.5% (62) as female; 82.2% of participants reported they had a regular doctor; of these, 83.4% reported a check up in the last year. Mental health professionals had been accessed by 47.4% of the sample. Approximately 73% reported use of hormone treatments for gender-related reasons and 39.1% of respondents reported having had gender-related surgery. Similar proportions of assigned males and females reported surgery. Participants cited many examples of positive and negative experiences with health professionals. Health and medical services play a critical role in gender affirmation for many transgender people but they were also subject to strong criticisms from participants.

Key Words: Transgender, health, trans, transphobia, queer, queerhate

Introduction

Relating to health services and health service providers can be a difficult experience for transgender people, particularly when their transgender identity is revealed or becomes the subject of scrutiny. There is little recent Australian evidence on the provision of health services to transgender people, and their experiences of health services, both positive and

negative. A report by Perkins, Griffin and Jacobsen (1994) described a nationally-acquired sample of 146 transgendered people but this early study has not been extended. Two more recent studies are an assessment of satisfaction with sex re-assignment surgery in New South Wales (Collyer & Heal, 2002), and a discussion paper, commissioned by the Victorian government, on best practice models for the assessment, treatment and care of transgender people and people with transsexualism (Sinnot, 2005). Notwithstanding these state-specific studies, there is a need to establish the health service needs and experiences of transgender people and their satisfaction with current services, both in relation to gender transitioning, and more general health service needs.

Method

The internet provides safe spaces for non-heterosexual individuals and communities, and so can be used to reach fragmented populations spread across large distances. The anonymity of an online survey provides an opportunity for participants to protect their identity, and reduces fear of discovery or being 'outed' in terms of their non-conforming gender identity or feelings. Studies of transgender people have predominantly recruited from clinical sites in major cities, but our use of online methodology allowed access from all parts of Australia and New Zealand (Meese, 1997). To capture the variation of identity and experience present in this population of transgender people, a combination of quantitative and qualitative questions was used in the survey. Participants were given opportunity, throughout the survey, to give an account of their lives and experiences with health services, in

their own way and in their own words and expression.

The survey was only made available in English. Each participant was required to indicate their country of residence; those who were not living in Australia or New Zealand were directed to a web page that informed them that they were not able to complete the survey. Ethics approval for the survey was granted by the La Trobe University Human Research Ethics Committee (Reference No. 06-90). Quantitative data were analysed using SPSS Version 14; the analysis of the qualitative data was managed using the software package NVivo, version 7. Open and axial coding was used to identify themes and their interconnection.

Results

The survey was available online from October 2006 to January 2007, and in all, 287 people responded. Of these, 27 resided in a country other than Australia or New Zealand and 7 had substantial missing data. In total, 253 eligible respondents completed the survey; of these, 229 were from Australia (90.5%) and 24 (9.5%) were from New Zealand. They included people from all states and territories in Australia and from both islands of New Zealand.

Respondents reported the sex recorded on their original birth certificate (i.e. their sex as recorded at birth). Of the sample, 75.5% (191) reported male and 24.5% (62) female. Participants whose sex was assigned male at birth were on average older than those who were assigned female (44.6 years and 30.6 years respectively; $t(125.2) = 8.55, p < .0005$). Additional analyses revealed no differences in education, income, location of residence (metropolitan or rural) or country of residence between those assigned male at birth and those assigned female.

Health Service Use

General practitioners play an important role in

providing and coordinating medical care (general and specialist) as well as ongoing support and counselling for transgender people (4). Four out of every five participants reported that they had a regular doctor (82.2%). Participants were more likely to have a regular doctor if they were older ($\chi^2(2) = 8.44, p = .015$). Of the participants reporting a regular doctor, 83.4% reported a check up in the last 12 months.

Respondents used a wide range of health services in the previous 12 months, with a small proportion accessing services that are related directly to being transgender (e.g. speech pathology, gender presentation services). Hospitals had been accessed by 15-20% of participants in the past year and a minority had used a number of other specialist services to varying degrees.

Table 1. Health Service Use in the Past Year

Health Service	Total	
	<i>N=253</i>	%
General practitioner	173	83.4
Counsellor/psychologist/psychiatrist	120	47.4
Dentist	109	43.1
Hospital – inpatient	52	20.6
Hospital – outpatient	47	18.6
Hospital–accident/emergency unit	40	15.8
Sexual Health Clinic	40	15.8
Physiotherapist	34	13.4
Chiropractor/Osteopath	32	12.6
Speech Pathologist	19	7.5
Traditional Chinese Practices	16	6.3
Naturopath	14	5.5
Gender presentation services	12	4.7
Kinesiology	7	2.8
Other	38	15.0

After their general practitioner (83.4%), the next most commonly accessed health service was with a mental health professional, which was used by almost half the sample. An equivalent rate of use of psychotherapy by transgender people was found by Mathy (2001) who reported that, in a sample of 73 transgender people living in North America, 53.4% had used a psychotherapist. An earlier study by these authors noted a high prevalence of depression amongst gay lesbian bisexual and transgender people (Pitts, Smith, Mitchell & Patel, 2006). Proportionally more participants who were assigned female at birth had accessed a counsellor, psychologist or psychiatrist than those assigned male at birth

(61.3% and 42.9% respectively; $\chi^2(2) = 6.33, p = .012$). Use of mental health services has not been adjusted for the age differences noted earlier. Eighteen of the 19 participants who had used a speech pathologist were assigned male at birth. When asked what other health service had been used by participants, the most commonly cited was an endocrinologist (listed by 12 participants), a specialist doctor involved in hormone treatments. The use of dental services by almost half of the participants could potentially be related to hormone therapy.

In response to a question on whether they had ever used hormone treatment for gender-related reasons (e.g. oestrogen, anti-androgens, progesterone-based hormones, testosterone, and/or oestrogen blockers) almost three quarters (73.1%) reported that they had. Of the 26.9% who had not used hormone treatments, 45.5% did not intend to do so in the future, 36.4% said they intended to use hormones in the future, and 18.2% were not sure.

The majority of respondents had not had any form of gender related surgery; 39.1% of respondents reported having had some form of gender related surgery. Very similar percentages were found for assigned males and assigned females (39.3% and 38.7% respectively). For respondents who were male on

their original birth certificate, surgery that involved genitals was the most frequently reported type of surgery. Non-genital surgical procedures such as nose reshaping, breast implants, facelifts, brow or eyelid surgery were less commonly reported.

Experience with health services

Participants were asked about their experiences with health services in relation to their gender. They were asked six questions which invited a text response. Participants were asked about their worst experience, and their best experience, any barriers to health service use, any information needs and what changes they would like to see to health services. All participants provided at least one text response to these open ended questions. These responses were briefly analysed for major content areas.

Participants described their best and worst experiences with a health practitioner or health service in relation to being transgender. If they had not consulted a particular health service or practitioner about transgender health issues, but had wanted to, they were asked why they had not done so. Participants were also given the opportunity to comment on the changes that they would make to health services if they could.

For many respondents, the best experiences in the health system involved encounters where they felt accepted and supported by their practitioners. They valued practitioners who showed empathy, and were understanding, compassionate, and professional. Professionalism was often linked to a non-judgmental attitude, and to a respect for patients' gender identities. This respect was conveyed through the appropriate use of pronouns, use of patients' chosen names, and making an effort to change medical records to fit with gender identities. Participants experienced these as "positive affirmations" of their gender (TN129), and it allowed them to feel like "everyday, 'normal' (people)" (TN262), in the often difficult process of consulting health

services about transgender health issues.

It was common for participants to be met with a degree of curiosity and surprise in their encounters with health services. This could range from "just the odd raised eyebrow, nothing serious" (TN18), to feeling like "a bit of a novelty or freak show" (TN262). Some participants preferred it when practitioners seemed to be "oblivious" (TN25) to their transgender status, or when they "didn't even bat an eyelid" (TN04) upon learning about it.

Respondents' worst experiences with health services usually involved encounters where they were met with hostility. These ranged from instances where participants sensed discomfort, contempt and resentment, to occasions of being refused treatment, laughed at, ridiculed, and met with outright displays of disgust. Examples included: "being told that (she was) the filthiest most perverted thing on earth" (TN11), while another's was being told that he "needed to find god not hormones" (TN132). For some, prejudice and contempt came to be expected. Sometimes participants were grateful simply for the absence of explicit displays of these: "Most males in the health service try not to show their distaste for my condition, and I appreciate that" (TN73).

Attending sex specific medical clinics that were discordant with participants' gender identities was a difficult experience for many. Some people avoided using these services altogether. The experience could be made even more difficult by medical staff who did not respect participants' gender identities. For one participant, the negative experience with a health service that stood out was "having a hysterectomy, being (in) a gynaecological ward...and (the) staff 'she'ing (him) (TN81)". Medical staff could also disaffirm a person's gender identity by using the wrong name, and could sometimes be flippant about confidentiality, for example "calling out the wrong (former) name in a waiting room full of people" (TN24).

A number of participants said that they had never spoken to health professionals about transgender health issues and others said that they were often reluctant to disclose their transgender status with practitioners when being treated for health problems. Fear of being "stereotyped and boxed" (TN105), pathologised, labelled, judged, stigmatized, met with hostility and ignorance, were some of the reasons that people gave. These fears were sometimes based on the experiences of other people, or on an individual's past experiences with health services. One woman explained her reluctance to use a health service, saying:

Fear of the health system. After bad experiences I'm scared to use it because I know it's not really there for me. (TN289)

Discomfort about having to expose one's genitalia was a common theme in the data, both in participants' accounts of their reluctance to use health services, and in descriptions of participants' best and worst experiences with health services. Practitioners who were sensitive to the difficulties that transgender people face in health care settings, and who recognized participants' unease over medical check-ups, were valued greatly. One participant who felt self-conscious about baring parts of himself said that he felt at ease with his plastic surgeon who he found to be "professional and respectful" (TN24). Another said this of his general practitioner:

She realises I have big issues relating to female health issues. Pap Smear, breast check, EWW. She does everything she can to put me at ease. Whilst having yucky pap thing still calls me sir! Love it. (TN132)

Practitioners were greatly appreciated if they were knowledgeable and experienced in transgender issues, and if they were sensitive to gender diversity and to the difficulties that transgender people face in health care settings. Of course, knowledge about appropriate hormone treatment and surgery is also important. Many participants, however, found that their doctor had little experience in treat-

ing transgender people, and needed to gain new skills in order to take them on as patients. This situation was not necessarily experienced negatively. While some people wished that their doctors had been taught how to treat transgender patients in medical school, and not need to be educated by their patients, others were happy to have open-minded doctors who "learned with (them)" (TN127), and who showed an interest in transgender issues.

Some participants enjoyed being an "equal partner" (TN166) in the doctor-patient relationship, "involved in the process rather than just being told what to do" (TN69). They liked practitioners who respected the transgender patient's own knowledge about their body, and trusted their ability to make their own decisions about what they wanted. For one participant, her best experience with a health service was the first time her "views on (her) gender (were) accepted as authoritative" (TN211).

My psychiatrist treated me like a rational adult and didn't make me go through various silly hoops. (TN85)

Participants reported on whether health services and practitioners gave them the opportunity to express their views on the services that they received. Most (51.7%) said that they did, just over a quarter (27.4%) said that they did not, and a significant proportion (20.9%) said that they did in some instances but not all. Many participants noted that they would express their opinions whether or not they were given the opportunity: "Try and stop me!" (TN27), one person said.

Other participants noted that this approach was not always possible, especially when doctors acted as gatekeepers who controlled access to hormone treatments and surgery. To make the process easier for themselves, some participants limited how expressive they were of their opinions, as not to do so was "at (one's) own peril" (TN225).

Participants were also acutely aware of needing to meet certain criteria in order to qualify for hormone treatment and surgery. Many people felt that they were required to "fit a textbook description" (TN176) of what a transgender person should be, and then were made to "jump through hoops", a commonly used phrase in the data, before treatment was approved.

Remove the Harry Benjamin Standards of Care and replace with a check list that isn't designed round a set of hoops to jump through. (TN55)

For many, using health services for transgender health issues involved presenting themselves in particular ways in order to fit into stringent gender categories that did not necessarily reflect the way they experienced their gender identity. Some participants expressed a frustration over being constantly "pigeonhole(d) into only either male or female" (TN227) in the health system. They encountered doctors who had "quite old-fashioned views about masculinity and femininity" (TN04) and found that their way of dressing, for example, was "judged" according to what people of a particular gender "(wore) in the 50s" (TN106) rather than what they wear today.

Participants reported feelings of anxiety over whether they would meet the criteria for treatment; some reported making an effort to only say what they thought was in line with expectations of a transgender person:

Many people I've spoken to are too scared to say anything that doesn't fit "the standard story" because they're worried they'll be denied services (which is understandable). (TN04)

I have on occasion censored aspects of my experience for the fear of being denied treatment. (TN21)

Participants pointed to a need for a more complex understanding of gender in the health system. Many cited this as one of the

things they would change about the health services that they had accessed. Participants argued that practitioners needed to be aware of the "diversity of gender identities" (TN21) and to recognise that "transpeople are a diverse bunch of people with diverse needs" (TN22).

The process of being diagnosed with a Gender Identity Disorder was fraught. It often meant participants allowing themselves to be defined in ways that ran contrary to their sense of personal esteem and worth, yet they were dependent on such a diagnosis as one of the "hoops" that they needed to clear. In this way, participants could be simultaneously supported and undermined by the health system:

One can feel intimidated by just having to go to health system 'cause transgender gender is not a sickness, yet western medicine can imply otherwise if a trans person becomes dependent on it for survival reasons (TN98)

Participants' comments about diagnosis painted a complex picture. For some, being "finally diagnosed as gender dysphoric and being prescribed hormones" (TN232) was a significant and happy milestone. These descriptions complemented the stories of other participants who struggled to have health professionals take them seriously. Participants related encounters with practitioners who refused to help them because they "didn't believe in transgenderism" (TN163), or who thought that their transgenderism was a "fetish or obsession" (TN269). Some participants also had to justify their decisions to use hormones to doctors who did not think that wanting to change their bodies was a good enough reason to be on hormone therapy.

The process of assessing whether someone met a transgender or transsexual standard that qualified them for hormone treatment or surgery was experienced as a degrading experience for some participants. They felt interrogated, exposed, and humiliated by "invasive questions" about their bodies (TN206), and could feel like their lives were being "ripped to

pieces by (their) psychiatrist" (TN77). In contrast to the experiences of participants who felt that they had some control over how they were defined, these participants felt "grilled and mistrusted and attacked" (TN140).

I had an appalling psychiatrist as was his replacement at his clinic. All they wanted to know about was my sexual practices and fantasies. They were not interested in anything else. To the extent that I was asked about what positions I took in sexual conduct, whether I enjoyed penetration and specifically what kind, and whether I lay face up or face down when masturbating. (TN162)

In these instances, participants felt that their individual needs were not taken into account, and that specialists could be "more interested in (a client's) 'gender dysphoria'" than in the person who they were treating (TN26). They felt that doctors were more focused on "making (ing) sure that (their) life experience matched that of the 'typical' FtM" (TN199) rather than working out what the best treatment would be for their patients as individuals:

I felt like I was being put through a 'tranny factory'. (TN199)

Adhering to diagnostic criteria alone could create a mismatch with the treatment that was offered, and a participant's readiness to undergo treatment or their inclination to at all.

As important as it was for participants to have their experiences taken seriously, it was also important for them not to be over-defined by them. A focus on a patient's gender dysphoria or transgender status could eclipse other important aspects of their health and well being. While it was important for health professionals to be aware of the context in which they were treating their patients, participants noted that doctors needed to also be "aware that not all medical problems stem from gender issues" (TN127):

...I was referred to a different psychiatrist who took a more holistic approach to my issues. He treated my depression as a separate issue

from being trans and gave me a lot more confidence that living as male was right for me as an individual, and not just because I fit a set list of diagnostic criteria. (TN47)

Rapport between the doctor and patient was important in ensuring that participants received the treatment that was right for them. Once rapport was established, participants' input was respected, and their individual needs were more likely to be taken into account. Some participants made choices about which health services to use. Some of those who had not had a "worst experience", said that this was because of their conscious decision to see health practitioners who they knew were sensitive to transgender issues. They chose practitioners that suited them, and if they came across someone who did not, they would move on. One woman, for example, stopped seeing a sexual health physician who "did not credit (her) with knowing about hormones and (her) body". Instead she saw her GP with whom she was "able to discuss everything related to (her) hormone regime" and arrive at decisions together (TN181). Another participant "always sought professional health-care and psychotherapy" as to not do so was "asking for trouble" (TN178).

I haven't really had a good experience - everything I've used is through [institution], and I've had to use them because they were the only alternative, not because they were in any way a good option. (TN255)

It was ideal for participants to be able to choose services that worked for them, as this could go a long way to ensuring that they were able to obtain suitable care. In reality, however, this was out of reach for many. Cost of services, the lack of public funding, and the scarcity of relevant services in some areas were the main barriers to receiving appropriate treatment. Participants also commented on the scarcity of health services for transgender people in the public system, commonly reporting long waiting periods for accessing services.

The issue of gatekeepers who determined who

was able to access surgery was raised. One participant suggested the need for more than one gatekeeper to ensure that individual differences did not determine whether or not one was able to access suitable treatment:

When your entire life is in the hands of one person, with whom you might not get along, it can be very frightening and traumatic. (TN185)

For some participants, the presence of these gatekeepers made them reluctant to use certain health services at all for fear that they might interfere with one's "right to self determination" (TN166).

Just as there were participants who had not had bad experiences, there were participants who said that they were "still waiting" (TN206) for something they could call their "best experience", and that "there (hadn't) been any good bits so far" (TN222), "Get back to me in a year or so, if I haven't suicided by then" (TN222), "I would change society first" (TN95).

Discussion

This study is one of the largest of transgender people recruited from a community, non-clinical base. It is the biggest study of its kind ever undertaken in Australia and New Zealand. The recruitment achieved a very wide geographic spread. However, the limitations associated with an internet based survey are that self-report of health service experiences, particularly gender re-assignment surgery cannot be validated through clinical records. The ratio of those assigned male at birth to those assigned female was 3:1. This is very similar to ratios reported in prevalence studies of Gender Identity Disorder (GID) and transsexualism that have been conducted in European countries (De Cuypere et al., 2007; Garrels et al., 2000; van Kesteren, Gooren & Megens, 1996; Wilson, Sharo & Carr, 1999). However, the fact that the majority of participants did not report gender re-assignment surgery indicates the bias associated with those studies

that rely exclusively on clinical samples. Many open-ended questions were included which allowed us to capture the diversity of experiences, as well as self-description that is often absent from a closed question survey instrument. Recent work from the UK shows many parallels with these findings. That work was based on in-depth interviews with a small convenience sample of trans-gendered people (Hines, 2007).

A further limitation of the study might be the use of an online survey instrument. Although the study was advertised in a variety of ways and not limited to online advertising, it did require that participants had access to and were at ease with computers and the world wide web. This limitation however is outweighed by the advantages of an online survey that include, but are not restricted to anonymity, confidentiality, and cost effectiveness. We cannot assess the degree of potential bias associated with this particular sample.

This study shows that when transgender people in Australia and New Zealand use health services, both general services and those specific to transitioning, they have a range of experiences, both positive and negative. Positive encounters with health professionals are characterised by an acknowledgement and recognition of them as transgender people, sensitivity around issues of disclosure, stigma and discrimination, and a willingness to acknowledge the diversity of health needs. Negative experiences however, or the anticipation of them, can contribute to under use of services and poorer health outcomes.

This study provides several pointers as to unmet needs for transgender people and suggests some key issues which may be important in ensuring equitable health care provision for this group. It is clear that transgender people use a range of health services for issues some of which are related to their gender identity and some of which are not. In every instance however, these encounters inevitably require some negotiation around gender identity to establish a working relation-

ship with the health care provider. Health care providers who are non-judgemental and can establish with their transgender patients a relationship which is based on respect rather than curiosity will clearly be valued and provide quality care. A particularly striking finding was the high use of mental health services, while some of this use might be related to the need for psychiatric assessment prior to gender reassignment therapy it is likely that many mental health issues experienced by transgender people are the consequence of the extensive stigma and discrimination they report as part of their daily lives.

The issue of how medical services relating to gender affirmation should be delivered in Australia and the role to be played by psychiatric assessments is a matter for some debate. Medical services play a critical role in gender affirmation for many transgender people but they are subject to strong criticism by participants in this study, some of whom admit to deceit in order to make the system work for them. A review of this area of service delivery which takes account of the experience of transgender people when accessing services would be a positive and respectful step towards some resolution of the issues this research has identified.

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and *Writing Themselves In Again – 6 Years On: The second national report of the sexuality, health and wellbeing of same sex attracted young Australians*. She is currently working on a study of violence and discrimination against GLBTI Victorians funded by the Victorian Law Foundation.

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References

- Collyer, F., & Heal, C. (2002). Patient satisfaction with sex re-assignment surgery in New South Wales, Australia. *Australian Journal of Primary Health, 8*(3), 9-19.
- Couch, M., Pitts, M.K., Mulcare, H., Croy, S., Mitchell, A., & Patel, S. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Monograph series 65, Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne, Victoria.
- De Cuypere, G., Van Hemelrijck, M., Michel, A., Carael, B., Heylens, G., Rubens, R., et al. (2007). Prevalence and demography of transsexualism in Belgium. *European Psychiatry, 22*(3), 137-41.
- Garrels, L., Kockott, G., Michael, N., Preuss, W., Renter, K., Schmidt, G., et al. (2000). Sex ratio of transsexuals in Germany: the development over three decades. *Acta Psychiatrica Scandinavica, 102*(6):445-8.
- Hines S. (2007). (Trans)Forming gender: Social change and transgender citizenship. *Sociological Research Online, 12*(1).
- Mathy, R. (2001). A nonclinical comparison of transgender identity and sexual orientation: A framework for multicultural competence. *Journal of Psychology and Human Sexuality, 13*(1), 31-54.
- Meese, P. (1997). The role of the general practitioner in the care of the transgender patient. *Venereology, 10*(3), 154-7.
- Pitts, M., Smith, A., Mitchell, A., & Patel, S.

- (2006). *Private Lives. A report on the health and wellbeing of GLBTI Australians*. Melbourne: Gay and Lesbian Health Victoria and the Australian Research Centre in Sex Health and Society, La Trobe University.
- Perkins, R., Griffin, A., & Jacobsen, J. (1994). *Transgender lifestyles and HIV/AIDS risk*. Canberra: Commonwealth Department of Human Services and Health and AFAO.
- Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*.
- van Kesteren P.J., Gooren, L.J., & Megens J.A. (1996). An epidemiological and demographic study of transsexuals in The Netherlands. *Archives Sexual Behavior*, 25(6), 589-600.
- Wilson P., Sharp C., & Carr S. (1999). The prevalence of gender dysphoria in Scotland: A primary care study. *British Journal of General Practice*, 49(449), 991-2.



LET'S TALK ABOUT TRANS: 'TRANS-POSITIVE' DISCOURSE, AUSTRALIAN PSYCHOLOGY AND GENDER EUPHORIA

NATALIE LYSENKO

Abstract

The rise of social justice discourses in 'mainstream' psychology (Sue, 2003) has led to changes in the profession relevant to Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities. While homophobia and heterosexism have been the focus regarding 'sexual minorities' (Petchesky), more recently 'trans-positive' (Raj, 2002) psychology has come onto the agenda. In place of aetiology and pathology, 'trans-positive' discourses tend to talk about the issues of trans people in terms of human rights and culture. While not replacing older medicalised discourses on trans, the influence of 'trans-positive' discourses has become present in 'mainstream' psychology, as seen in recent literature and policy of the American Psychological Association (APA). Currently there is little in the Australian psychological literature on trans issues and the Australian Psychological Society (APS) has no policy on trans. Martin (2008) is one of the few psychologists in Australia writing about current practice with trans clients. While he takes a stance that could be characterised as 'trans-positive', there are tensions in how trans people are positioned in his work. While arguing for the development of 'trans-positive' ethical guidelines by the APS, the present paper touches on issues to be worked through in doing so. The present paper speaks to psychologists in Australia, aiming to highlight that a 'trans positive' stance is not sufficient: improvements to policy and practice need to be made in the context of greater engagement with trans issues by Australian psychology.

Keywords: trans, transgender, transsexual, ethical guidelines, Australia

Introduction

Discourses are clashing as gender non-conformity is being spoken about in increasingly positive terms. Within psychology there is talk that trans¹ is part of natural human variability, and with a growing emphasis on culture and social justice, the personal stories of trans people are becoming louder. Emerging perspectives position trans within culture rather than pathology, aligning trans with the human rights movements of other minoritised² groups. Such discourses, which have been described as 'trans-positive' (Raj, 2002), are associated with efforts to reduce discrimination and improve how health care professionals are engaging with trans people. A recent report by the APA (2008a) reflects 'trans-

¹ *Trans* is often used as shorthand to refer to people who are not gender normative (e.g. Elliot, 2009; Rubin, 1998). There are many ways of identifying that are covered under the trans umbrella, such as transsexual, transgender, intersex, sister-girl, bigendered, man, woman, a person of transsexual history, two-spirit, hijra, trans-man, trans-woman, tranny, trannyboi, gender fuck and gender-queer to name a few. Other terms such as transgender (e.g. Stryker 2006), gender variant (e.g. APA, 2008a; Miller, 2006) and genderqueer (Wilchins, 2002) are used similarly as umbrella terms. There are tensions in using such terms, as not all people to which they are applied identify with or agree with their usage.

² *Minoritised* is taken from Burman and Chantler (2005) who use the term "to highlight that groups and communities do not occupy the position of minority by virtue of some inherent property (of their culture or religion, for example) but acquire this position as the outcome of a socio-historical process." (p.60).

positive' discourses and resulted in the APA adopting an explicit trans anti-discrimination policy.

'Trans-positive' perspectives are less common within psychology in Australia. Psychological literature on trans is hard to find and the APS is yet to introduce policy regarding trans clients. A paper by Martin (2008) will be addressed here as it is one of the few instances of a psychologist writing about current practice with trans clients in Australia. While Martin (2008) takes a stance that could be characterised as 'trans-positive', there are tensions in how trans people are positioned in his work. Ethical guidelines, while legitimising 'trans-positive' approaches, are unlikely to ameliorate such tensions on their own. Psychologists need to engage trans debates in the literature, and be reflexive about how they are negotiating the therapeutic alliance with trans clients.

'Trans-Positive' Gender Affirmations

There are two dominant trends in how people talk about trans. Stryker (2006) distinguishes these trends through considering their epistemic contexts: modernism and post-modernism. For Stryker (2006), while 'objective' knowledge is paramount in 'the study of transgender phenomena' (the modernist project of cultures with European origin), experiential knowledge and the speaking position of each voice are considered valued ways of knowing in 'transgender studies' (a critical post-modern project). Denny (2004) describes this in terms of two opposing models of psychological and medical communities' conceptualisation of gender variance. For Denny (2004) the 'transsexual' model views trans as a form of mental illness, and is presented as old, misguided, oppressive and biased with roots in 'objective' science. By contrast, the 'transgender model' (Denny, 2004) positions transsexualism and other types of gender variance as natural forms of human variability. It is characterised as fresh, smart, comes from the human rights struggles of trans activism, and considers the personal stories of trans people as legitimate ways of

knowing. Tension in the terms used by Denny (2004) will be addressed later in this paper. The impact of health care professionals listening to trans people and respecting gender non-conformity is to foster affirming and collaborative therapeutic spaces. Raj (2002) refers to such approaches as 'trans-positive', seeing their presence as coming from the work of trans clients, trans health care workers and trans activists. Carroll and Gilroy (2002) coined the term 'transgender cultural competence', drawing on concepts from multicultural counselling (e.g. Sue, 2003) and treating trans as a cultural category. This implies that to be considered competent psychologists must adopt an affirming stance. 'Trans-positive' is used here to refer to these new discourses growing out of trans activism and social justice movements which value experiential knowledge and the subjectivity of speakers.

Taking trans as cultural rather than pathological, 'trans-positive' discourses in psychology are able to draw on arguments from multicultural movements that are more established in 'mainstream' psychology, such as African American, People Living With Disability (PLWD), and Gay and Lesbian movements. This provides impetus for the development of policy and training materials by the profession of psychology to combat discrimination and address the ways stigma against trans people might enter the therapeutic space. A recent report commissioned by the APA in the US last year (APA, 2008a) attempts to do this, stating: "the needs of transgender people are inextricably linked to broader issues of human rights and social justice, issues with which APA is greatly concerned." (p.10).

The US, APA and 'Trans-Positive' Psychology

There are a few reasons why the United States (US) is relevant to a discussion of 'trans-positive' psychology and trans people in Australia apart from both being western nations with histories of colonisation. US psychology

has a significant influence in Australia³, and 'trans-positive' discourses are mostly being generated from within the US. There has been a proliferation of information drawing on 'trans-positive' discourse, and most of this originates from the US, such as the burst of guidebooks for health care professionals working with trans clients (e.g., Carroll, 2009; Cole, 2000; Hunter & Hickerson, 2003; Leli & Drescher, 2004; Lev, 2004; N. Miller, 1996 focuses on counselling trans and Bieschke, Perez, & DeBord, 2007; Bocking & Goldberg, 2007; Fontaine, 2002; Gainor, 2000; Israel & Tarver, 2001; O'Shaughnessy & Carroll, 2006 devote a chapter to the subject in a more general guide. Two of these texts have been reviewed in this journal by Miller, 2005; 2006). Further, Australian and US-based trans communities have strong relationships and cultural parallels.⁴

There is much cross fertilisation of US and Australian trans culture via literature and online communities. Blogging and edited collections of autobiographies are two major points of intersection (for more on trans narrative see Ekins & King, 2001) such as the work of gender theorist Kate Bornstein (often featured in trans community journals such as *Polare*) and her blog (Bornstein, n.d) which includes reference to Australian trans people. Australian trans psychologist and writer Tracie O'Keefe and her partner Katrina Fox's edited book *Trans people in love* (2008) in-

cludes a forward by Kate Bornstein and her partner Barbara Carrellas, and the love stories of trans people from Australia and the US. While the trans communities of the US are similar to trans communities in Australia, and there is a strong bond between the two, it is important not to assume that what can be said of trans cultures in the US is applicable to trans cultures in the Australian context.

'Mainstream' psychology and psychiatry of the US is now talking about trans issues. The Task Force on Gender Identity and Gender Variance (henceforth referred to as the Task Force) was commissioned by the APA in 2005, and has released a report (APA, 2008a) last year reviewing research, policy and practice relevant to trans clients, trans students and trans psychologists. The Task Force report (APA 2008a) includes 'trans-positive' discourses, as well as those that could be considered 'trans-negative' or a part of Denny's (2004) 'transsexual model' or what Stryker (2007) calls 'the study of transgender phenomena'. In consulting with trans clients, students, psychologists and organisations, encouraging "psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals" (APA, 2008b, p.3), and proposing the development of ethical guidelines, the report (2008b) and associated resolutions (APA, 2008a) take a 'trans-positive' approach. In referencing research aimed at 'treating' GID in children without explicit condemnation and including one such researcher (Kenneth Zucker⁵) as a member of the Task Force, it could be said to include the influence of 'trans-negative' discourses.

The report advocates for changes on the level of policy and training. The *Resolution on Transgender, Gender Identity, and Gen-*

³ For example, the present paper uses a referencing system of the APA, as is the convention for all Australian psychological writing. Also, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) which is produced by the American Psychiatric Association (and includes the diagnosis of Gender Identity Disorder) is taught and used in practice by psychologists in Australia.

⁴ Common to US and Australian contexts, there has been exclusion of trans from GLB and feminist spaces (for example the Michigan Womyn's Festival (Wilchins, 1997) and Confest, a Lesbian conference in Brisbane (Costigan, 1994)) and anti-trans feminist academics in Australia (e.g. Sheila Jeffreys, 2006) and the US (e.g. Janice Raymond, 1979).

⁵ Trans academics and advocates are critical of Kenneth Zucker, calling his work reparative therapy (e.g. Conway, 2007).

der Expression Non-Discrimination put forward by the report was later adopted by the APA Council of Representatives (APA, 2008b). It was resolved that psychologists are called on by the APA to provide non-discriminatory treatment to trans people and are ethically obliged to seek training to ensure competence in their services with trans clients. The report also encouraged the APA to develop practice guidelines for work with trans clients.

Ethical Guidelines in Australia

The present paper calls for the APS to develop ethical guidelines for work with trans clients. The APS's ethical guidelines serve a similar function to the APA's practice guidelines, both of which are developed for work with minoritised clients, or "populations with unique needs" (APA, 2008a, p.73), however practice guidelines relate to psychological interventions whereas ethical guidelines relate to ethical conduct. While the Task Force report (APA, 2008a) recommended the development of practice guidelines for work with trans clients, these are more in the form of ethical guidelines in a similar manner to the GLB guidelines (APA, 2000) which "are not prescriptive, but rather assist professionals in understanding the social context, the role of discrimination, and how to practice in a non-discriminatory manner" (APA, 2008a, p.74).

There are many issues around developing 'trans-positive' ethical guidelines. While being trans specific they are issues relevant to representation of any minoritised group. The present paper will touch on a few of these issues by way of stimulating discussion.

Ethical guidelines need a subject, a defined population. Petchersky (2009) says selecting a language to refer to the subjects of sexual and gender rights places us in a modernist dilemma: stuck between wanting to honour difference through naming identities, and rejecting hierarchy through reclaiming universals. So, who are we talking about?

Where should the boundary lines be drawn? Is trans best seen as: part of the big happy GLBTIQ family; an umbrella for gender warriors; or a term that obscures too much diversity and should not be used at all?

What Size Umbrella?

Amending existing APS LGB client guidelines (APS, 2000) for use with trans clients is one option. This would be an efficient use of resources and there are parallels in how these peoples have been minoritised. However, within psychology and GLBTIQ communities (and their intersections) trans is often subsumed under sexuality with the specific concerns of trans people being obscured (Fassinger & Arseneau, 2007). This was one reason cited by the Task Force (APA, 2008a) for not taking the opportunity to develop guidelines which could be integrated into existing GLB guidelines (APA, 2000), which would have been convenient as these were being revised at the time for publication in 2010. Petchesky (2009) posits that the term 'sexual minorities' and grouping into GLBTIQ "collapses both differences in condition (those of sexuality with those of gender; those of a chosen identity with those of a coerced or even mutilated one) and differences in power, assuming commonalities and coalition where these are still, at best, at an early and fragile stage of formation." (p.107).

Regarding the title of this journal: *Gay and Lesbian Issues in Psychology Review (GLIP Review)*, Riggs (2005) notes in the editorial of the first edition that "we are hesitant to claim the title 'LGBTI psychology' before we have actually witnessed successful attention being paid to the multiple communities that come under this term in Australia." This choice is refreshing as T is often lumped on the end of the rainbow alphabet soup without being addressed specifically (e.g. Michaelson, 2008).

Trans people, communities and cultures are not homogeneous (Elliot, 2009). Within

countries, cities, neighbourhoods and online communities there is diversity, and tensions, alliances and intersections. Guidelines which use the umbrella *trans* may alienate some and feel suffocating to others. Australian Indigenous people, who generally prefer the term *sistergirl* over *trans* or *transgender* (Brown, 2006), may find such guidelines do not resonate with them. The report of the First National Indigenous Sistergirl Forum (1999) uses the term *Sistergirl*, explaining that 'transgender' is only used for bureaucratic purposes as it is a western word that is not representative of Indigenous communities. A current point of tension within the *trans* umbrella is illustrated in Denny's (2004) use of terms described earlier. A hierarchy is created by the choice of words "transsexual model" and "transgender model", with *transgender* positioned as more enlightened and progressive than *transsexual*. This has negative implications for people who identify as *transsexual* and is an ongoing issue (for further discussion see Elliot, 2009).

As all terms/subjectivities/identities are aggregates, even when a person identifies with the label being applied to them, there is tension. Guidelines which outline a particular identity or cultural group through providing a list of features (content approach) may be prone to perpetuating stereotypes and obscuring the personal culture of individuals (Arthur & Achenbach, 2002). Taking a content approach to culture freezes it as a set of features, and generalises these to all members of that culture. In contrast, a process approach sees culture as a dynamic and creative process, arising in a particular social and historical context, and recognises that "people can change, add to, or reject cultural elements... and acknowledges the agency of individuals in establishing their social worlds". (Lopez et al 2002, p.63). Ethical guidelines for work with *trans* people will need to encourage psychologists to seek understanding of the personal significance that identification and use of language has for each *trans* client.

Australian Literature

There is little work in the Australian psychological literature which explicitly discusses practice with *trans* clients. A database search within Australian peer review psychology journals (*Australian Journal of Guidance & Counselling*, *Australian Journal of Psychology*, *Australian Psychologist*, *Australian Journal of Marriage & Family*, *Australian Journal of Psychotherapy*, *The Australian Community Psychologist*, *Clinical Psychologist*, *The Australian Journal of Counselling Psychology*) for "trans", "transgender" or "transsexual" returned two results: Ashman (2004) and Michaelson (2008), both of which focus on sexuality and do not address *trans* issues. The *GLIP Review* is unique in the Australian literature, including articles such as one by Martin (2008) which address *trans* issues in psychological practice.

Martin (2008) published *My experience working with transgender clients* in the *GLIP Review* last year, reflecting on counselling *trans* clients as part of his 15 years of private practice specialising in work with GLBT people. He summarises common presenting issues, and speaks respectfully of his clients. While it is a short article, Martin's (2008) paper is one of the few psychological practitioner perspectives present in the current Australian literature.

While writing from a stance that could be characterised as 'trans-positive', there are some tensions in the way *trans* issues are engaged with in Martin's (2008) article. Martin (2008) disclaims the statements he makes about his clients as referring to "some" *trans* people, and prefaces this by saying: "What follows is a personal account of some of the issues I've encountered working with this population" (p.148). Speaking from personal experience acts to discursively legitimise the selection of "some" aspects of clients and their experiences are highly negative (aggressive, socially isolated, limited to underground employment, having an underlying sadness, victims of violence) or highly positive

(pioneering, resilient, wonderful potential friends who have amazing strength, fortitude, and who overcome insurmountable challenges). A binary is constructed of the subjectivity of trans clients as superheroes/abject, similar to problematic depictions of people living with physical disabilities noted by Harnett (2000). This is not to deny that these issues are present in the lives of "some" trans people. Rather, the problem is that selection of extremes leading to a binary can act to constrain the ways people relate to one another, and to themselves. In the context of the therapeutic space this could mean a therapeutic relationship coloured with veneration or stereotypes, and limitations on the selection of material for discussion in sessions.

The presenting issues Martin (2008) mentions relate directly to gender non-conformity, which reflects a tendency in counselling literature on trans to focus only on gender related issues. In a systemic review of research on transgender clients in counselling and psychotherapy King and colleagues (2007) found that one study - conducted by Rachlin a member of the APA task force (2002) - included consideration of issues other than adjustment and eligibility for sex reassignment surgery. Such a focus may seem to make sense on first blush, however "Transgendered and transsexual persons seek therapy for any number of reasons that might also bring non-transgendered individuals to the therapist" (Denny, 2007, p. 275). There are accounts of trans clients with issues unrelated to gender seeking out counsellors who have an understanding of trans issues so as to avoid an inappropriate focus on difference: "A. sought treatment for chronic depression and chose someone with knowledge of GID because she did not want that to be the issue." (Seil, 2004, p. 102).

Martin has negotiated the therapeutic alliance with trans clients in the absence of formal training requirements or ethical guidelines. Rather than a summary of presenting issues, I would have been more interested in what Martin refers to as the "constant proc-

ess of challenging [his] emotional and underlying beliefs", and in what other counsellors could take from this.

Introducing APS guidelines for work with trans clients would present an opportunity to place 'trans positive' approaches on the agenda for psychologists in Australia. The issues relevant to trans people are complex and there is no easy way of enabling one to negotiate them through skimming a list of guidelines. As Brown (2006) says "Discussion about transgender/ sistergirl identity is ongoing, as there are no clearly defined boundaries." Psychologists will need to engage in dialogue around trans issues if guidelines are to be useful. Let's start talking.

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References

- APA. (2008a). *Report of the Task Force on Gender Identity and Gender Variance*. In A. P. Association (Ed.). Washington DC: American Psychological Association.
- APA. (2008b). *Resolution on transgender, gender identity, and gender expression non-discrimination*. Washington DC: APA.
- APS. (2000). *Ethical guidelines for psychological practice with lesbian, gay and bisexual clients*. Melbourne: APS.
- Arthur, N. & Achenbach, K. (2002). Developing multicultural counseling competencies through experiential learning. *Counselor Education and Supervision*, 42(1), 2-14.

- Ashman, A. (2004). Same-sex attracted youths: Suicide and related factors. *Australian Journal of Guidance & Counselling*, 14 (1), 48-64.
- Bieschke, K. J., Perez, R. M., & DeBord, K. A. (2007). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed.). Washington, DC: American Psychological Association.
- Bocking, W. O., & Goldberg, J. M. (Eds.). (2007). *Guidelines for transgender care*. Haworth Medical Press.
- Bornstein, K. (n.d.) *Kate Bornstein's blog for teens, freaks and other outlaws*. Retrieved November 12, 2009. http://katebornstein.typepad.com/kate_bornsteins_blog/
- Brown, K. (2006). *Video presentation: 'Sistergirls' – Stories from Indigenous Australian Transgenders. Description*. Retrieved November 30, 2009. <http://www.glhv.org.au/?q=node/126>
- Burman, E. & Chantler, K. (2005). Domestic violence and minoritisation: Legal and policy barriers facing minoritized women leaving violent relationships. *International Journal of Law & Psychiatry*, 28(1), 59-74.
- Carroll, L. (2009). *Counseling sexual and gender minorities*. Prentice Hall.
- Carroll, L., & Gilroy, P. J. (2002). Transgender issues in counselor preparation. *Counselor Education and Supervision*, 41(3), 233-242.
- Cole, S. S., Denny, D., Eyler, A.E., Samons, S.L. (2000). *Issues of transgender*. Hoboken, NJ: John Wiley & Sons Inc.
- Conway, L. (2007). *Drop the Barbie: Ken Zucker's reparatist treatment of gender-variant children*. Retrieved December 1, 2009 from <http://ai.eecs.umich.edu/people/conway/TS/News/Drop%20the%20Barbie.htm>
- Costigan, K. (1994). Confest expels transys. *Lesbians On The Loose*, 5(8), 1-4.
- Denny, D. (2004). Changing models of transsexualism. *Journal of Gay & Lesbian Psychotherapy*, 8(1-2), 25-40.
- Denny, D. (2007). Transgender identities and bisexual expression: Implications for counselors. In B. A. Firestein (Ed.), *Becoming visible: counseling bisexuals across the lifespan* (pp. 268-284). New York, NY: Columbia University Press.
- Ekins, R. and King, D. (2001). Tales of the unexpected: Exploring transgender diversity through personal narrative. In F. Haynes & T. McKenna (Eds.) *Unseen genders: Beyond the binaries*. New York: Peter Lang.
- Elliot, P. (2009). Engaging trans debates on gender variance: A feminist analysis. *Sexualities*, 12(1), 5-32.
- Fontaine, J. H. (2002). Transgender issues in counseling. In L. Burlew & D. Capuzzi (Eds.), *Sexuality counseling* (pp. 177-194). New York: Nova Science Publishers.
- Gainor, K. A. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In B. Green & G. L. Croom (Eds.), *Education, research and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 131-160). Thousand Oaks, CA: Sage Publications.
- Jeffreys, S. (2006). Judicial child abuse: The family court of Australia, gender identity disorder, and the 'Alex' case. *Women's Studies International Forum*, 29(1), 1-12.
- Harnett, A. (2000). Escaping the 'evil avenger' and the 'supercrip': Images of disability in popular television. *Irish Communications Review*, 21-29.
- Hunter, S., & Hickerson, J. C. (2003). *Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons*. Washington, D.C.: NASW Press.
- Israel, G. E., & Tarver, D. E., II. (2001). *Transgender care: Recommended guidelines, practical information and personal accounts*. xviii, 282 pp. Philadelphia, PA, US: Temple University Press.
- King, M., Semlyen, J., Killaspy, H., Nazareth, I. & Osborn, D. (2007). *A systematic review of research on counselling and psychotherapy for lesbian, gay, bisexual & transgender people*. British Association for Counselling and Psychotherapy.
- Leli, U., & Drescher, J. (2004). *Transgender*

- subjectivities: A clinician's guide*. 162pp, New York, NY, US: Haworth Press.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. xxix, 467 pp. Binghamton, NY, US: Haworth Clinical Practice Press.
- Lo'pez, S. R., Kopelowicz, A., & Canive, J. M. (2002). Strategies in developing culturally congruent family interventions for schizophrenia: The case of Hispanics. In H. P. Lefley & D. L. Johnson (Eds.), *Family interventions in mental illness: International perspectives* (pp. 61–90). Westport, CT: Praeger.
- Martin, P. (2008). My experience working with transgender clients. *Gay and Lesbian Issues and Psychology Review*, 4(2), 148-149.
- Michaelson, M. T. (2008). Inclusion and social justice for gay, lesbian, bisexual, and transgender members of the learning community in Queensland state schools. *Australian Journal of Guidance & Counselling*. 18(1), 76-83.
- Miller, J. (2005). Review of Transgender subjectivities: A clinician's guide. *Gay and Lesbian Issues and Psychology Review*, 1(2), 68-69.
- Miller, J. (2006). Review of Transgender emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families. *Gay and Lesbian Issues and Psychology Review*, 2(3), 151-153.
- Miller, N. (1996). *Counseling in genderland: A guide for you and your transgendered client*. Boston: Different Path Press.
- O'Keif, T. & Fox, K. (2008). *Trans people in love*. Taylor & Francis.
- O'Shaughnessy, T., & Carroll, L. (2006). Coming to terms with gender identity: Counseling transgendered students. In J. A. Lippincott & R. B. Lippincott (Eds.), *Special populations in college counseling: A handbook for mental health professionals*. Alexandria, VA: American Counseling Association.
- Petchesky, R. (2009). The language of "sexual minorities" and the politics of identity: A position paper. *Reproductive Health Matters*, 17(33), 105-110.
- Rachlin, K. (2002). Transgender individuals' experiences of psychotherapy. *International Journal of Transgenderism*, 6(1).
- Raj, R. (2002). Towards a trans positive therapeutic model: Developing clinical sensitivity and cultural competence in the effective support of trans sexual and transgendered clients. *International Journal of Transgenderism*, 6.
- Raymond J. (1979). *The transsexual empire*. Teachers College, Columbia University, New York.
- Riggs, D.W. (2005). Editorial: Lesbian and gay psychology in Australia in 2005. *Gay and Lesbian Issues in Psychology Review*, 1(1).
- Rubin, H. S. (1998). Phenomenology as method in trans studies. *GLQ: A Journal of Lesbian and Gay Studies*, 4 (2), 263-281.
- Seil, D. (2004). The diagnosis and treatment of transgendered patients. *Journal of Gay & Lesbian Psychotherapy*, 8(1), 99 - 116.
- Stryker, S. (2006). (De)subjugated knowledges: An introduction to transgender studies. In S. Stryker & S. Whittle (Eds.), *The Transgender Studies Reader* (1-18). New York, London: Routledge.
- Sue, S. (2003). In defense of cultural competency in psychotherapy and treatment. *American Psychologist*. 58(11), 964-970.
- Wilchins, R. (2002). Deconstructing trans. In J. Nestle, C. Howell & R. Wilchins (Eds.), *Genderqueer: voices from beyond the sexual binary* (pp. 55-63). LA, NY: Alyson Books.
- Wilchins, R. (1997). *Read My lips: Sexual subversion and the end of gender*. San Francisco: Firebrand.



THE SMILING FACES OF CONTEMPORARY HOMOPHOBIA AND TRANSPHOBIA

DAMIEN W. RIGGS AND AMY PATTERSON

Contemporary media representations of lesbians and gay men arguably continue to perpetuate homophobia (albeit it in more sophisticated and subtle ways than in the past), while bisexual people largely remain invisible, and instances of discrimination against transpeople appear to be the new black. So, more of the same then, you ask? At one level, yes: research on discrimination against non-heterosexual and non-gender normative people within the media has long highlighted the complex ways in which discrimination occurs. In an excellent analysis of representations of queer people on TV talk shows, Gamson (1999) has suggested that the inclusion of queer people within this genre functions either as assimilationist tokenism or as freak-show: manufacturing a liberal 'we are all equal' playing field to which queer people are expected to conform, or perpetuating a 'see, they really are freaks' logic. Either way, Gamson suggests, sensationalist tabloid style media uses queer people as fodder in ways that rarely if ever challenge normative accounts of sexuality and gender.

Yet despite the considerable insights afforded by Gamson's (1999) analysis of talk show representations of queer people, we would suggest that the binary of liberal inclusion or alien freak often plays out in even more complex ways in contemporary media (given that Gamson's analysis was conducted over ten years ago). In order to demonstrate this claim, in this commentary we explore two sets of media representations of queer people: one in which queer people are marginalised at the very moment homophobia is challenged, and another in which queer people are explicitly referred to in phobic (albeit highly complex) ways. Specifically, we first examine a recent promotional

campaign, widely distributed via youtube, aimed at challenging the use of the phrase 'that's so gay', before going on to explore two recent media reports that involve transphobic statements made by certain celebrities. Although we do not claim that these items cover the gamut of media representations of queer people (and certainly part of our argument here is that they do not cover bisexual people at all), our suggestion is that they are broadly indicative of the complex ways in which discrimination continues, albeit often in new guises. Whilst the instances we examine here certainly are framed by the hallmarks of both liberal inclusivity and abjection as identified by Gamson, they do so in ways that we would suggest are more complex than the simple offer of inclusion or outright rejection. Rather, they indicate new variations of homophobia and transphobia that appear more complex and subtle in their enactment, but which are no less violent in their effects.

That's So Gay

Many readers will no doubt be aware of the two (US) public service announcements (PSAs) we refer to here, widely circulated in early 2009. The scenario that both depict is one in which young people are seen referring disparagingly to something (a top, a statue) as being "so gay", at which point a celebrity steps in (in one instance Hilary Duff, in the other Wanda Sykes) to point out that referring to something as "gay, when you mean it is bad" is "insulting". Now, at first glance this might appear to be a positive statement to be making -- we certainly take no issue with the argument that the use of the word 'gay' as a pejorative is offensive to persons who identify as gay, and we would support any effort that

genuinely opposes it. The problem, we believe, lies in the logical structure of the supposed analogy that is used to convey this sentiment in both PSAs, a structure which in practice radically undercuts the surface message of each PSA. In the Hilary Duff 'That's So Gay' PSA, Hilary gestures to an item of clothing misworn by one of the girls and asks her and her friend "what if every time something was bad everybody said 'that's so girl wearing a skirt as a top?'" Similarly, in Wanda Sykes' PSA, she asks two young men, one with an adolescent moustache, "what if I thought this pepper shaker was stupid and I said 'that's so 16 year old boy with a cheesy moustache?'"

Our concern with these types of analogies is twofold. First, and perhaps most obviously, in both instances the items being referred to are positioned, both by context and by the viewer's broader cultural competency, as having something intrinsically bad or stupid about them that would warrant referring to them in derogatory ways. It is clear from context and tone that 'wearing a skirt as a top' and a 'cheesy moustache' are not intended as praise or compliments, and the PSA merely goes on to suggest that it would be impolite to refer to such things explicitly. In this way, the PSAs' analogies don't actually challenge the equation of 'being gay' with 'being bad', but in reality uphold it – it's not inaccurate to equate 'gay' and 'bad', or so the analogy would have it, it's just not tactful to mention it. It doesn't challenge the accuracy of the equivalence (that gay = bad), merely its politeness.

A second and compounding reason why we would argue that the PSAs are problematic is the superficial triviality of the counter examples used, and the fact that these individualised and even comical analogies are treated as comparable to calling something 'gay'. Insulting someone by referring disparagingly to an object of adornment such as their clothing or their facial hair is not at all comparable to referring disparagingly to their sexual identity in a way that calls into question the viability of their very personhood, and we find it troubling that this type of analogy is made and pass

without remark. The situation of gay identities within a historicopolitical context in which their claiming is still often met with derision and/or marginalisation makes the comparison to a fashion faux pas or scraggly facial hair not only nonsensical, but also offensive. The triviality of the analogy matters, in practice, because it acts to shape what kinds and degrees of response will be considered proportionate and reasonable: if 'that's so gay' really is analogous to a tactless remark about a fashion misstep, then any serious effort to oppose the expression is easily repositioned as an over-reaction, as making a fuss about nothing. Needless to say, we do not believe that this is the case, and do believe that the issue deserves better.

The PSAs appear to be attempting to elicit an empathetic response from the viewer, to allow them to projectively identify with an individual whose very personhood is held up as an instance of emblematic badness, in order to convey that this is not just something meaningless that people say, but something that has an impact and that hurts. We feel that both the potential strengths of this as a strategy and the problems with the two PSAs under discussion may be best illustrated through comparison with a response video produced by high school students and made available on youtube not long after the official PSAs were released. In this third and, we believe, more successful example, a similar logic is used, but it is other identity categories that are made reference to in order to highlight the offensive nature of the phrase 'that's so gay' (rather than using a superficial fashion faux pas or teenage moustache). Examples included 'that's so Asian', 'that's so Muslim', and 'that's so Jewish', and in doing so provide a much clearer example of not only how hurtful the term 'that's so gay' is, but also that any comparable term would be considered highly offensive. And that is, at least for us, what is missing from the PSAs: a clear message that the term 'that's so gay' is not simply 'insulting' or impolite, but that it is wrong: actually discriminatory, deeply offensive, and homophobicly inaccurate.

We believe that the expression 'that's so gay' is homophobic - it isn't 'simply' heteronormative or heterosexist, as it holds the potential to incite hatred against gay people - and that naming homophobia as homophobia (as an expression of hate or violence, or what Christopher Fox in the introduction of this issue terms 'queer hate') is what is needed in this situation. Yet more bourgeois-liberal politeness and well-meaning sentiments, functioning as they do in practice to obscure the insidious nature of homophobia by rendering it humorous and analogous to passing comment on cheesy facial hair or bad dress sense, is not, we would argue, constructive or helpful, irrespective of the intent behind the making of the PSAs.

Celebrity Transphobia

At the same time as homophobia appears to be playing out in more subtle and so insidious ways, transphobia seems to be becoming increasingly prominent, gaining acceptance as a commonplace way for people to talk about gender. Whilst expressions such as 'that's so gay' at least evoke some recognition (such as in the PSAs) that referring to something as "gay when you mean it is bad" is "insulting" (however naïve or counterproductive the response to this may be), it is our observation that transphobia is not only rarely challenged, but also that its intelligibility is actively fostered within the media. Two notable examples that we have witnessed this year and will now discuss are the female celebrities Blake Lively and Megan Fox using in print and on camera (respectively) language that is transphobic.

In an issue of Allure magazine, Blake Lively (a star of the teen drama series *Gossip Girl*) is reported as saying:

I feel like a tranny a lot of the time. I don't know, I'm ... large? They put me in six-inch heels, and I tower over every man. I've got this long hair and lots of clothes and makeup on. I just feel really big a lot of the time, and

I'm surrounded by a lot of tiny people. I feel like a man sometimes.

We would suggest that this quote functions in transphobic ways on multiple levels. First, and perhaps most simply, there is the reduction of the complexities of transgender lives to the casual diminutive 'tranny' - a term that we are not convinced is susceptible to being reclaimed by transgender people in the same way that 'queer' has at least partially been reclaimed by queer communities. The promulgation of this term by both a high profile celebrity and a prominent magazine renders it more readily available and easily intelligible as a way to refer to the lives and personhoods of transgender people, an ease which we do not, needless to say, believe is beneficial.

Secondly, Lively's statement proposes, explicitly, that being 'big' or 'large' (i.e., tall) makes her somehow akin to a transgender person, and furthermore suggests that this likeness is exacerbated by her long hair, conspicuous clothes and heavy makeup. There is no space within this representation for transwomen who are not tall, who do not tower over men, who do not wear lots of clothes or makeup or have long hair. In fact, not only are transwomen portrayed by this description as a set of simple stereotypes, but the experience of being transgender becomes only about appearance and contains nothing of identity or embodiment. Identity and embodiment and, indeed, social marginalisation are rendered invisible, and the experiences of transwomen are totalised as a 'look' easily approximated by natal women. The association that Lively claims between "feel[ing] really big a lot of the time" and feeling "like a tranny a lot of the time" fails to recognise what it might actually mean to live as a transgender person. We believe that such trivialising analogies between the event 'look' of an actress and the lives of transgender people functions primarily to perpetuate negative stereotypes about the latter.

Finally, if we are to presume, as it seems we are, that Lively throughout the quote is referring specifically to transwomen (and in doing

so perpetuating the invisibility of transmen), then the final point that she “feels like a man sometimes” is not merely an incorrect characterisation of the experiences of transwomen (who definitionally do not feel like men), but is actually incorrect in a way that is offensive in its logic, reinforcing as it does the widely held idea that transpeople are disordered or confused, unable to accept that they ‘really’ (in the case of transwomen) are men.

Our second example further draws out, we believe, some of the mechanisms and meanings of this kind of transphobic language. Interviewed on the red carpet at the Golden Globes, Megan Fox (an actress best known for her role in the recent Transformer films) stated that:

I am pretty sure I am a doppelgänger for Alan Alda. I'm a tranny. I'm a man. I'm so painfully insecure. I'm on the verge of vomiting now. I am so horrified that I am here, and embarrassed.

Again, in this example we see a tall actress refer to herself as “a tranny”, which remains as questionable now as it was three paragraphs ago. Fox then clarifies that she is “a man”, specifically that she is “a doppelgänger for [MASH actor] Alan Alda”. Not only is the word ‘tranny’ reiterated here as an acceptable way to refer to someone who is transgender, but once again transwomen (a group to which Fox is temporarily presumed to belong) are confounded with men, presumably on the logic that that’s what they ‘really’ are. Transwomen (or a natal woman claiming to look like her perception of a transwoman) are thus constructed as men in dresses who attempt (but always fail) to approximate ‘true’ womanhood.

While Fox’ comments were subsequently dismissed by her publicist as ‘a case of nerves’, her intent is not relevant here; what is relevant is that the utterance was intelligible and widely disseminated (as any google search for her name will now testify), and that such language use has real and substantive effects in

the lives of transgender people that make its more ready availability undesirable. Irrespective of Fox’s intent, the transphobic substance of her statement has been and continues to be played out and amplified by the multiple websites now claiming to ‘demonstrate’ that Fox is indeed a transwoman by highlighting the supposedly ‘mannish’ aspects of her features.

We would designate constructions like those used in the two examples above as transphobia not only because they deny the identities and experiences of embodiment of transwomen (and the very existence of transmen), but also because they perpetuate a very narrow stereotype of what constitutes an intelligible embodiment of transwomanhood and, indeed, of any gender. By reinforcing a bimodal conceptualisation of gender whereby there are ‘real’ men and ‘real’ women on the one hand, and then there are those who (badly) attempt to emulate the ‘opposite sex’ on the other, such talk is transphobic in both its logic and its effects. Indeed, transphobia often hinges upon this notion of narrowly defined opposing sexes (and the range of behaviours and bodily forms that are presumed to constitute them as facts: see Tee & Hegarty, 2006), and it is by reference to this binary that Lively and Fox’s accounts of themselves as ‘trannies’ are rendered intelligible.

We feel it is important to note at this juncture, however, that in analysing these comments of Lively and Fox our intent has not been to single out these two individuals for particular censure, nor has it been to deny the ways in which these specific comments were made within and in response to a culture that defines even the two poles of the normative gender binary in extremely problematic and limited terms. If the category of ‘real women’ is cast so narrowly that even natal women who are not stereotypically hyper-feminine (even if only by virtue of their height) do not fit comfortably within its parameters and are thus positioned as needing to account for their deviation from gendered norms in some way, then the mobilisation of transphobic construc-

tions, while lamentable, is hardly surprising. Transphobia and misogyny intersect and shore one another up in complex ways that are often difficult to disentangle, but we would argue that this makes it more vital to engage in the work of disentangling the two.

Conclusions

In this commentary we have briefly elaborated just some of the ways in which homophobia and transphobia play out in the contemporary media. Our intention has not been to claim that these are the only representations available within the media - indeed, we have drawn attention to one alternate way in which the phrase 'that's so gay' has been productively challenged. Rather, our intention has been to point towards some of the complex ways in which homophobia can be perpetuated at the very moment where a liberal approach to anti-homophobia attempts to challenge it, and also to indicate some of the assumptions that appear to inform current iterations of transphobia (i.e., the reliance upon a binary model of sex and gender, and the reassertion of the notion that transwomen 'really' are men). Our suggestion has been that no matter how well-meaning the mainstream media or individuals operating within it may be, there is a constant risk that those who are 'pro-gay' will inadvertently slip into marginalising practices.

There are clear parallels between the claims we have made in this commentary and those made by Gamson in his 1999 analysis of TV talk show representations of queer people. What we have hoped to demonstrate, however, is how contemporary iterations of homophobia and transphobia have become both more subtle and more complex in their enactment in the intervening decade, as while both liberalism and abjection continue in representations of queer people, the ways in which they function appear to be different. Intentionally anti-trans statements are less prevalent, for instance, yet transphobia continues nonetheless via the rendering of transpeople as either unintelligible or only intelligible in

highly norm-privileging ways.

To counter this, then, what is needed is an approach to media representations of homophobia and transphobia that moves away from analogies about discrimination (including a move away from making analogies between racial and sexual discrimination: see Riggs, 2006), and which instead bluntly labels discrimination as such. We suggest this as portrayals and discussions of heteronormativity and the effects of homophobia still, we believe, represent only a small proportion of media portrayals of LGBT people and issues, and that this paucity of coverage matters because the more typical heteronormativity of the media frames heterosexual viewers' understandings of queer people and their experiences of homophobic and transphobic violence via a logic in which the two are causally linked to homosexuality and/or non-gender normativity. For as long as a mundane focus upon the lives of LGBT people remains the norm, rather than a focus upon heteronormativity and the effects of homophobia and transphobia and their attendant violences, this will continue to be the case (Riggs, 2005).

We argue instead in favour of an approach wherein homophobia and transphobia are clearly labeled as such, and where the possibility for humorous or heteronormative 'out clauses' (i.e., ones that deny culpability for homophobia or which actively perpetuate transphobia) are avoided. Whilst this may be viewed by some as harbouring the potential to alienate viewers or to lead some who might otherwise be open to persuasion to 'dig their heels in', we feel that it is necessary to weigh up whether mere 'tolerance' of queer people within the media and the wider society really does challenge discrimination and marginalisation, or whether it simply perpetuates a normative assimilationist logic where all people are expected to conform to the constraints of the dominant model. If ACT UP taught us anything, it is that an assimilationist agenda will always be susceptible to colonisation and domestication by that which it opposes, and that a demanding and vocal radical agenda can

possess a greater potential to actually shift those practices that continue to perpetuate normative binaries of privilege and disadvantage.

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References

- Gamson, J. (1999). *Freaks talk back: Tabloid talk shows and sexual nonconformity*. Chicago: University of Chicago Press.
- Riggs, D.W. (2006). *Priscilla, (white) queen of the desert: Queer rights/race privilege*. New York: Peter Lang.
- Riggs, D.W. (2005). 'Proving the case': Psychology, subjectivity and representations of lesbian and gay parents in the media. In L. Castañeda & S. Campbell (Eds.) *News and sexuality: Media portraits of diversity* (pp. 235-255). London: Sage.
- Tee, N. & Hegarty, P. (2006). Predicting opposition to the civil rights of trans persons in the United Kingdom. *Journal of Community & Applied Social Psychology*, 16, 70-80.



BOOK REVIEW

JESSICA WALTON

International Korean Adoption: A Fifty-Year History of Policy and Practice. Edited by Kathleen Ja Sook Berquist, M. Elizabeth Vonk, Dong Soo Kim and Marvin D. Feit. New York: The Haworth Press, 2007, 409 pp., ISBN: 978-0-7890-3065-8.

At first glance, this book is an important contribution to adoption literature mainly due to its multidisciplinary approach to understanding the practice of international adoption from South Korea to the present. It is divided into seven parts, which range from an historical overview of international Korean adoption to child welfare practice to issues around identity and family and practical implications. The book also attempts to bring together some of the experiences of adoptive parents, adoptees, and birth mothers as well as broader perspectives of different adoptive countries (Australia, United States and The Netherlands) and South Korea as the birth country. The contributions from the authors provide a useful overview of international adoption practice that is not only academically engaging but also, at times, emotionally evocative. This is reflective of adoption itself, which raises a number of issues relating to identity, racism, globalisation, gender politics, and kinship, which is unavoidably grounded in the lived experiences of those immediately involved in the adoption process, whether or not by choice.

However, perhaps the book's most important contribution is that it provides a medium for dialogue about difficult issues that are too often avoided in favour of more 'colour-blind' discussions in adoption communities (Ch. 5 and Ch. 6). In particular, it confronts the reader to critically think about issues of dis-

crimination and racism that many adoptees experience in the socio-political contexts of their adoptive countries. Kristi Brian (Ch. 4) challenges the celebratory discourse that works to oversimplify and de-politicise adoption as a 'mutually-beneficial' enterprise, which claims to satisfy the assumed needs and wants of the birth country and the adoptive country, and specifically, those of birth and adoptive families. Moreover, she argues for a 'problem-oriented view' of adoption as a way to critically frame issues of race, culture and identity. These topics are raised by others such as Kim Gray (Ch. 14) who explores the social construction of race and culture by highlighting the voices of adult Vietnamese and Korean adoptees in an Australian context. Importantly, she emphasises the need to view identity as a dynamic process that is not fixed. Perhaps one of the drawbacks of the book is that more adoptees' voices could have been included from the perspective of adoptees themselves, as in the chapter by Rebecca Hurdis (Ch. 10). Hurdis evokes the 'ghost' of her birth mother to bring the past of her adoption to the present. Importantly, while her story parallels the experiences of other Korean adoptees, the act of voicing those experiences also contributes to a wider conversation aimed at reconciling the past as a way for the adoption community to move forward, in both birth and adoptive countries. Likewise, the voices of Korean birth mothers also need to be acknowledged and included. Hosu Kim's chapter (Ch. 8) provides much needed research by considering the ways Korean birth mothers are made 'in/visible' in relation to adoption narratives. She also considers how representations of birth mothers in television reunion shows are part of the South Korean government's efforts to come to terms with a

traumatic national history by attempting to address and reconcile painful aspects of international adoption's past and present. Similarly, both Eleana Kim (Ch. 7) and Tobias Hübinette (Ch. 13) recognise the need to actively remember the side of adoption that speaks about alienation and loss while also being critical of how those realities are constructed whether that is in the form of homeland tours or represented in Korean popular culture, respectively.

Overall, this compilation has done well in its attempt to capture the complexity of international adoption from different disciplinary perspectives. However, at the same time, more critical analysis could have been lent to understanding the reasons why it is considered to be so important for adoptees' cultural and ethnic identities to maintain links with their birth country. Is it partly a reaction against being seen as 'colour-blind', in particular for adoptive parents and what does being 'colour-blind' mean in the context of efforts to integrate aspects of the birth country? While not aiming to provide a comprehensive resource, the book does open up interesting and provocative discussions pointing to areas where further research is needed. The extensive list of adoption literature provided in the final section indicates that adoption is a research field that is diverse and robust, with no sign of abating.

Author Note

Jessica Walton has recently completed her PhD research (anthropology) on Korean adoptees and identity at the University of Newcastle (NSW) in the School of Humanities and Social Science. She can be contacted at jessica_walton@mbox.com.au

CALL FOR APPLICATIONS

International Lesbian, Gay, Bisexual, and Transgender (LGBT) Psychology Summer Institute at the University of Michigan

We are pleased to announce that the 2nd International Lesbian, Gay, Bisexual, and Transgender (LGBT) Psychology Summer Institute is now accepting applications for the 2010 program. A collaboration between the Departments of Psychology and Women's Studies[1] at the University of Michigan, the Summer Institute is a week-long residential program in Ann Arbor, Michigan from August 2nd to 6th, 2010. The Institute will provide a unique venue for an intensive exchange of ideas among senior, junior and graduate student scholars located across LGBT psychology. Ten leading scholars in the field of LGBT Psychology from the US and the UK aim to foster their professional development as emerging LGBT psychologists. These "senior scholars" represent expertise in LGBT and gender studies and many sub-fields of psychology including biological psychology, clinical psychology, community psychology, developmental psychology, feminist psychology, health psychology, sexology, social psychology, and the history of psychology. It is our hope that the Institute will help us create an 'invisible college' of interdisciplinary and international psychologists in this area.

Senior Tutors:

Meg Barker (The Open University, UK) Anthony D'Augelli (Pennsylvania State University, USA) Paisley Currah (Brooklyn College, City University of New York, USA) Cynthia A. Gómez (San Francisco State University, USA) Peter Hegarty (University of Surrey, UK) Lih-Mei Liao (University College London, UK) Brian Mustanski (University of Illinois, Chicago, USA) Charlotte J. Patterson (University of Virginia, USA) Anne Peplau (University of California, Los Angeles, USA) Leo Wilton (Binghamton University, SUNY, USA)

For further information about the Summer Institute see over the page or visit our website:

<http://sitemaker.umich.edu/lgbt-summer-institute/home>

The Program

- 1) Opening Reception. An opening reception will allow all participants to meet one another as well as colleagues in the University of Michigan community.
- 2) Workshops or seminars. The senior scholars will each conduct a 1 1/2-hour workshop on some issue or practice important to LGBT psychology. The same workshop will be conducted three times during the week, and groups of attendees will rotate through the workshops over the course of the event.
- 3) Colloquia. Each senior scholar will present a 1 hour presentation on his or her research program inclusive of time for questions, discussion, etc. All participants will be expected to attend all colloquia.
- 4) Roundtables. Different small groups of postdoctoral/faculty attendees will lead roundtable discussions of important topics in LGBT Psychology each day. The themes will be selected and shaped from among those posed by the attendees. Participants are expected to attend one roundtable each day.
- 5) Poster Displays. All participants (graduate students and postdoctoral/faculty scholars) will bring a poster representing some important aspect of their work. Posters will be displayed all week, and will provide a particular focus for exchange during breaks and lunches, which will take place in the same room.

Eligibility

Up to fifty individuals will be invited to attend. Up to 25 faculty /postdoctoral scholars will be selected. Faculty and postdoctoral scholars of any rank are encouraged to apply (e.g. postdoctoral fellows, untenured junior faculty or tenured senior faculty). Among tenured faculty, we will give preference to those who are interested in developing a research specialization in LGBTQ issues (regardless of the nature of their previous research). Among untenured faculty and post-doctoral scholars, we will give preference to those already specializing in research on LGBTQ issues. Up to 25 graduate students will also be selected. Graduate students will ordinarily be enrolled in doctoral programs, but students in Masters (e.g. M.Sc.) programs who show exceptional commitment to, or achievement in, research in LGBT psychology will also be considered. We hope to pay for some portion of the travel or accommodations for the graduate student participants and to provide limited support for the faculty and post-doctoral participants.

How to Apply

Applicants must send a letter of application, a CV, and the names and contact information for three people who can be contacted for a recommendation (i.e., a reference). The letter of application is limited to two pages and should articulate the applicant's past participation or exposure to research in LGBT Psychology, goals for future research activity in that area, and any particular reasons for wanting to participate in the Summer Institute.

Faculty/postdoctoral applicants should also provide a one-paragraph abstract of a roundtable topic they would like to suggest for the Summer Institute, in which they would be willing to participate. The selection committee may reorganize roundtable topics to be inclusive of various interests, but these proposals will offer initial guidance to the committee.

Places in the Summer Institute will be filled on a continuing basis beginning December 15. All applications must be received no later than March 1. Applications should be submitted to:

http://umichadmin.qualtrics.com/SE?SID=SV_bsJWbzjdNtvnrVy&SVID=Prod

Inquiries about the summer institute can be directed to the planning committee at

LGBT-Summer-Institute@umich.edu

The Planning Committee is composed of Peter Hegarty (University of Surrey), Abigail Stewart, Terri Conley, Sari van Anders, Nicola Curtin and Samantha Montgomery (University of Michigan).

CALL FOR PAPERS

GLBT BODIES & BODY IMAGE

SPECIAL ISSUE OF GLIP REVIEW, APRIL 2009

EDITOR: SHAUN FILIAULT

Body image refers to a person's internal perceptions of his or her own physique. Despite the existence of a considerable body image literature, little of this corpus examines specifically the body perceptions of GLBT persons. Although there is a small, but developing literature regarding gay men's body image, that literature has been faulted for presenting a homogenous view of gay men that fails to account for intra-group diversity. Additionally, a great deal of this literature compares gay men to straight men, failing to address the concerns of gay men on their own terms. Moreover, very few articles exist regarding bisexual body image. Of those studies that do consider bisexual individuals, oftentimes bisexuality is categorically grouped with homosexuality, thus failing to account for the unique social positioning of bisexual people. Finally, the voices of transgendered individuals – both MtF and FtM – are virtually silent in the extant body of knowledge. Thus, the body image literature is in need of research that takes seriously the experiences of gay, lesbian, bisexual and transgendered people, and acknowledges the diversity inherent to the "GLBT" population.

This special issue of the *GLIP Review* seeks to explore body among GLBT people. The issue will explore the manner in which an identity as gay, lesbian, bisexual, or transgendered influences body image perceptions, and the manner in which such influences as gender, race, ethnicity, class, and other (social) identities modify and contribute to body image in GLBT populations. This issue also seeks to explore the developmental, social, cultural and psychological influences upon body image in these populations, with special recognition of the need for research regarding GLBT persons in non-English speaking cultures. Full length empirical (6000 words) as well as theoretical and shorter commentary pieces (2000 words) that address the following themes are welcomed:

- *Body image among bisexual men and women
- *Body image among transgendered individuals (MtF or FtM)
- *Experiences of body image for GLBT persons in non-Westernised cultures
- * "New" body image domains (i.e. those other than muscle and thinness)
- *Body image in sub-populations of GLBT persons, especially non-White persons
- *Body image in ageing GLBT persons
- *Socio-cultural influences on body image in GLBT persons
- *Longitudinal and developmental analyses of body image in GLBT persons
- *Method, methodological and ethical issues related to body image research

Please direct any queries, abstract outlines, or full manuscript submissions to the special issue editor: Shaun Filiault [shaun.filiault@flinders.edu.au].

Papers due Dec 30th 2009
Reviews Back Feb 1st 2010
Final papers due March 1st 2010

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

Empirical articles (6000 word max)
Theoretical pieces
Commentary on LGBTI issues and psychology

Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

Conference reports/conference abstracts
Practitioner's reports/field notes
Political/media style reports of relevant issues

Book reviews (please contact the Editor for a list of books available & review guidelines)
Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 14 points all caps left aligned, author 12 points all caps left aligned, abstract 10 points italics justified, article text 10 points justified, footnotes 9 points justified.

All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: School of Psychology, The University of Adelaide, South Australia, 5005.