

Gay and Lesbian Issues and Psychology Review

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Gay and Lesbian Issues and Psychology Review

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The Review is a peer-reviewed publication, that is available online through the Australian Psychological Society website. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians and gay men (amongst others). The aim of the Review is thus to facilitate discussion over the direction of lesbian and gay psychology in Australia, and to provide a forum within which academics, practitioners and lay people may publish.

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 lesbian and gay 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 and racial minority groups.

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EDITORIAL: THEORETICAL, ETHICAL & METHODOLOGICAL CONCERNS

DAMIEN W. RIGGS

I am pleased to present this issue of *Gay and Lesbian Issues and Psychology Review* and its focuses on issues of theory, ethics and method as they apply to lesbian and gay psychology. These are topics requiring ongoing attention from within the field, in order to avoid the temptation of accepting a simplistic notion of what it means to engage in research with LGBT communities. Despite representations to the contrary within much of mainstream psychology, it is impossible (and perhaps dangerous) to provide a prescriptive way in which to conduct research with such communities. What is instead required, is a recognition of the diversity that exists within and between varying LGBT communities, and an accompanying recognition of the multiple ways in which lesbian and gay psychology is conducted.

A key example of these multiplicities appears in the wide range of theoretical approaches that are employed within the field of lesbian and gay psychology. Starting from early critiques of positivism and liberal humanism within psychological research more broadly (e.g., Kitzinger, 1987), lesbian and gay psychology has since engaged research as wide ranging as 'mainstream' and 'critical' approaches to theory, and from essentialist accounts of identity to constructionist and queer accounts and beyond (Kitzinger & Coyle, 2002). In their paper in this issue Bollen and McInnes provide us with a broadly critical theoretical framework through which to understand the sexual practices of some gay men. Employing Tomkins' (1962) affect theory, Bollen and McInnes deftly argue for an account of sex between gay men that theorises the ways in which power circulates between men so as to create particular situations wherein pleasure is experienced. Importantly, their account does not claim that sex between men is inherently subversive, nor that subversion is necessarily the aim of 'extreme' sexual practices (as Crossley, 2004, would have us believe in her account of a

'resistance habitus' within gay cultures), but rather that the meaning of gay sex is worked up in particular intersubjective ways. The theoretical contours that Bollen and McInnes provide thus afford us opportunities for thinking about gay sex in ways that exceed the imposition of a 'good/bad' sex dichotomy, and instead take the experiences of gay men as exemplifying a range of possibilities for understanding sexual encounters between men (see also Lambevski, 2001, for another example of this).

In regards to ethics, feminist researchers have long critiqued the ways in which notions of 'ethics' circulate within psychology, and in particular the ways in which recourse to ethical positions often represent a failure to examine the implications of particular (normative) ethical claims. Brown (1997) suggests that it is precisely the assumption that 'good ethics will save the day' that perpetuates a belief in the 'natural superiority' of the scientific method. Brown suggests that such an approach is reliant upon the individualism of psychological ethics in order to make good the claim that an ethical code is sufficient to protect clients from harm. Moreover, such an individualistic approach may be seen as serving to legitimate hierarchal networks of power as they shape the discipline of psychology and its claims to knowledge. Thus as Brown suggests, the provision of ethical codes to practitioners and researchers may be understood as "merely strategies to silence through cooptation", rather than representing "genuine attempts to transform the meaning of ethics codes in psychology" (p. 53).

The paper in this issue by McNair, Gleitzman and Hillier represents one intervention into the norms that circulate around ethical conduct in psychological research. Their paper suggests that it does not suffice to exclude lesbian and bisexual women from research on the assumption that 'sexuality is not relevant'.

Instead, they suggest that population-based health research must develop procedures for examining the multiple needs of lesbian and bisexual women, and to do so not by simply modifying existing ethical guidelines but by exploring the needs and experiences of this specific population. A similar point is made by Jardin in her paper on same-sex attracted young (SSAY) people from culturally and linguistically diverse (CALD) backgrounds. Jardin suggests that it is insufficient to simply include SSAY CALD people within research that typically focuses on the needs of majority group (white) SSAY people, and instead she demonstrates that there must be an ethical imperative within research on LGBT communities to explore the specific experiences of particular cultural groups, in addition to acknowledging the privileges held by white LGBT people (see also Riggs, 2006, for more on this).

The topic of ethical practice is covered in this issue in the paper by Kane, where he explores what it means to work as a gay practitioner with same-sex attracted clients – how may this shape the counseling environment, and how may disclosure potentially facilitate or impede particular outcomes? Kane utilizes some of the Australian Psychological Society's (2004) ethical guidelines for working with lesbian, gay and bisexual clients in order to highlight issues that arose with a particular case in his own practice.

Issues of method concern the two commentaries in the issue, in addition to the papers by both McNair, Gleitzman and Hillier, and Jardin. Research in the field of lesbian and gay psychology continues to draw upon a wide range of methodological approaches, from discursive analysis to factor analysis, from the use of interview data to questionnaire and experimental designs. Questions of method shape how we choose the topics we research, how we gather our data, and how we analyse and report it. Much like mainstream psychology (though it often does not acknowledge this), research in the field of lesbian and gay psychology is most often driven by the politics and interests of researchers, in addition to being shaped in particular institutional and social contexts. Examining the methods that we employ can help

to encourage accountability and reflexivity within research on LGBT people.

In regards to method, Drummond reports on his own experiences of conducting research with gay men as a heterosexual man. As such, Drummond shares some of the concerns and issues that shaped his own research methods, and the means he employed to address these. Similarly, Morris examines what it means to research older men, and outlines some of the possibilities for developing methodological tools for accessing what he terms 'hidden treasures'. To do otherwise would be to yet again leave particular members of LGBT communities unheard or without access to representation within psychological research.

Similarly, Jardin asks what it means to develop methods that not only include SSAY CALD people, but which do so on their own terms. Her approach to conducting research with these communities represents one particular example of an approach to methodology that takes as its starting point the needs of particular LGBT communities. Finally, McNair, Gleitzman and Hillier explore some of the methodological limitations that arise from measuring sexual orientation via singular, or unproblematized understandings of identity. They call for a more diverse, and individual-focused method for understanding sexuality that prioritises the viewpoints and voices of LGBT people themselves.

As a whole this issue represents a range of important interventions into how we understand the theories, ethics and methods informing lesbian and gay psychology. The papers themselves represent a diverse collection of theoretical and methodological approaches, and as such highlight the need for ongoing interrogations of the assumptions that inform psychological research and practice, and their implications for the lives of LGBT people. Being willing to critique our own work, and constantly reflecting upon what we are attempting to achieve within the field, may help to prevent lesbian and gay psychology from becoming yet another site where the voices of individuals LGBT people are ignored or disregarded.

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WHAT DO YOU LIKE TO DO? GAY SEX AND THE POLITICS OF INTERAFFECTIVITY

JONATHAN BOLLEN & DAVID McINNES

Abstract

This essay draws on research conducted in Sydney in which gay men were invited to recount their experiences of recent sexual occasions in one-on-one interviews. It argues that the political dynamics of gay sex are not found in the enactment of particular practices, nor in the attainment of capacities to perform those practices with pleasure and pride. Sexual practices, however adventurous or extreme, are not, in and of themselves, politically transgressive acts; nor is the derivation of pleasure from their enactment inherently liberating. Rather, in deploying Sylvan Tomkins' (1962; 1963) affect theory to analyse stories of gay men's sexual experiences, the essay explores how the affective dimension of power and the transformative potential of interaction are enhanced when sexual occasions are approached and experienced as open-ended intercorporeal assemblages. The analyses of interview data indicate a sexual politics of interaffectivity as the condition of corporeal transformation within sexual interactions.

Often at some point in the negotiation of casual sex between men, one man will turn to the other and ask, 'What do you like?' or 'What are you into?' The context of the sexual occasion constrains the sense-potential of these otherwise most open of questions. What is sought, and sometimes supplied in response, is a specification selected from an array of sexual practices and roles. The intention is to establish some practical parameters for the sexual interaction that is unfolding. The effect can be to guarantee the production of pleasure and pride in an ensuing performance of sexual competence. We argue here that there is a civilised certainty entailed in such foreclosed enactments of sex that is at odds with claims

about the transgressive politics of gay sex. In support of our argument, we draw on interviews conducted with gay men in Sydney in which they told us stories about recent sexual experiences.

Consider this story from Brandon. He's at a sex venue¹ in Sydney and he's just met another man. They move into a cubicle where they kiss for a short time. Here's how Brandon recounts what happened next.

So from there I asked him, 'What are you into?' I noticed he was wearing a red handkerchief in his back pocket, which indicates that he is into fist-fucking, which is something I'm into. So I said to him, 'You're into that? So am I.' He said, 'Yes.' I said, 'well, OK, fine. What else?' He mentioned water sports. Basically that was about it, in so far as anything over and above general sex. So I said, 'That's cool. Do you want to get into that?' He said, 'Yes.' So we did, basically. Then – I can't remember a blow-by-blow description of what happened where, but we both – I think we ended up with us both – I think we were having oral sex to start off with. Him to me, more than me to him. He took his trousers off and I said, 'Did he want to get fisted?' He said, 'Yes.' So I did that to him.

We're not concerned here with the accuracy of Brandon's memory. Nor do our analyses attempt to chart the actual neuro-physiological experience of men during sex. Rather, we pay attention to the words and phrases men use to describe the affective experience of sex. We use Sylvan Tomkins's (1962; 1963) theory of affect to analyse how the motivational 'pushes and pulls' of sexual interactions are rendered

¹ Sex venues, also known as saunas and sex clubs in Sydney, are commercially-operated venues providing spaces and facilities for men to meet and have sex, on the premises, with other men. Sex venues are different from brothels, in that men pay for entry to the venue; they don't pay for sex itself.

in the stories men tell in interviews. This textual rendering of interaffectivity, discursively mediated and shaped in the interview, links questions of how men engage in sexual practices with questions of how they value their sexual experiences. By charting the interaffective dynamics of sexual stories, we can move beyond static accounts of sexual meaning and value. Our analyses aim at understanding the experiential process of learning through which some kinds of sex and some ways of doing sex become more interesting, more exciting, more valuable to these men than others.

Our interest in Brandon's story is the way the verbal specification of sexual practices – invoked in the questions he asks and supplied in the answers he receives – gives structure to the narrative he recounts; indeed, gives structure to the enactment of sexual interaction in advance of it actually happening. A 'blow-by-blow' description of physical interaction is rendered redundant in the phrases 'so we did, basically' and 'so I did that to him'. For these phrases merely confirm the enactment of sexual practices previously specified in the verbal exchange. Primarily, Brandon's recollection of this occasion is of a conversation which established the parameters of sexual interaction and serves to recount the formation of relations.

I fisted him to start off with. Then when we finished, I said to him, 'Do you want to do me?' He said, 'Yes.' We reversed role plays. He did me for a while. By that time it was getting late. The place was getting crowded. It was also particularly uncomfortable, so I said to him, 'Well, look. What are your plans for now?' He said, 'Nothing as yet.' And I said, 'Well, I live round the corner. Why don't you come home?' So we did. [...] We came back here. Sat on the couch. Watched a few dirty videos for a little while. And then I said, 'Do you want to come to the bedroom?' We had sex on the bed. We fisted each other a couple more times. We used some dildos for a while. By that time it was three or four in the morning. We cuddled up, went to sleep. And that was it.

It is difficult to recover from Brandon's story *any* sense of the political interest or excitement that often accompanies discussion of such sexual practices as fisting, water sports, watching porn or playing with dildos. The videos they watch are designated 'dirty' and Brandon does indicate that fisting and water sports are perhaps a bit special. They are, as he puts it, 'over and above *general sex*' – referring, we assume, to more 'vanilla' sexual practices like kissing, touching, and sucking that they also enacted. But other than that, there is a comfortably familiar progression for Brandon and his sexual partner in the way that fisting – and fisting each other in turn – leads to an invitation to stay over, to more fisting, and from there to cuddling up in bed together and falling asleep. Indeed, considerations of comfort and domesticity figure prominently in Brandon's decision to invite the other man home.

For me if I'm going to do something like that [fisting] I want to have room. I want to have music. I want to have candles. I want to be able to get up, shower, use the toilet. Do stuff like that. Where you know, also, you know, grease and stuff like that. It gets very messy. So I'd rather do that in the comfort of my own home.

Fisting, fucking, playing around in another man's arse – we contend these are not, in and of themselves, political acts of resistance or transgression; nor, we argue, is the derivation of pleasure from their enactment inherently liberating. With its routine familiarity and comfortable domesticity, Brandon's story readily deflates political claims about "the transformative power" of "queer sexual practices", such as David Halperin's claim that "fist-fucking and sadomasochism" may be regarded as "utopian political practices" that "disrupt normative sexuality identities and thereby generate – of their own accord, and despite being indulged in *not* for the sake of politics but purely for the sake of pleasure – a means of resistance to the discipline of sexuality" (1995, pp. 96-97; original emphasis). As Mathew, another man we interviewed, assured us, "fisting can be the

most boring experience on earth". What we learn from these men is that "the extremely obscure process by which sexual pleasure generates politics", as Leo Bersani once put it (1989, p. 208), cannot be articulated to particular sexual practices; nor can it be located within particular bodies or body parts, or in particular images, styles or fantasies about sex. The rectum may well be, in Bersani's cherished sexual fantasy, "the grave in which the masculine ideal [...] of proud subjectivity is buried" (1989, p. 222), but in other sexual fantasies, such as the one enacted and recounted by Brandon, it may host the intimate homebirth of a budding sexual friendship. (On the day of the interview, Brandon had invited his fisting partner over for dinner.)

More recently, Bersani (2000) has cautioned against an investment in masochism with which he once urged celebration of gay men's anal erotics. "Masochism is not a viable alternative to mastery", writes Bersani, because "[t]he defeat of the self belongs to the same relational system, the same relational imagination, as the self's exercise of power; it is merely the transgressive version of that exercise" (p. 648). The relational imagination of psychoanalysis, to which Bersani refers, is in his terms "a drama of property relations" (p. 647), one in which the exercise of power resides in an individual's mastery or abandonment of itself and in struggles to master others and other objects or suffer losing them to the world. However, ownership, mastery and control represent only one modality of power. Although they do account for those founding sexual fantasies of liberation from prohibition and repression and for those pervasive erotic dramas of the transgression of domination and submission within which the politics of gay sex have been articulated and given value.

The fantasies and dramas of sexual liberation and transgression are widely apparent across the literature on homosexuality. Halperin's discourse on 'the transformative power' of such 'queer sexual practices' as 'fist-fucking and sadomasochism' is one account. From a broader perspective on the history of sexual

politics, Altman (1971) records an initial formulation of the project of gay liberation from prohibition and repression, and Reynolds (2002) explores how gay liberationists in Australia attempted to live the actuality of their political exigencies. From a perspective on the sociology of sexual practice, Dowsett offers an account of 'the desiring anus' in gay men's "collective reinscription of transgressive desire" (1996, pp. 205-213) and Kippax and Smith (2001) analyse the power dynamics of anal intercourse between men. Gay men's own accounts of 'extreme' sexual practices also encode a celebratory sense of transgression and liberation (Mains, 1984). Our perspective on the politics of gay sex views the assertion of experiences outside of power with suspicion: "We must not think that by saying yes to sex, one says no to power", wrote Foucault (1978, p.157). Yet we also heed warnings, such as those from Edwards (1994) and Simpson (1996, with an ironic twist), that we are mistaken to assume that, where they are not determined by heterosexual norms, the sexual practices gay men enact are thereby intrinsically transgressive or resistant.

In our own attempts at articulating the political dynamics of gay sex, we have turned to a Deleuzian understanding of desire as "the affective dimension of power" (Patton, 2000, p. 73). Paul Patton describes how Deleuze's understanding of power differs from those focused solely on ownership, mastery and control. Power is not only concerned with the way "agents exercise control over the actions of others", writes Patton; it concerns "all of the ways agents are able to act, upon others or upon themselves" (p. 59). Drawing on ideas from Spinoza and Nietzsche, Patton explains how Deleuze understands power as "not only the capacity of a body to affect other bodies but also the capacity to be affected" (p. 74). Accordingly, "a body will increase in power to the extent that its capacities to affect and be affected become more developed and differentiated" (p. 74) and this 'increase in power', an increase arising from "new possibilities for affecting and being affected", generates new intensities that enhance our desire (p. 75).

Understanding desire as the affective dimension of power ensures that the politics of sex are not exhausted by those routine scenarios of transgressively submitting to another's domination or liberating ourselves from social repression. There are many ways of acting on ourselves and with others to enhance our powers and transform our desires. It is the *transformation* of affective capacity that exposes the political dynamics of our actions. Although a body cannot usually transform itself, for its actions are constrained by its capacity for action. It is in 'acting upon the actions of others' that our capacities can be transformed; or as Patton puts it, "activities or forms of engagement with the world and with other bodies [...] are the means by which we can bring about increase in our own desire" (p. 76).

In our next story, Mark tells of an experience that transformed his sexual desire. Unlike Brandon's story where fisting figures in relatively unremarkable ways, Mark's experience of fisting is rich in affective intensities. In general, we've found that where men recount sexual experiences that are transforming in some way, those experiences are marked in their telling by particular affects.

In analysing these textual markers of affect, we have drawn on the work of Sylvan Tomkins (1962; 1963). The Deleuzian idea of affective capacity is wide-ranging in conceptual scope but it cannot be used to articulate the experience of particular affects. Tomkins, on the other hand, develops a rich vocabulary for analysing affective experience by distinguishing nine channels of affective intensity, each with its own patterns of realisation in the body. We used Tomkin's nine affects to chart the marking of affect in the interview texts. Our analysis reveals that, as a text, Mark's story is more heavily marked with affect than is Brandon's text. This heavier marking of affect attracts attention, giving a certain impetus, significance and value to Mark's experience. What emerges as affectively marked and valued by Mark, more so than by Brandon, is the open,

unpredictable quality of the experience he recounted.

Mark begins his story with an experience of surprise that is vividly recalled.

Well, I suppose I still remember the experience quite vividly the first time I fisted somebody. Because that was sort of a bit of a mind-blowing experience. Because it was something I hadn't thought about. It just happened quite unexpectedly.

Surprise, according to Tomkins (1962), is a kind of circuit breaker that is triggered when something new or unusual or unexpected interrupts our ongoing activity and demands our attention. In fact, Mark's encounter with the newness of fisting emerged over a period of time and was initially mediated by language. Mark first learnt about fisting in a conversation that took place at a club.

So I met this guy, or he picked me up at a club, and he had a red hanky in his right pocket. And I asked him during a conversation later what it represented, because I was a bit naïve, at the time, I suppose. And he explained it to me. And I had never thought about anything like that or dreamed about that situation before. So it was just like, 'OK, right.' So that's where this guy –

Did he say what it meant?

He just explained to me that it meant that he was a fisting bottom. Because on the right side, I think, it's passive. And the colour red represented either getting fisted or fisting. So he just explained the code, basically, what it was. Not much more than that. Because I wasn't all that inquisitive about it.

Mark admits to being 'a bit naïve at the time' and to never having 'thought about anything like that or dreamt about that situation before'. He also recalls that he 'wasn't all that inquisitive' about fisting after it had been explained to him. But the experience of talking about fisting before doing it does not seem to have diminished Mark's surprise at finding

himself fisting and getting 'turned on' by doing so.

But then he left me his number and he wanted to see me again. And so he rang me up one time. And I went over to his place and we started to muck around. And he had some dildos there and stuff, and then we started to muck around. And I started to play with his arse and you know, I thought, 'Oh, yeah. This feels OK.' And you know, I was getting turned on by the whole experience.

In recounting his experience, what Mark recalls as surprising, as 'weird' and as 'amazing' to use his terms, is firstly the physical sensation of 'what it felt like to be inside someone's arse'.

What did it feel like? It's sort of weird, yeah, just to actually feel what it felt like to be inside someone's arse, I suppose. It's just like smooth and soft and warm and you know, just quite weird, really. Its like the skin's sort of wrapping all around your hand and just you're just working through that. I don't know how you can explain that. It's quite weird. Just the thought, or the mental thing, that you're actually, your hand is inside someone's body is really quite an amazing thought process, apart from just having your cock in someone's arse.

Secondly, what Mark found 'amazing' about his experience of fisting were the implications of the practice 'if you stop and think' in terms of pleasure, power, risk and trust.

Because it's quite amazing, as well. Because I mean, if you stop and think you've got your hand up there, although they're enjoying it, I mean, an incident like that you could kill them, I suppose. It would be just a matter of, you know, punching your hand really hard through their bowels or whatever. You could rip their guts out of them. You could turn something which is potentially pleasure into a lethal weapon. So just the knowledge that you've got that power is a bit of a head-fuck as well.

On reflection, Mark described his first-time experience of fisting as 'a bit of a spin out' not

simply because he hadn't done it before, but because of the way that it turned him on.

So that was really a bit of a spin out for me to do that, because I hadn't done that before. And I was really getting quite turned on by the whole experience. And since that experience, I suppose, I've done it heaps of times.

Importantly, Mark makes clear in his story that it was not the idea of fisting or a fantasy about fisting that turned him on. It was the actuality of the practice, the physical sensations and mental implications of fisting that excited him so in the process of doing it.

But were you taken by surprise finding your hand up his arse?

Yes.

You were?

Sure. Because I'd never thought about it. It wasn't quite a fantasy that I was chasing. And that's a fantasy that I just never happened to have in reality. It just happened spontaneously. And he manipulated me in a way, I suppose, that he got what he wanted.

So when you realised that you were fisting him, how did that impact on you?

Well, I enjoyed it. I loved it. I thought it was just great, because I was getting aroused by the whole experience. I mean, I didn't have any trouble sustaining an erection. So I thought, 'Well, if I can get a hard-on through the whole experience, there's something telling me that this is fun.' Otherwise, I'd lose it. [...]

And is there anything else you want to say about that particular occasion?

No. I suppose that was the start of something new, that I knew that I enjoyed and that I probably would like to do, from time to time, with somebody to turn me on, I suppose, to an extent that I want to do that.

Even though he had heard about fisting and what it entailed, Mark did not know in advance

of doing it that fisting would turn him on. Nor did he know, in advance of that occasion, that fisting would become incorporated into his sexual repertoire as something he now likes to do.

Political ideas about the erotics of transgression have been central to the project of gay liberation. Within these ideas, what makes sexual practices erotic is that desire for them is, or was once, subject to prohibition and repression. Accordingly, what motivates sex is a desire to transgress this prohibition, to break these taboos, to express what has been repressed. These ideas about the erotics of transgression have their origin in psychoanalysis, in that psychoanalytic 'drama of property relations' wherein we struggle for ownership, mastery and control of others and ourselves. Mark's story about fisting articulates an aspect of this erotics when he speaks of 'that power' to 'turn something which is potentially pleasure into a lethal weapon'. But it would seriously skew his account to seek solely in 'that power' an explanation for the surprising transformation in Mark's desire 'to actually feel what it felt like to be inside someone's arse'.

As a way of countering the legacy of liberationist ideas and characterising a transformative experience like Mark's, we recognise in his story an *erotics of unpredictability*. This is not an erotics where sex is totally chaotic or always unknowable. It is an erotics of not knowing in advance what is going to happen and of finding this out through the interactive experience of doing sex together. When bodies enter into sex with an open and exploratory attitude to what will transpire, they enter an intercorporeal assemblage where bodily capacities to affect others and be affected interact and intermingle. Where the possibilities of sex are not foreclosed in advance and where pride in the performance of sexual competence is no longer guaranteed, the affective dimension of power and the transformative potential of interaction will be enhanced.

If Mark recounted an experience of entering an open and unpredictable sexual assemblage which transformed his desire, we could say that Brandon recounted an experience of enacting a relatively fixed sexual assemblage delimited in advance of its happening. Although we would also acknowledge that Brandon's story manifests openness and exposure of a kind. After all, he welcomed a stranger into his home and invited him to stay the night. But it is Mark's story that, in our view, best exposes the political dynamics of sexual interaction to the future possibilities of the new.

We have considered how the affective dimension of power and the transformative potential of interaction may be enhanced when sexual occasions are experienced as open-ended intercorporeal assemblages. Our analyses indicate a sexual politics of interaffectivity as the condition of bodily transformation within sexual interactions. Whether fisting, fucking and playing around in another man's arse expose us to open-ended experiences of interaffective transformation or enclose us in routine enactments of transferable competence comes down in the end to a question of tolerance: to what extent can we tolerate being transformed in our interactions with others?

Here's another story.

Have you ever been fisted?

No, never. Came close. One guy that had a fair few fingers in, he was getting close. He was heading down that road. And I was seeing how far I could take. Then no, I wasn't enjoying it and I asked him to stop. He was happy to stop. I'm not sure, but he told me it was up to his knuckles. It was a combination of unenjoyable and also 'Do I actually want to get fisted? How much will I enjoy getting fucked after I have been fisted?'

So it was more than just a simple physical sensation. It was the concern 'Am I going to enjoy getting fucked?'

What are the long-term consequences, the medical issues? Do I really want somebody's

fist up my arse? It was both. I was nervous. I was getting off on it. I was enjoying it. But as soon I felt pain, I generally don't feel pain when I'm getting fucked. I love it. I just wasn't sure.

So it was just the one occasion? You haven't come close to having it happen again?

No.

Do you think you might at some time learn some more?

One of the few policies I have is 'Never say never.'

Author Notes

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CHALLENGING RESEARCH: METHODOLOGICAL BARRIERS TO INCLUSION OF LESBIAN AND BISEXUAL WOMEN IN AUSTRALIAN POPULATION-BASED HEALTH RESEARCH

RUTH MCNAIR, MELANIE GLEITZMAN & LYNNE HILLIER

Abstract

Lesbian and bisexual women have particular health disparities compared with heterosexual women, largely due to their marginalised status and associated experiences of homophobia and discrimination. Australian health research is contributing to this marginalisation and to the ignorance of health care providers by failing to identify the sexual orientation of participants in population-based studies and therefore failing to highlight lesbian and bisexual health issues. Inclusion is hampered not only by systemic limitations, but also by ethical and methodological challenges. These include difficulty guaranteeing safety and developing trust with participants, not using a wide enough range of sexual orientation measures, and an inability to obtain samples that are truly representative. Suggestions are offered within the paper to enable inclusion of these women in population-based research including how to engage participants and sensitively disseminate research findings. Multiple sexual orientation measures are outlined, highlighting that sexual orientation is a multi-dimensional phenomenon. At the very least studies should include measures of sexual identity, sexual behaviour, sexual attraction, and at least one measure that addresses how sexuality impacts on social relationships. In parallel, lesbian and bisexual women should be recognised in Australian health policy as specific population subgroups that require attention.

Introduction

There are many challenges to researching lesbian and bisexual women's health². The challenges have been identified by researchers in diverse fields including social work (Martin & Knox, 2000), public health (Sell, Wells, & Wypij, 1995; Boehmer, 2002), psychology (Rothblum, 1994), nursing (Roberts, 2001), and medicine (Council on Scientific Affairs, 1996). In this paper we will canvass the reasons to research this group of women, not the least of which is that many research gaps exist.

When referring to lesbian and bisexual women, we recognise the diversity within this group including women who identify as lesbian, gay or bisexual; are same-sex attracted; have a female partner; are emotionally connected with a woman; or are connected with lesbian or bisexual communities. We have chosen to focus specifically on inclusion in population-based studies, while recognising that qualitative methods are also very valuable in this field. We will then examine what we suggest are the three areas of challenge for lesbian and bisexual women's health research: systemic barriers, ethical dilemmas and methodological limitations. We have summarised key issues within each category in Table 1.

² Where we use 'lesbian and bisexual women', we are referring to the group of women who are not exclusively heterosexual. We acknowledge that many of these women do not label themselves as lesbian or bisexual.

Table 1: Challenges of researching lesbian and bisexual women's health

Categories	Challenges	Recommended solutions
Systemic barriers	Stigma and homophobia: - Lack of support & isolation of lesbian health researchers in research institutions - Fear of, or actual, negative impact on research career	- Build partnerships between researchers and lesbian/bisexual community
	Ignorance and silencing: - Lack of sexual orientation focus in national policy frameworks and population-based research - Lack of perceived need affecting funding and publication of research	- Add sexual orientation as a health determinant to policy frameworks - Submit papers to mainstream health journals
Ethical dilemmas	- Possibility of harm to participants including exploitation - Lack of trust by lesbian & bisexual woman of the scientific community - Anonymity does not guarantee disclosure	- Ensure transparent processes for anonymity - Choice of location for completion of surveys - Sensitive dissemination of research findings
Methodological limitations	Differing theoretical frameworks - Determinants of sexual orientation: essentialist versus constructivist - Stages of sexual orientation: linear model of developmental stages versus situational model	- Research questions and data collection should be consistent with framework - Declaring theoretical framework in publications
	Sampling - Lesbian & bisexual women are hard to reach if not connected with communities - Poor representation of diversity in many non-probability samples - Probability samples –lesbian and bisexual women are not evenly distributed geographically	- Include sexual orientation measures in population-based studies - The small proportion of lesbian/bi women requires large sample size to determine differences
	Defining the construct to be measured - Reliance on a single measure that is not inclusive enough - No universal agreement of measures, resulting in difficulty comparing results across studies - Language can alienate – multiple terms with different meanings for different individuals	- Use multiple measures for various dimensions of sexual orientation including social affiliation - Development of validated multi-dimensional scales - Use a breadth of language and terms within measures

Why Include Sexual Orientation in Population-based Studies

An increasing body of research indicates that sexual orientation can influence health and well-being. This influence is largely a result of experiences of sexual orientation based discrimination, marginalisation and violence (Meyer, 2001). The recent inclusion of sexual orientation measures in some population studies has revealed that sexuality-based discrimination is clearly linked to the physical (Krieger & Sidney, 1997; Smith, Rissel, Richters, Grulich, & de Visser, 2003), and mental (D'Augelli & Grossman, 2001) health disparities of lesbian and gay people.

There are many gaps in our knowledge of specific health disparities. While many studies have suggested possible specific issues, we need representative data that will tell us whether lesbian and bisexual women actually differ from heterosexual women with regard to the incidence of cancer and prevalence of cancer risk factors (Cochran, Mays, Bowen, Gage, Bybee, Roberts, Goldstein, Robison, Rankow, & White, 2001); cardiovascular risk factors and incidence (Solarz, 1999); access to health care (Diamant, Wold, Spritzer, & Gelberg, 2000; Saulnier, 2002); body image and weight differences (French, Story, Remafedi, Resnick, & Blum, 1996); and sexual health issues (Marrazzo, 2000).

Mental health research provides a good example of new knowledge that has been obtained from inclusive population-based research. Two recent Australian longitudinal population-based studies have confirmed that significantly higher levels of depression, anxiety and suicidality are seen amongst the non-heterosexual compared with heterosexual participants, particularly for the bisexual or mainly heterosexual groups (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Hillier, De Visser, Kavanagh, & McNair, 2003; McNair,

Kavanagh, Agius, & Tong, 2005). These differences appear to relate to social

isolation and experiences of homophobic abuse and violence. The Australian Longitudinal Women's Health study (ALWHS) has also shown much higher levels of illicit and licit drug use amongst non-heterosexual women (Hillier et al., 2003). These findings mirror those of population based studies in USA (Gilman, Cochran, Mays, Hughes, Ostrow, & Kessler, 2001), the Netherlands (Sandfort, de Graaf, Bijl, & Schnabel, 2001), and New Zealand (Fergusson, Horwood, & Beautrais, 1999).

Systemic Barriers

One of the greatest threats to the health of lesbian, gay and bisexual (people) is the lack of scientific information about their health (Sell & Becker, 2001, p 876)

Multiple systemic barriers exist in lesbian and bisexual women's health research. We suggest there are two underlying issues creating these barriers, which are stigma and homophobia, and ignorance. Stigma creates particular difficulties for researchers, many of whom are working in isolation within their institution. They commonly face a lack of institutional support and fear negative impacts on their career if they pursue research in this area. Anecdotally, many researchers find they must maintain two streams of research, undertaking a mainstream and acceptable topic in their official time while pursuing lesbian health research largely in their own time.

Ignorance creates a much broader set of challenges. The widespread lack of awareness of the potential health disparities outlined above and incorrect assumptions that the health needs of lesbian and bisexual women are the same as any other woman create silence in health care policy. For example, the Australian Institute of Health and Welfare gathers biennial data on Australia's health. The 2004 report does not include sexual orientation within the lists of

health inequalities, special populations or health determinants (Australian Institute of Health and Welfare, 2004). Lesbian and bisexual women are referenced just once, in relation to sexually transmitted infections, although in the same sentence as gay men (p 161).

The lack of policy attention in turn leads to difficulty in attracting research funding and difficulty in having work accepted for publication in mainstream, high impact journals whose editors do not often see the relevance of such work for their readers. A review of all Medline listed publications over the past 20 years found only 0.1% included lesbian, gay, bisexual and transgender (LGBT) populations (Boehmer, 2002). Eighty percent of the LGBT articles focused on gay men, with only 28% including lesbian women and 9% including bisexual women (some studies included both genders). Over half of the articles focused on sexual health, and the only area in which lesbian women were addressed more than any other group was family-based research. It is no wonder that many health care professionals and women's health researchers have little awareness of the specific issues of this group. Ignorance leads to silence and marginalisation of lesbian and bisexual women's health research, just as these women are marginalised within Australian society (Pitts, Smith, Mitchell, & Patel, 2006).

Omission of Sexual Orientation from Population-Based Study Demographics

There is an almost universal failure to include sexual orientation measures in population-based studies in Australia. For example, there is no individual sexual orientation question on the five-yearly population census. Minimum demographic data collection for health related studies includes age, gender, socio-economic measures, geographical location of residence, and often race, ethnic and cultural measures, in recognition that all of these variables can influence health and

well-being. Failing to include a measure of Aboriginal/Torres Strait Islander status in any Australian health study would be deemed a major omission. By contrast, sexual orientation measures are rarely included unless sexuality is the specific focus of the research.

Sexual orientation is missing for many reasons. Some of these again relate to ignorance, where study designers have unconsciously omitted sexual orientation due to a heteronormative approach. That is they simply do not think of this population subgroup within their general assumptions of heterosexuality. Stigma also plays a role with researchers fearful of offending heterosexual participants therefore not including the questions. The ALWHS is a case in point, with sexual orientation questions not yet included in the older women's surveys, despite general agreement that the non-heterosexual women in this group are likely to be particularly marginalised. The ALWHS research team is concerned to protect the response rates for each survey and is not willing to compromise the trust of their older cohort by adding a sexual orientation question.

Effects of Exclusion From Population-Based Studies

One important problem resulting from the absence of population-based data is the lack of generalisability of our current lesbian and bisexual women's health knowledge. Lesbian and bisexual women's health research to date has largely been conducted using convenience sampling. These non-probability samples tend to include predominantly Anglo-Saxon, well-educated, middle-class, urban lesbian women and therefore do not represent specific issues for a more diverse range of women. For example, the Medline review mentioned above showed that 85% of the LGBT articles omitted any reference to race or ethnicity (Boehmer, 2002). Some studies over the last decade have recognised this lack of diversity and have purposively sampled ethnic minorities and rural lesbian

women in particular. However, older lesbian women continue to be missing from most studies (Wojciechowski, 1998).

Despite justified criticism of the lack of diversity and non-inclusion of more isolated women, Rothblum defends such community samples as being very useful in helping to increase the visibility of community issues (Rothblum, 1994). Australian convenience studies have provided valuable health information about women who attend community events or support groups and therefore have access to participate in the research. New knowledge from these studies has included issues of sexual health and behaviour (Richters, Bergin, Lubowitz, & Prestage, 2002), substance use (Murnane, Smith, Crompton, Snow, & Munro, 2000), cervical screening (Brown, Hassard, Fernbach, Szabo, & Wakefield, 2003), parenting (McNair, Dempsey, Wise, & Perlesz, 2002) and same-sex attracted youth issues (Hillier, Dempsey, Harrison, Beale, Matthews, & Rosenthal, 1998; Hillier, Turner, & Mitchell, 2005).

A further problem with the current reliance on non-probability studies is that they might actually be providing misleading information. Kirsti Malterud (2004) recently highlighted that the current level of knowledge, can create "epidemiological myths about the health of lesbian women", and argued strongly for representative studies to resolve these myths (Malterud, 2004, p. 463). For example, the prevailing understanding is that lesbian women are at higher risk of heavy alcohol intake. This has arisen from multiple studies that derived their sample from lesbian women attending community events at which alcohol was often an integral component. However, a recent population-based Dutch study showed that alcohol intake was similar between heterosexual and non-heterosexual women (Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006).

Finally, another negative impact of the lack of representative data is the consequent

lack of knowledge transfer about lesbian and bisexual women to health care providers via education. Health care providers do not learn about the specific health issues, and are therefore largely unaware that there are health disparities that need to be addressed. Many knowledge gaps cannot be addressed without access to large studies, for example whether lesbian and bisexual women have a higher prevalence of ovarian cancer. This prevalence is suggested by a higher likelihood of ovarian cancer risk factors such as smoking, reduced childbearing and obesity (Dibble, Roberts, Robertson, & Paul, 2002), however has not yet been proven. The largest ovarian cancer study in the world is currently underway in Australia, which could answer this question, however study investigators have not included a sexual orientation question (personal communication with Chief Investigator Dr Anna de Fazio).

Ethical Dilemmas

The ethical concern of any scientific research involving human participants is to prevent or minimise harm to those who participate in the research study. Ethical codes of practice for researchers in the health, behavioural and social sciences emphasise the importance of ensuring participants' privacy, dignity, and self-determination (Martin & Knox, 2000). When participants are members of stigmatised minority groups such as lesbian and bisexual women, researchers must take special care to ensure that the research process: (i) respects participants' rights to anonymity and confidentiality; (ii) is transparent and does not exploit participants; and (iii) has relevance for lesbian and bisexual women's lives, with study outcomes that provide some benefit.

In Australia, health care professional bodies have been slow to provide specific ethical guidelines related to research with lesbian or bisexual women. The Australian Psychological Society (APS) produced guidelines for psychological practice with lesbian, gay and bisexual clients in 2000,

however these do not discuss research at all (Australian Psychological Society, 2000). The general NHMRC guidelines on ethical conduct of research state that the guiding ethical principle is "respect for persons which is expressed as regard for the welfare, rights, beliefs, perceptions, customs and cultural heritage of persons involved in research" (NHMRC, 1999, p. 11). We believe that this is an appropriate framework for research with lesbian and bisexual women, particularly if researchers apply the concept of culture to include customs and beliefs relating to sexual orientation and behaviour (McNair, 2003). The NHMRC Human Research Ethics Handbook does have a section on research involving gay men and lesbians (NHMRC, 2001). This examines the research impact of stigmatisation and marginalisation, and in particular highlights issues of community involvement; the appropriateness of the language used; the appropriateness of the methodology; confidentiality and disclosure of sexual orientation; and respect for cultural difference. These recommendations will be incorporated into the discussion that follows.

Generating Trust

Historically lesbian women, gay men and bisexuals have been mistrustful of the scientific community and wary of researchers' motivations for obtaining sexual orientation information. Whilst changes in public opinion have seen a greater proportion of the public endorsing civil rights for lesbian women and gay men (Herek, 2002), lesbian and bisexual women are well aware of negative attitudes held by the public in general and also by health and mental health professionals (Rothblum, 1994). For this reason, many lesbian and bisexual women may be reluctant to participate in research that targets their sexual orientation, regardless of whether it is an anonymous survey or not. They may, however, be more willing to participate in research when investigators are part of their community, or when the research process involves consultation with community

representatives. The NHMRC recommends consultation with lesbian and gay agencies during the research design stage to be sure that language used is appropriate and non-judgemental. Making participants aware that research protocols and survey materials have been developed in such a way that respects their lives and gives lesbian and bisexual women a voice will encourage them to believe in the integrity of the research process and feel more comfortable about disclosing potentially sensitive information.

Ensuring Anonymity and Confidentiality

Allowing for anonymous participation and ensuring confidentiality of any information obtained is of primary ethical importance for lesbian and bisexual research participants. While population-based research largely involves anonymous data collection, research teams may still need to take extra steps to ensure that participants are aware of the process involved in anonymising data. Lesbian or bisexual researchers may face particular ethical dilemmas involving anonymity, confidentiality, and professional boundaries when participants are other lesbian or bisexual women from the same community (Woodman, Tully, & Barranti, 1995). Where participants and researchers share social situations, participants may assume (incorrectly in the case of population research) that researchers know confidential information about them and feel uncomfortable about this. Special care must be taken to keep researcher/friend roles separate and it may even be inappropriate for a researcher's friends to be in her research sample.

Disclosure of Sexual Orientation

We cannot guarantee that all lesbian and bisexual women involved as participants in population-based research will disclose their sexual orientation. For some participants the threat of discrimination, harassment and social ostracism, and even violence, following disclosure of non-heterosexual identities is very real and assurances of anonymity may

not totally overcome this. Bradford et al suggest that willingness to disclose to researchers also varies according to cultural and personal factors including age, religion and education level (Bradford, White, Honnold, Ryan, & Rothblum, 2001). For example, older non-heterosexual women are known to deliberately conceal their sexual orientation to protect their family, for religious reasons, or as a survival strategy; and tend to avoid defining themselves with any sexual identity (Wojciechowski, 1998). Perceived social desirability of non-heterosexual sexual orientation also plays a role, with some women choosing not to disclose their sexual orientation in order to create a 'better' impression to the researcher (Meston, Heiman, Trapnell, & Paulhus, 1998).

The place in which a questionnaire is completed (at home, at work, in person, researcher-completed) may also impact on the degree of disclosure (Boynnton, Wood, & Greenhalgh, 2004), and so giving participants a choice as to where they complete a survey is important. In recent research with same sex attracted young Australians, many of whom had not disclosed their sexual orientation to their parents, young people could fill out the survey on the net or in hard copy which could be obtained by phone or through the post. In this way young people could choose the option that they felt most comfortable with (Hillier et al., 2005).

Respect for Cultural Difference

Reporting research findings to both the health care provider and the lesbian and bisexual communities is important. This can be difficult if results are sensitive or potentially pathologising. The NHMRC guidelines recommend being sure to avoid comparisons with heterosexual populations that might imply inadequacy or blame on the part of the lesbian or bisexual group (NHMRC, 2001). We also assert from our personal experience that making an effort to report findings to lesbian and bisexual

community is a further sign for the community that researchers are trustworthy and truly interested in the wellbeing of the participants. We suggest that this will help to increase lesbian and bisexual women's trust in the scientific community.

Methodological Limitations

Theoretical framework

The theory of sexual orientation that underpins the study is important to the whole research design, from formulation of research questions to interpretation of results. A review of 152 public health research papers including lesbian women and gay men found that only 4 papers reported the study's conceptual framework or how researchers had defined sexual orientation (Sell & Petruccio, 1996). For example, two divergent approaches to understanding sexual orientation are that sexual orientation is an individual characteristic, present from birth or early childhood (essentialist approach, which tends to be more favoured by gay men); and that sexual orientation is a choice, determined in part by social context (constructivist approach, more favoured by lesbian women) (Martin & Knox, 2000). Each theory can lead to different sexual orientation measures being used. So while an essentialist researcher would ask participants to label their lifetime sexual orientation, a constructivist would take fluidity of sexual expression into account, and therefore include questions regarding whether the sexual orientation of participants has changed over time.

Similarly, linear models of developmental stages of sexual orientation, which are still popular amongst some psychologists and researchers, suggest that the final stage of integration into the mainstream is the ultimate goal (Cass, 1979). Other researchers would subscribe to a situational model, where different stages might occur in different situations, and where a sexual orientation that is submerged in lesbian

culture is a legitimate goal. These different frameworks again would generate different questions regarding social interactions.

Sampling in Population-Based Studies

The limitations of convenience sampling have been outlined above. Theoretically, population-based sampling should overcome some of the issues such as poor representation of diversity and inability to find women who are connected to the lesbian or bisexual communities. However, population-based sampling also has limitations. The sample size within these studies needs to be large to generate enough power to find statistically significant differences between lesbian, bisexual and heterosexual women, if they exist, given the small proportion of non-heterosexual women. Also, the sampling framework must take into account the uneven geographic distribution of non-heterosexual women, many of whom are known to prefer an urban environment.

Measuring the Multiple Dimensions of Women's Sexual Orientation

Homosexuality is a complex, multi-dimensional phenomenon whose salient features are related to one another in highly contingent and diverse ways. (Laumann, Gagnon, Michael, & Michaels, 1994, p. 320)

There are many dimensions of sexual orientation that can be measured. These include:

- sexual identity – a self-defined label
- sexual behaviour or experience
- sexual attraction
- emotional attraction
- social connection and participation with other lesbian/ bisexual women/communities
- romantic attraction
- degree of disclosure of sexual orientation to others
- time since self-identity as lesbian/bisexual
- degree of fluidity of sexual orientation

Typically, less than 2% of women in population-based studies identify as lesbian or gay, whereas sexual behaviour or sexual attraction tend to reveal a larger proportion of people. For example, in a large telephone interview study of Australians (Sex in Australia study), 0.8% of the women identified as lesbian and 1.4% as bisexual, while 15.1% of women reported same-sex attraction or experience (Smith et al., 2003). A USA study found that 1.4% of women identified as lesbian or bisexual, 4.3% had been involved in same-sex sexual behaviour since puberty, and 7.5% same-sex attraction (Laumann et al., 1994).

Many lesbian and bisexual women, in particular, have been shown to display little congruence between different dimensions of sexual orientation. When comparing women and men in the Sex in Australia study, the male respondents displayed more congruence between their identity, behaviour and attraction than did female respondents (Smith et al., 2003). Morris and Rothblum (1999) found that amongst lesbian women, there were no strong correlations between the dimensions of sexual identity, sexual experience, years out, disclosure and lesbian community participation. Only sexual experience and identity were moderately correlated. The authors concluded that we "can't assume that lesbian identified women behave in predictable ways" (p. 555). What this finding tells us is that different measures of women's sexual orientation will most likely identify quite different populations which will of course not be comparable. Establishing reliable and consistent measures of sexual orientation is therefore one of the first challenges when inserting sexual orientation items into population based samples.

Limitations of the Use of a Sole Measure of Sexual Orientation

Studies have tended to include a self-identification measure, usually as the only measure. This is often based on the original scale developed by Kinsey, in which participants rate themselves according to a

six-point scale from exclusively heterosexual to exclusively homosexual (Kinsey & Institute for Sex Research., 1953). Many researchers use this as a continuous variable as Kinsey intended and ask participants to mark where they sit on a line with no numbers, and then use a template to categorise the identity with a number (Morris & Rothblum, 1999). This measure has also been used as a discrete variable, in which participants select one of five identities. For example, the ALWHS asked women to indicate which of the following five categories best described their sexual identity: 'I am exclusively heterosexual', 'I am mainly heterosexual', 'I am bisexual', 'I am mainly homosexual (lesbian)', or 'I am exclusively homosexual (lesbian)'. Participants could also select 'I don't know' or 'I don't want to answer'.

There are several limitations to using identity as the sole measure of sexual orientation. Many non-heterosexuals may reject the use of labels for themselves or not identify with the particular labels used in the study, despite having a same-sex partner, or being part of the lesbian community. The language used within such a sole measure may alienate participants if they don't apply the particular labels presented to themselves. Also, it is by no means clear what participants mean if they select 'mainly heterosexual' or 'mainly homosexual/lesbian' if no opportunity is given for them to describe their attraction and behaviour. Some may be selecting this category on the basis of sexual activity, or attraction rather than identity. This becomes problematic when attempting to interpret results. For example, the mental health status of 'mainly heterosexual' women in the ALWHS was found to be significantly worse than that of the lesbian or heterosexual women, particularly in the mid-aged cohort, and associated with lower levels of social support (McNair et al., 2005). However, we do not know who this group regarded their social group to be or whether any of them have a same-sex partner.

Other studies have used sexual behaviour as the main measure. For example, a Dutch population-based study of over 7,000 people used self-reported sexual behaviour in the preceding year as the only sexual orientation measure (Sandfort et al., 2001). The 1.4% of women with same-sex partners had a higher prevalence of substance use disorders and mood disorders than the women with male partners, however without sexual identity or social affiliation measures the study cannot attempt to comment on the reasons for this.

Sexual attraction has become a useful measure in Australian studies concerning the sexual health and well being of young people (Rosenthal, Smith, & Lindsay, 1998; Smith et al., 2003). This measure is appropriate for a number of reasons. First, young people tend to experience sexual attractions long before they assign themselves with a sexual identity and so by using attractions as a criterion the size of the potential research population is maximised.

Second, unlike the terms 'gay' and 'lesbian', 'same sex attracted' is more user friendly for organisations and for young people. For example, Hillier, Warr, and Haste (1998) were given permission to distribute a rural survey through education departments using a question about attraction rather than one that used the terms gay or lesbian (Hillier et al., 1998).

Third, use of the term 'same sex attraction' does not foreclose on young people's sexual futures. Young people who are same sex attracted today may or may not become the gay and lesbian adults of the future. When carrying out research with same sex attracted young people however, it is even more revealing to use several items to measure sexual orientation including quantitative measures of identity, behaviour, attraction and qualitative explanations of these, gender of last partner and relationship status (Hillier et al., 1998).

A Multi-Dimensional Approach

The Sex in Australia study provides an example of a population-based study that has used multiple measures (Smith et al., 2003). Having included measures on identity, experience and attraction, the study was able to demonstrate the incongruence between measures, particularly for women. The fact that there is often little overlap between sexual orientation measures among women is very good reason to include a range of sexual orientation measures. We suggest that studies should aim for a high level of inclusiveness by using a multi-dimensional set of measures. Ideally, as a minimum, sexual identity, behaviour and attraction should be measured (Sell et al., 1995). Adding attraction and behaviour is important not only to increase the proportion of non-heterosexual women identified. Women with same-sex attraction and/or behaviour are found to display different health outcomes to heterosexual women, regardless of identity.

The three measures of identity, behaviour and attraction are not enough for health research that incorporates a social perspective, as they do not recognise sexual orientation as a cultural and social phenomenon (Boehmer, 2002). Important measures that relate to the social context of sexual orientation are the length of time since coming out, the level of disclosure of sexual orientation to others (outness) and the degree of participation in the lesbian or bisexual community. These are all relevant when considering the effect of social connectedness on health and levels of support available. For example, the likelihood of experiencing discrimination and victimisation including violence is increased with time since coming out and with increasing levels of disclosure to others (D'Augelli & Grossman, 2001). Conversely, the psychological health of lesbian women is found to be more positive with more years of self-identification as lesbian, and more involvement in the lesbian/bisexual

community (Morris, Waldo, & Rothblum, 2001).

Recommendations for Research and Implications for Health Policy

We have developed a series of recommendations focusing on the inclusion of lesbian and bisexual women in population-based studies. These recommendations address some of the systemic, ethical and methodological challenges that we have outlined, in order to maximise inclusiveness, participant engagement, levels of trust, and sense of safety in the research process. Some of these have already been presented in the body of the paper and all are presented in Table 1.

The inclusion of sexual orientation measures will produce benefits that far outweigh the risks associated with the unproven fear of offending heterosexual participants. Also, all non-exclusively heterosexual women warrant attention, not just those who may respond to a single identity or behaviour question. We recommend that a broad range of measures is included. The sexual identity measure would preferably use a wide array of terms from which participants can select, including 'lesbian', 'gay woman', 'queer', 'bisexual', 'non-heterosexual', 'other', and add an open-ended question for participants to explain their identity further if they choose. Ideally in the future we can work towards multi-dimensional scales that measure all of these factors, however there is much empirical research to be done first to validate the use of such scales in large representative samples.

Engagement of lesbian and bisexual participants in the research process is important to build trust and increase the likelihood that they will disclose their sexual orientation. This has been demonstrated by the successful national HIV/AIDS strategies since 1989 (Australian National Council on AIDS and Related Diseases, 1998), which involved grass-roots health workers, volunteers and consumers in partnership

with government and non-government agencies. This approach enabled effective health promotion and harm-minimisation approaches and avoided stigmatisation of sexual orientation. Research teams need to raise their own awareness of the social pressures, levels of discrimination and impact of marginalisation faced by lesbian and bisexual women. In parallel, building partnerships between researchers and lesbian and bisexual community can reduce the isolation faced by individual researchers. Trust is further developed if there is a commitment to making the results accessible to the participants and wider lesbian and bisexual communities.

Addressing the systemic silence with regard to lesbian and bisexual women's health is a pressing need. While research evidence from representative studies will emerge over coming years, lesbian and bisexual women's health requires policy attention now to build research capacity and community confidence. Sexual orientation should be added as a health determinant to Australian health policy frameworks to enable a mainstream approach for this population. Australia has demonstrated its capacity to do this, with national policies that incorporate a sexual orientation indicator including the National Suicide Prevention, Mental Health, Drug, and Homeless Strategies. Funding for research has started to trickle down from some of these policies for specific lesbian and gay initiatives, however to date most have targeted young people. Conversely, the National Women's Health Policy includes sexual orientation only in the context of women's reproductive health (Leonard, 2003), and Australian aged care policy is completely silent on sexual orientation (Harrison, 2005). Lobbying for adequate funding of research that focuses on lesbian and bisexual women's health is also crucial, as is repeated attempts to publish research findings in mainstream health journals.

Only when we have a real commitment to inclusion of the diversity of women's sexual

orientation in Australian policy and research will we start to fully understand the specific health issues that these women face. Then we will have a chance to reduce their marginalisation and adequately meet their health care needs.

Author Notes

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DISLOCATION AND BELONGINGNESS: EXPLORING SEX, CULTURE AND YOUTH PARTICIPATION

RAINA JARDIN

Background

The findings of The Australia Institute's report *Mapping Homophobia in Australia* (2005) indicated that the highest rate of homophobia within Sydney was found amongst residents within Sydney's Southern suburbs (including Sutherland and St George). Within this study, homophobia was defined as holding the belief that being same-sex attracted is immoral.

The implication of this for GLBT (Gay, Lesbian, Bisexual and Transgender) young people within Sutherland and St George is highlighted by the Gay and Lesbian Youth Social Support Network's (GLYSSN, 2004) report: *Beaches, Bushland and Isolation: A Report on the Needs of Same-Sex Attracted Young People in St George and Sutherland*. This report found that whilst GLBT young people had a positive attachment overall to the St George and Sutherland area, 50% of participants had experienced or witnessed homophobic violence. This figure is consistent with the findings of the NSW Attorney General's Department's (2003) report *You Don't Have To Hide To Be Safe: Homophobic Hostilities and Violence Against Gay Men and Lesbians in NSW*.

Beaches, Bushland and Isolation (2004) made a number of recommendations. Those relevant to the current study include: to explore the needs of GLBT people from culturally and linguistically diverse (CALD) backgrounds within St George and Sutherland and to facilitate the provision of training opportunities regarding issues pertaining to young GLBT people to local services.

In response to these recommendations a partnership was developed between

GLSSYN, the South Eastern Sydney and Illawarra Area Health Service (SESIAHS) and Hurstville, Kogarah and Rockdale Councils. Funding was acquired from these services for a same-sex attracted young people (SSAYP) CALD project, focusing on the needs of SSAYP from Arabic, Chinese, Macedonian, and Oceanic backgrounds.

What follows is a summary of the full report³, focusing on the method employed in developing the project and some of the project's key findings, including interview material with CALD SSAYP.

Method

Research for this project was conducted over a four-month period, from mid-February 2006 until mid-June 2006. The methodologies utilised included: a web-based literature review, a self-report questionnaire for CALD SSAYP, semi-structured interviews with CALD SSAYP and CALD identified community based workers, the co-facilitation of two GLYSSN meetings addressing sexuality and culture, and in partnership with Twenty10 GLBT Youth Support Service, the provision of their training package *Ready or Not* to service providers based in Sutherland and St George.

Web-based Literature Review

In the initial phase of this project a web-based literature review was conducted in order to meet the aim of locating web-based literature that was both GLBT (Gay, Lesbian, Bisexual, Transgender) and CALD specific.

³ The report is titled 'The Only Queer from a CALD Background' and is available to download from: <http://www.glyssn.com>

A second aim was to utilise this material to create a web-page for GLYSSN's web-site which addressed the relationship between sexuality and culture and contained relevant links for CALD SSAYP. The results of this review suggested that there were no relevant websites for young GLBT people in Australia from Macedonian, Arabic, Oceanic or Chinese backgrounds. In order to meet the agreed upon benchmarks for this phase of the project, a web page was developed that generally explored the relationship between culture and sexuality. However, it was strongly recommended that for resources to be appropriate for this projects target groups, they should be created in direct consultation with them.

In order to engage CALD SSAYP in consultation, a self-directed questionnaire was constructed. The first aim of this questionnaire was to ascertain directly from CALD SSAYP how important is it to them to have access to websites that are culturally and GLBT relevant. Secondly, if this was important to them, how could GLYSSN's website be updated to be more relevant for this projects target groups.

SSAYP CALD Project Questionnaire

The SSAYP CALD Project Questionnaire was forwarded to members of GLYSSN via email. It was also forwarded through GLYSSN's networks and presented to young people during a GLYSSN meeting focused on issues pertaining to culture. Eight questionnaires were completed. All respondents resided in Southern Sydney and identified as being GLBT. The mean age of the target group respondents was 21.1 years. Only four respondents identified as being from the projects' target groups.

In summary, two of the participants identified as having a Chinese speaking background, one Arabic speaking background and one from an Oceanic background. Of the respondents, one knew someone other than themselves who identified as being GLBT and having the same cultural background as them. All of

the participants indicated that they would like to meet other people who were GLBT and from the same cultural background. One participant said that it was very important to know others who were GLBT and from the same cultural background, two indicated that this was important to them and one that this was not important.

Overall the results of this survey suggest that the participants are more likely to get information and support from a counsellor (75%), friends (50%) or a support group (25%) rather than the Internet (25%). However, a majority of participants (three) indicated that it was important to them to have websites that have information or support for people who are GLBT and from the same cultural background as them. The young person who indicated that it was not important to know others who were GLBT and from the same cultural background was the only participant to indicate that this was not important to him.

In response to the question, 'what would your ideal website include?' respondents suggested; stories by people, a list of support services, 'an interface that has the word 'queer' written in different languages (if the translation is appropriate)', 'maybe some good statistics', general information, 'different faces and info on other cultures', 'chat rooms profiles emails event info venues to meet others'.

The findings of this questionnaire were explored with young people within a GLYSSN meeting; the results of which are discussed below.

SSAYP CALD Focused GLYSSN Meetings

Following two initial meetings, which involved the consultant and the participants becoming acquainted with one another and the aims of the research, a third GLYSSN meeting attended by the consultant focused on the issue of being GLBT and from a CALD background. Ten young people attended

this meeting. In relation to the projects' target groups: one young person identified with the Oceanic community, one identified with the Arabic speaking community, and two with the Chinese speaking community.

A young man who identified as both from an Oceanic community and gay arrived early for the GLYSSN meeting. When informed about the agenda for the GLYSSN meeting, the young man discussed his frustrations regarding stereotypes that he perceived to be projected by the GLBT community. He explained that he felt disconnected from the GLBT community due to the ideals that are projected by popular GLBT media, which he perceives to be Anglo-centric. To make his point he picked up copies of two of the most readily available GLBT newspapers. He flicked through these explaining that he perceived that the advertisements and photos in these papers were predominantly of Anglo Saxon men who had well defined muscles. He explained that in his experience the only place where images of non-Anglo Saxon men appeared were in the community photos pages or in advertisements for sex services.

Much like this individual's reasons for feeling isolated from the GLBT community, a feeling of isolation in response to perceived stereotypes was a shared theme amongst SSAYP within the project (further individual reasons are expressed in the young people's interviews under their relevant target group section in this report). For this reason, the current GLYSSN meeting was utilised to explore stereotypes about and within GLBT communities.

To begin, a general conversation was held about stereotypes about being GLBT. The young people brought up their frustrations with stereotypes. For example, one young woman (not from the projects' target group) talked about her frustration related to a perceived stereotype that all lesbians hate men. The group was then asked to break up into two groups and to draw a picture of what they thought a stereotypical gay, lesbian, bisexual or transgender person

looked like. It was hoped that through the drawing exercise the idea of stereotypes could be raised with the young people. From here it was hoped to explore ideas around whether they feel that the GLBT community also holds stereotypes about what it means to be GLBT, and what this means for young people from CALD backgrounds.

After finishing their drawing the group came back together and discussed their creations. When each group had shared their reasons for depicting their character in the ways that they did, a general discussion was then held about what stereotypes the mainstream GLBT community might hold about what it means to be GLBT. One group who drew a lesbian character with short spiky blond hair, and discussed that in their perception to fit into mainstream GLBT culture, you have to dress a certain way. Some young women talked about feeling pressured to wear 'boy's clothes' and to have short hair. Some of the men talked about feeling a pressure to wear designer clothes and to be well toned. A discussion then took place about stereotypes about body image and on a lighter level, how hard it was to find bigger sizes for women's clothes and smaller sizes for men's clothes.

After some time, the consultant raised the issue of culture and whether anyone had thought about this in terms of the community. The consultant explained the young man's example of the two GLBT newspapers. The two young men who identified with the Arabic and Oceanic communities agreed that they felt that the mainstream image of the GLBT scene was predominantly Anglo Saxon. Two other young men who identified as being Anglo Saxon also agreed with this. A few of the participants got up to look at one of the mentioned newspapers to see whether the young persons perceptions were correct. The SSAYP CALD Questionnaire was then discussed and handed out to participants who filled this in and handed it back to the consultant. A fourth GLYSSN meeting was held a month later in order to discuss the results of this questionnaire.

It is important to note that of the sixteen young people who attended these meetings overall, only five identified as having a CALD background, and four of these identified as being from this projects target groups (one Oceanic, two Chinese, and one Arabic). It was neither possible nor appropriate to focus only on the experiences of these young people alone due to the overall aims and objectives of GLYSSN meetings.

It was also difficult to engage the young people who did not identify as being from a CALD background in discussions about culture. Although at times they appeared interested, they would generally not engage in discussion centred on this issue. Further, only two of the young people who identified as being from a CALD background appeared to be confident in expressing their opinions in a group format. For this reason, and due to the lack of relevant SSAYP CALD Project questionnaire responses, it was decided to carry out individual interviews with GLBT young people from the projects' target groups. The aim of these interviews was to attain a more in-depth understanding of the experiences and needs. A list of appropriate GLYSSN participants was provided to the consultant. Young people were contacted from this list and were offered \$25.00 for their time.

Interviews

Five SSAYP⁴ from the project's target groups were interviewed: One identified as being from a Chinese background, two Arabic, and one Oceanic. No responses were obtained from a GLBT young person from a Macedonian background⁵. For this reason a message was placed on a web based Macedonian community forum. Some of the responses to this message are included in this report in place of an interview with a

⁴ It is important to note that none of the interviewees identified as being transgender. Therefore, the results of this section focus on the experiences of SSAYP.

⁵ Please refer to the full report for an exploration and hypothesis regarding this finding.

young Macedonian GLBT person. Interviews were also held with community-based workers who identified with this projects target groups. Pseudonyms have been used to protect their confidentiality and identifying information has been withheld.

Both the young people and the workers reiterated during their interviews that their views and experiences should not be generalised to the entire community with which they identify. On a number of occasions each participant was careful to explain that there are many differences within their communities. This point was particularly salient for Michelle (lesbian/Tongzhi/Chinese communities⁶) who commented: 'workers shouldn't think that because someone is Chinese that they'll face more homophobia'. Participants also highlighted that many families were different, and that some families, as within any community, were accepting of their GLBT children. It is also important to note that for some of the young people, for example Karim (queer/Arabic communities) and Kaupiri (gay/Oceanic communities), community seemed to refer to their immediate family.

Regardless of within community differences many common themes were raised within these interviews, between worker's and young people who identified with the same CALD community. Common themes were also found across the sample, regardless of which CALD community participants identified with. For the purpose of this summary, examples of these across sample themes will now be presented with a highlighting quote from a CALD SSAYP.

The theme of silence around GLBT issues within CALD communities was suggested by a majority of interviewees. Karim who self-identifies as being queer and from the Arabic speaking community explained:

⁶ Please note that these categories of identification were selected by research participants.

I didn't even know that there were queer things in the Arabic speaking community. I just thought...I never saw it whenever I was with other Middle Eastern people, I thought "F__k man, I must be the only one". It was really hard but then my brother's fiancé ...works at a youth service, she put me onto GLYSSN and then David⁷ told me about Twenty10.

Whilst CALD SSAYP within this project indicated that they felt as if they did not feel as if they fit into the CALD community with which they identified due to factors such as silence, they also expressed a common theme of feeling as if they do not fit into GLBT community. Kaupiri, who identifies with the Oceanic community and as being gay explained:

In general as to fitting into the gay community... I quite often feel as if I don't. Because the images that are projected are constantly blond hair, blue eyes...good looking, athletic, that stereotypical bull. I'm not a part of that, that's not me. Out of my circle of friends you can't really say that one culture really dominates the other because we're all mixed and that's what I prefer to do because you get to see more things in life.

Whilst participants reported difficult feelings or experiences related to their perception that they did not feel a sense of belongingness in the GLBT or CALD community, CALD SSAYP within the project reported feeling positive (okay, great etc) about their sexuality. Due to this, young people made recommendations based around building acceptance within the communities with which they identified (families, GLBT and CALD communities). Mike, who identified with the Arabic speaking community and as gay, highlighted this concept as follows:

I am comfortable with being gay and don't need help being gay and happy. What I need is help on getting my parents to be happy with me being gay.

Even though CALD SSAYP highlighted concerns with their communities' (families, GLBT and CALD communities) acceptance of their sexuality, diversity within communities and families was a common theme within this project. For example, Happygirl, a participant in a Macedonian web-based community forum where an advertisement was placed regarding the project wrote in response to another writer:

Adelmaso... As for your stance on gay people, that's fine, it's your opinion – but I don't think it disgraces our community. Maybe in your opinion they disgrace themselves, but not our community. By supporting them as a community we show strength, acceptance, unity, understanding and love.

Finally, all participants raised the importance of having a forum to interact with other SSAYP from CALD backgrounds. Michelle, who identified as being Lesbian/Tongzhi and with the Chinese speaking community, explained:

I think it's important to know other GLBT people from a Chinese speaking background so that I don't feel like I'm the only queer from a CALD background. We go through similar coming out experiences with our families and cultural communities, and it's good to be able to share experiences.

Concluding Remarks and Recommendations

The data obtained through questionnaires and interviews throughout the project provides important information regarding the diverse yet common experiences of CALD SSAYP who participated in this research. Common themes also were found in the recommendations made by participants. These recommendations were utilised to formulate the final recommendations of this project. The common recommendations shared by participants within the project were:

⁷ David Moutou, GLYSSN Project Coordinator

- 1) For there to be a CALD specific GLBT service, which would include a drop in center or/and a support group. It was suggested that this service would have CALD workers who could provide mediation and support to young people and their families.
- 2) For there to be training and workshops for CALD service providers regarding GLBT issues.
- 3) For information to be available for communities regarding GLBT issues that are specific to each target group. There were numerous suggestions from most of the participants about what issues, brochures, websites or support groups could address. In regards to support groups it was suggested that it would not be useful for groups to specifically focus on GLBT issues but that these should be included with information about other issues.
- 4) That information created for these groups should contain images of CALD people, different languages and cultural symbols, i.e. Macedonian style borders.

To conclude, whilst it is important to acknowledge that the interviews within this report are based on individual experiences and are not intended to be generalised across the entire communities with which interviewees identified, it is nonetheless the case that common themes were found within and across the project's target groups.

Particularly relevant to the aims and objectives of this research was the overall finding that CALD SSAYP did not feel connected with the CALD communities with which they identified or with the GLBT community. Secondly, CALD SSAYP within this project reported that it was important for them to have a sense of belonging and representation within the GLBT community and within the CALD communities with which they identified. In conclusion these results strongly suggest that there is

important work to be done, both within the GLBT community and within this projects target communities.

Author Note

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A CASE OF AN UNPLANNED SELF-DISCLOSURE AND THE ETHICS GUIDING PSYCHOLOGICAL PRACTICE WITH NON-HETEROSEXUAL CLIENTS

GRAEME KANE

This paper explores how an unplanned self-disclosure in my work as a therapist resulted in the unexpected therapeutic outcome of a previously self-identified 28-year old heterosexual client redefining his sexuality. Such an outcome highlights that counselling is a dynamic interaction that both involves and influences the client and therapist alike. Given the intimate dynamics in the therapeutic relationship, the use of self-disclosure by therapists has been the focus of empirical investigation and discussion. Therapists are cautioned against its potential to interfere and take the focus away from the client (Curtis, 1981; 1982a; 1982b); while on the other hand, it is proposed that when used appropriately, it is a valuable clinical technique (Barrett & Berman, 2001). Research by Barrett and Berman (2001) indicates that reciprocal self-disclosures (those that closely resemble the client's disclosures) can enhance the therapeutic relationship and the outcome of treatment. Their research suggests that clients view therapists who self-disclose as open, warm and helpful, which enhances the therapeutic alliance. Clients that identify more strongly with their therapists also report a reduction in their symptoms of distress.

In the case presented in this chapter, the client's 'coming out' influenced and encouraged my own pursuit of information, knowledge, and understanding of how it may be possible as a psychologist to assist clients in coming to terms with their sexuality. I had previously viewed the self-disclosure of my sexuality (before working with this client) as a possible source of distraction, with the potential to elicit client disapproval that could interfere with our working together. Interestingly, prior to my unplanned self-disclosure an 18-year old

female client asked me about the difference between same-sex attraction and sexual orientation. She suggested that she thought I would be a 'good person to talk to about this'. Although I didn't ask this client why she thought I would be a good person to ask this question, it did make me consider that perhaps my sexuality wasn't as invisible or absent as I had previously thought.

Background

My experience of self-disclosure occurred within the context of an agency that provides counselling to individuals with alcohol and other drug use issues. The agency (a community health service) utilises a social model of health that proposes that improvements in health and wellbeing are achieved by addressing not only the physical causes of ill health, but also the social and environmental determinants as well. The specialist drug and alcohol counselling service uses a harm minimisation approach. This approach acknowledges that whilst abstinence is the best form of harm minimisation, some clients may not find this to be a feasible approach, and thus the work focuses on reducing the harmful effects of the client's substance use (e.g., reducing the amount and/or frequency of use, changing to a safer method of administration, or reducing other risky behaviours associated with the use).

During the course of treatment, it became apparent that the client (who self-identified as heterosexual) used substances to cope with the conflict between his experience of his sexuality and internalised homophobia. The role of my unplanned self-disclosure in both the therapeutic processes within sessions and the client's eventual 'coming out', and my experience of subsequent self-

disclosure with other clients and supervisees will be explored. These issues are discussed in relation to the Australian Psychological Society's *Guidelines for psychological practice with lesbian, gay and bisexual clients (2002)*, with a particular focus on the treatment implications and broader professional issues.

Initial Focus of Counselling

At the onset of counselling 'Geoffrey' was a 28-year old male in full-time professional employment who referred himself for drug and alcohol counselling. He reported a range of problems, including: using approximately one gram of cannabis every night; binge drinking on weekends between seven to 14 standard drinks in a single episode; being concerned about his ability to perform at work; concomitant fears of the impact of his ongoing cannabis use on his health and wellbeing; and concerns about the impact on his girlfriend of three years. Geoffrey first used alcohol when he was 13 years old and cannabis when he was 14 years old. He regularly used both substances from around 17 years of age. He expressed feelings of depression, which he described as feeling 'like shit'.

Geoffrey's presenting difficulties primarily related to the impact of cannabis and alcohol misuse on his general well being, work and intimate relationship. He mentioned that his girlfriend wished for greater intimacy and commitment, but he felt he was unable to reciprocate this. Geoffrey was encouraged to utilise a substance use diary, nominate non-use days, and engage in alternatives to his substance use (e.g., weight-bearing exercise). Within three weeks Geoffrey was able to achieve a reduction in his alcohol use and reported being abstinent in relation to cannabis use. He also decided to consult a doctor within the clinic, stating he felt he would require antidepressants as he was having difficulty sleeping and reported feeling 'like shit'.

I had some doubts about the nature of Geoffrey's depression and felt that perhaps his levels of anxiety might actually be greater. This was evidenced by his vague description of feeling 'like shit', coupled with his tendency to stutter and perspire during our sessions, and his general state of agitation. Geoffrey identified that his experience of agitation was reduced by use of alcohol and cannabis. The Self Rating Anxiety Scale (SAS), (Zung, 1971) and the Self Rating Depression Scale (SDS), (Zung, 1965) were administered to assess the frequency and severity of Geoffrey's reported anxiety and depressive symptoms respectively. The SAS and SDS are popular, simple and brief self-report measures consisting of 20 items each. The test taker rates each item as it applies to him/her within the last week according to four quantitative categories: 'none or little of the time', 'some of the time', 'good part of the time', and 'most of the time'. Responses are scored and converted to an Index score. Geoffrey obtained a *Moderate* Index Score of 0.54 on the SDS and a *Severe* Index Score of 0.63 on the SAS, which supported the initial clinical hypothesis that Geoffrey was predominantly exhibiting symptoms of anxiety.

The Emergence of Sexuality as a Key Issue

As Geoffrey was gaining greater control over his substance use, he began to discuss some of his frustrations with his girlfriend who continued to drink, something that obviously caused him distress. I responded with a reciprocal self-disclosure about how my partner would often come home from work and automatically pour both of us a drink if there was alcohol available. I used this as an example of the challenges that many couples face if they use substances together, and the impact this has if one wishes to alter one's pattern of use. Unintentionally I identified my partner as 'he'. Up until that point I had rarely referred to my partner in my work as a therapist with other clients, and on the odd occasion

where I did, I used the neutral term 'partner'. Without being clear at the time as to why, I had some clinical intuition that it would be somehow beneficial to be honest and refer to the gender of my partner within a self-disclosure that sought to emphasize a common reality of the challenges facing couples negotiating alternative behaviours.

Two weeks after my 'coming out', Geoffrey came into the session in a highly agitated state, perspiring so profusely that his work shirt was saturated to the base of both sleeves. He immediately sat down and said that he had something he had wanted to say from our last session that he had never told anyone else. Even so, it took many questions from me to elicit that Geoffrey had 'thoughts and feelings' about men. As I was asking him about the nature and content of his attraction to men, Geoffrey kept placing his hands over his face and throwing his head back, saying, 'This is the worst thing in the world'. Our work from this point turned to exploring the role his substance use had in managing his same-sex attractions, as well as the nature of sexuality, sexual attraction and sexual orientation. We also explored the implications for his relationship with his girlfriend, which was becoming increasingly strained.

Following this disclosure, Geoffrey's use of cannabis recommenced and his binge drinking increased. This was partly due to Christmas festivities and his social network enjoying the use of alcohol and cannabis. However, he also reported feeling under a lot of stress in relation to his disclosure. One message that I reinforced was the importance of not being too heavily under the influence of a substance in the event that Geoffrey decided to experiment and have sex with a man. I was concerned that whilst Geoffrey was aware of safe-sex practices, his level of substance use might interfere with his ability to ensure he did not place himself at risk of contracting HIV.

A little under two months (seven counselling sessions) after Geoffrey's disclosure, he and

his girlfriend agreed to a break. A couple of weeks later they formally ended the relationship. The following night Geoffrey had his first sexual encounter with a man. I asked him what this meant for him in terms of the relationship with his now ex-girlfriend, and how he now described himself. Geoffrey was adamant that he was bisexual. He still felt that to be gay was 'the worst thing in the world'.

Eleven weeks (10 counselling sessions) since his initial self-disclosure, Geoffrey commenced a relationship with a man and felt comfortable with the label 'gay' to describe himself. We discussed how, for him, the label 'bisexual' initially helped him manage his 'internalised homophobia' and thus allowed him to partially accept his sexuality. He described it as an aid in dealing with his feelings and thoughts about being gay. A significant factor in this shift was Geoffrey establishing an intimate and serious relationship that felt 'real' for him. At this point of our work, Geoffrey presented as more confident, calmer and relaxed. He also appeared excited about being able to acknowledge his same sex attractions, and disclosed being gay to all his friends.

Treatment Implications and Broader Professional Practice Issues

From the point when Geoffrey disclosed 'thoughts and feelings about' physical attraction towards men, I relied on the APS's *Guidelines for psychological practice with lesbian, gay and bisexual clients* (2002) for direction. These guidelines are based on the highly referenced and researched *Guidelines for psychotherapy with lesbian, gay, and bisexual clients* (2000) developed by the American Psychological Association (APA). I also sought out journal articles and book chapters on how to work with clients with issues surrounding sexuality in general, and same-sex attraction more specifically. These included stages of 'coming out' and identity formation (Cass, 1979; Coleman, 1982), internalised homophobia (Davies,

1996; Meyer, 1995), substance use issues for gay men (Knox, Kippax, Crawford, Prestage & Van De Ven, 1999) and issues around therapeutic alliance between lesbians/gay men and their therapist (Liddle, 1996; Walters & Simoni, 1993).

The decision to seek out research and practice guidelines to assist in the work I did with Geoffrey was based on the general premise of engaging in evidence-based practice, and also with the goal of 'doing no harm'. I did not want to risk making assumptions about Geoffrey's sexuality based on my own experiences. I approached my first client to 'come out' to me as I would any unfamiliar or new client presentation. I sought assistance.

Guideline A15: Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through professional development, training, supervision, and consultation.

I followed this recommendation as our work together progressed and Geoffrey wanted information about the 'coming out' process. I did not rely on my own personal experience to assist Geoffrey, but instead sought out professional literature and research to assist him in making sense of his experience. This guideline is particularly important for gay and lesbian clinicians to adhere to, as each will have different experiences of stigmatisation, 'coming out', identity development and personal views on human sexuality.

Guideline B1: Psychologists working within a small community strive to be especially vigilant around issues of privacy for the psychologist.

While the gay and lesbian community is a small, yet diverse community, the relevance of these guidelines was highlighted by Geoffrey either sending me a text message to my work mobile phone or calling my work number after hours to share his novel and often exciting experiences. He was often

affected by alcohol and/or cannabis, and his main connection to his developing sexual identity was me. On one occasion, Geoffrey sent a text message that he was about to kiss a guy for the first time. My vigilance was not based on a hypothetical 'what if', but a high probability that one day we could find ourselves at the same social event or venue. This meant that I ensured that we spent some time clarifying how we would respond in the event that we met each other out socially. Geoffrey said that he 'wouldn't mind' having a drink with me socially - I explained the professional and ethical obligations that would not permit me to do this, as well as our need for privacy. The guidelines assisted me in better identifying potential dual roles, and in clearly explaining to Geoffrey the dangers to both of us if I relaxed my professional boundaries.

This guideline also assisted me in being sensitive to the dual nature of self-disclosing to assist the client in what the 'coming out' process was like for me, my thoughts on relationships and views on the 'gay scene'. I felt vulnerable to some degree as I had never self-disclosed to such an extent before, and was anxious about the potential for unintended harm to Geoffrey, and possibly myself. Geoffrey was quite open with his friends about the fact that he 'was in therapy', and would likely have been just as candid with my friends or networks if our social paths were to cross. I tend to avoid discussing my work with friends or acquaintances. Professionally, the principle of confidentiality is of fundamental importance, while personally, I keep my work and private life separate for the benefit of both. Geoffrey's enthusiasm and openness to discuss his therapeutic experiences could create difficulties for both of us if our paths crossed. Likely, Geoffrey would attempt to initiate a discussion about our work together, while I would attempt to change the topic to safer, less personal areas, thereby raising dilemmas around boundaries and running the risk of Geoffrey experiencing rejection. Privacy is a more difficult thing to maintain in a small community like the 'gay scene'. This is

discussed further in the section on Guideline B3.

The unexpected positive change that came about from working with Geoffrey has resulted in a greater comfort in being professionally out with other clients, or at least a willingness to answer 'yes' to the question 'are you gay?'. I still remain concerned about the potential for self-disclosure to interfere with the work clients and I do, and always consider the context in which the question is asked, but for the question to be raised means that the client will have formed a hypothesis. It also reduces the pressure I previously felt to have a stock answer such as, 'that's an interesting question; I wonder why you asked me', or 'I find personal information about the therapist can interfere with the work'. Given that the young female client who originally asked me about the difference between same-sex attraction and sexual orientation did so because she felt I would be a 'good person to ask', suggests that it is likely that other clients would think the same. Hence, I now typically respond to questions about my sexuality with a simple 'yes, I'm gay'. There are some things that are a given when meeting others either in a personal or professional context. These are typically one's general age, gender, obvious disability and clothing. Perhaps sexual orientation is something that, for some people, is apparent. In this light, perhaps my response to such questions these days is a confirmation or clarification rather than a disclosure.

Professionally, another group I now comfortably discuss sexuality issues with are supervisees. I have found that being open to discuss sexuality with probationary psychologists and trainee social workers on placement has facilitated trust, greater exploration of diverse issues and a willingness to challenge and be challenged. This has been demonstrated with numerous consultations and requests for resources to aid their work with clients who have expressed concerns about their sexuality. An interesting observation has been that as my

own comfort has grown with discussing sexuality issues in a broad sense, this has been reflected in the work of the agency, where staff and students on placement have expressed that they too are more comfortable to explore sexuality issues with clients, if appropriate and relevant. In the past, a referral to a community gay and lesbian counselling service would have been suggested to clients wanting to explore issues of sexuality.

Guideline B3: Psychologists working with clients from their own community need to be aware of issues which may impact on the therapeutic process.

One of my concerns in relation to this issue was the possibility of Geoffrey forming a relationship or friendship with someone from my own social network, and how this might evolve or be managed. Geoffrey told all his friends he was 'in therapy' and said to me that he didn't have a problem with our social worlds joining. As a 35-year old gay man at the time who had been 'out' and participated in the 'gay scene' for close to 20 years, I was very aware of the risks for both of us. I would likely find it a challenge to maintain my professional detachment if my work started to include mutual friends or even ex-partners; that is, if Geoffrey started to bring to therapy his contact and experiences of people I knew, loved or even had been physically intimate with, my capacity to professionally reflect, challenge and provide feedback would have been compromised.

Conclusion

While my self-disclosure, and sexual orientation itself, was a powerful catalyst in the work that Geoffrey and I engaged in together, it was not essential; openness and normalising in a genuine and non-patronising way was far more important. However, the power of being a 'living breathing example' that homosexuality did not have to equate with self-loathing, secrecy and shame played an important role in Geoffrey's own 'coming out'. An

unintended intuitive use of a pronoun had quite profound outcomes for both Geoffrey and myself, with both of us gaining greater comfort, confidence and clarity in who we are, but also in how we communicate who we are.

Geoffrey's 'coming out' also assisted my professional development in working with clients that present with similar issues. Non-heterosexual clinicians would be well advised to consider following a professional development path similar to that recommended to heterosexual clinicians; that is, to ensure adequate knowledge, skills and training in the provision of therapeutic services to gay and lesbians clients, and to follow up supervision and/or secondary consultations with a more senior and experienced clinician. The use of the well-researched guidelines developed by both the APA and APS assisted me in the work that I did with Geoffrey. It is important to emphasize the need to avoid a reliance solely on one's own experiences to guide clients. Sexuality and 'coming out' should be approached in the same way that we approach communication and relationship difficulties, depression, anxiety or other 'new' presentations. We consult colleagues and peers, seek relevant professional and research articles and books, and maintain an openness in assisting clients make the changes that are relevant and beneficial to them. Using an evidence-based approach to a shared reality helped me gain a greater level of trust in my clinical judgement, and help Geoffrey to accept himself in a way he never thought possible, and thus to experience life more fully.

Author Note

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CONFESSIONAL TALES: INTERVIEWING GAY MEN: A HETEROSEXUAL EXPERIENCE

MURRAY J.N. DRUMMOND

Abstract

This commentary is a confessional tale of my experiences as a heterosexual male interviewing gay men on issues of masculinity and body image. As a researcher on masculinity and body image over the past 12 years interviewing a range of males across ages, demographics and various sub-cultures, gay men appeared to me as being an important group of men to study given they have been under-researched where body image is concerned. Indeed, their voices have not been heard in many qualitative research projects to date. Therefore my aim was to listen to the voices of gay men, both younger and older, and allow them to share their life historical experiences around masculinity and the body. Some of the men I interviewed found it intriguing that I was a heterosexual male attempting to find out about gay men's experiences. I did not consider this to be an issue at the time, nor do I consider it be an issue now. The following is an account of my experiences as a heterosexual male interviewing gay men.

Introduction

This is a different paper to any that I have written in the past. The majority of my articles have been based on research findings containing rich descriptive qualitative data. However, this paper aims to highlight some of the issues that I have faced as a heterosexual male researching gay men and body image. While it is not an autoethnographical piece, it is a narrative of the self. More specifically it is a confessional tale. Sparkes (2002, p. 57) claims that confessional tales foreground the voice and concerns of the researcher thereby allowing

us to be taken behind the scenes of the "cleaned up methodological discussions so often provided in realist tales". Fieldwork confessional tales are also different to the realist tale in that realist tales are author absent and have created clear delineated lines between the tight research methods and the data (Van Maanen, 1988). Realist tales do not take into account the researcher's personal perspective. Smyth and Shacklock (1998, p. 1, cited in Sparkes, 2002, p. 58) emphasise the importance of confessional tales and the voice of the researcher when they claim;

The reflexive narratives of researcher's encounters with the intersections between the researcher's values and the research processes reintroduces the researcher as person into the account. Issues like: ethics, gender, race, validity, reciprocity, sexuality, voice, empowerment, authorship, and readership can be brought into the open and allowed to breathe as important research matters.

Finally as Sparkes (2002, p. 59) claims, confessional tales provide a personal voice and take the place of the disembodied voice of realist tales. The confessional tale allows the author to announce, "Here I am. This happened to me, and this is how I felt, reacted, and coped. Walk in my shoes for a while". The following are some of the confessions of a heterosexual male undertaking research with gay men on body image and masculinity.

I Confess

I currently have a beginning Ph.D student all but 4 months into his research process. Recently he asked me whether he should disclose his sexuality to his prospective gay male participants given that he is researching gay men's bodies within the

sporting arena. A lengthy discussion followed as to the merits of disclosure or non-disclosure. We came to an understanding that full disclosure should be carried out based on a body of literature identifying the importance of this aspect of research (Sparkes, 2002). Interestingly, I too provided full disclosure to my gay male research participants throughout the research process, but only when asked about my sexuality. However, I admit that I did not consciously conceptualise the issue prior to beginning the research. In fact it was at the end of my first focus group that a young male asked me whether I was gay or not. Admittedly, and a little naively, I was a little taken aback. Indeed, I was not expecting to be asked this question as I was after all, researching men, masculinities and body image. The difference here was that I was researching such phenomena among a marginalised group, which in turn wanted to ascertain my legitimacy as a researcher of gay men. It seems, anecdotally, that the majority of males researching gay men are in fact gay themselves. Therefore I have become accustomed to others assuming my sexuality as being gay. It was therefore a similar set of reasoning that underpinned these men's concept of me.

The interesting aspect for me regarding the question of being heterosexual or gay is that in subsequent research I have attempted to take a similar approach to disclosure. The difference now is that I am almost always expecting to be questioned, whereas in the beginning I did not contemplate the possibility, nor did I consider this to be an issue at any level. Some might argue that one does need to be gay in order to immerse oneself in the culture and truly understand the meaning of what it is the men are saying. My argument is that of the 220 or more participants I have interviewed over the years they have included eating disordered men, ageing retired men and bodybuilders to mention a few. I have not been immersed in similar life experiences to these men and yet I have had the capacity to understand and interpret their lives according to what they have shared with me

through the interview process. This is the same with gay men. I acknowledge that I am not a gay man and yet I have attempted to understand the men's experiences surrounding body image and masculinity which are the consistent areas of focus across all my research. By listening to gay men I hear a new set of voices around the constant research focus of body image and masculinity.

Having said all of that I was not without my research, (and in particular) interview foibles, when it came to interviewing gay men. Following my initial focus group interview with a group of young gay men, which enabled me to develop a sense of understanding of the broad issues confronting gay men with respect to their bodies, I then set up a series of 14 in depth individual interviews. This was designed to eek out rich descriptive meanings associated with gay men's bodies. I prepared my guided questionnaire based on my focus group discussion and the literature. I had already honed my interviewing skills over 12 years interviewing in excess of 200 males previously. I was ready to go. Or so I thought. My first interview was a young male who had recently turned 18. I had University of South Australia ethics clearance to interview males 18 years and above. We met at a café, which was a common place to meet and be interviewed. While there were certainly some initial "breaking the water" questions we quickly engaged in discussion around bodies and body image. This young man had several non-visible disabilities, including erectile dysfunction, which he discussed with me very early in the interview. It was at this point that I needed to rein in the interview. However, I continued seeking more information because, after all, the participant was willing to provide more. This was a young enthusiastic gay man who had recently come out and was clearly proud of the manner in which he had reached this point in his life. I needed to remind myself of this and focus on the aspect of body image and masculinity rather than allow the participant to freely discuss

tangential gay male experiences despite the phenomenological nature of the research.

Towards the end of the interview it was clear that this young man had disclosed too much information. It was as if he looked at me and thought, "who are you?" and "why am I telling you all this personal stuff about myself?" No longer were his eyes focussed on me. Rather they darted around the café as a nervous defence mechanism. The young man's responses to questions went from elaborate discourse to one and two word responses. Clearly I had lost this participant through my lack of intuition. I have never used this man's data despite ethics approval allowing me to do so. This is the first time that I have even acknowledged interviewing him, as hard as it is. This was my first of 14 individual interviews. I walked away from that café feeling empty. It was late on a Friday afternoon and I remember contemplating the interview and the participant's responses vividly all weekend and for days after that. It certainly impacted the way I approached the subsequent interviews thereafter. There were of course issues that went through my head on a constant basis such as why did the interview turn in such a fashion? Was my heterosexuality a barrier to conducting a valid interview? Do I have rigorous yet nurturing interviewing skills? What are the implications for my interview participants? These were some of the questions I was left to ponder over the ensuing weeks and, indeed, the rest of my career. However, maybe this should not have been about me. How was my research participant feeling? We have never made contact since.

Certainly, as I approached the remaining interviews I took on an entirely different perspective. In each of the interviews I stayed within the boundaries of the research parameters of body image and masculinities, no matter how rich, descriptive and 'colourful' the language and discourse might have been. For example, in a line of enquiry based on penis size and masculinity, several participants began to tell me about the size of their own penis. This was not

the nature of the enquiry and I diverted the conversation accordingly. Similarly, the line of enquiry about numbers of sexual partners and masculinity led some participants to discuss the amount of men they had slept with. Again, while the data was both rich and informative it did not add to my research objectives and may have jeopardised the research by making the participant feel embarrassed as a result.

The capacity to stay within these self-defined research parameters provided me with an awareness of my research reflexivity and ability to change according to my limitations. This is an important aspect of research, particularly when developing one's interviewing skills to both attain the necessary information but also make the participant feel valued. Some of the research participants interviewed towards the end of the project identified to me that the interview was a somewhat 'cathartic' experience. While this may have been an over-embellishment the men did suggest that the process was more of a sharing experience and they felt their information was providing assistance to others. Interestingly, the same feelings of nervousness and self-doubt crept back as I embarked on the next phase of my body image and masculinity research.

The next 'logical' progression of this research having interviewed young gay men on issues relating to body image and masculinity was to undertake similar research with older gay men. This research has been published in GLIP review previously (Vol 2, No 2). However, as a formal piece of research written up in a conventional manner I did not express the confessional fears and concerns I held prior to this research. Due to the nature of the recruitment process the men involved in this project were recruited through a 'positive living centre' and therefore were HIV positive. Given this was not a project on HIV I was concerned that my line of questioning would not adequately reflect the nature of my research. Further, I was also concerned that my interviewing skills would

not draw out the necessary information from the participants. This despite having a wealth of interviewing experience and the knowledge I had gained from interviewing the young gay men.

The interviews gathered some of the richest most descriptive data that I have collected in all of my time as a researcher of men's bodies and masculinities. It was clear within the interviews that both the researcher and participant understood the significance of this research and therefore disclosure was not a concern. Given the research participants were also in the late 40s and 50s and had very little concerns with expressing their feelings and emotions around themselves and their bodies it was probable that the data was going to be full of richness. From my perspective it was still important not to cross a boundary into personal emotional space. I had to keep reminding myself that I was researching bodies and masculinity, not HIV. It was clear that the men felt an integral part of the research process and that they helped direct the interview.

Conclusion

What I have attempted to identify in this paper is the ability to undertake research despite not being immersed in the particular culture. As I alluded to earlier I have had many people enquire as to my sexuality and then interested to learn that I am not gay. Simply, being heterosexual does not mean that the research is any less important to me. As a researcher I am passionate about seeking knowledge in new areas in which research gaps exist around my chosen area of research interest. That is men, body image and masculinities. I would argue that it is the skills and reflexivity of the researcher that are the most important aspect of undertaking qualitative research with any cohort, irrespective of sexuality, age, gender, race or ethnicity. This is my confessional tale.

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HIDDEN TREASURES: THE METHODOLOGICAL CHALLENGES OF UNEARTHING OLDER GAY MEN

SIMON MORRIS

The invisibility of older gay men from any readily identifiable sampling frame has contributed to a paucity of research about this population. A number of methodological challenges must be overcome to reach these older gay men and research their experiences. Factors thought to contribute to this invisibility include the absence of older gay men from the identifiable gay scene, and the demographic characteristics of older gay men who are more likely to live in suburban and regional areas. Research efforts to recruit these men have traditionally been resource intensive, yet still resulted in small sample sizes. Alternative recruitment methods are discussed including the use of Internet, email, newsgroups and snowball sampling.

The last edition of *Gay and Lesbian Issues and Psychology* provided a compelling reminder of the sense of invisibility that may be experienced by older gay, lesbian, bisexual and transgender (GLBT) people (Harrison, 2006; Lo, 2006). It has been suggested that older GLBT people are the least visible of all subpopulations of GLBT people (Blando, 2001). Although this is slowly being recognised, there is still much work to be done to allow these silent voices to be heard. Researchers in this field face significant challenges when attempting to access this hidden population. A recent research experience focussing upon older gay men is offered to highlight some of these methodological challenges. These reflections are drawn from Doctoral research exploring the relationship between a sense of belonging to gay communities and older gay men's mental health.

The research that has been conducted to date predominantly focuses upon the experiences of a particular subgroup of the older gay male population. The participants tend to be middle-class, highly educated, Caucasian, are out of the closet and live in larger metropolitan areas (Shankle, Maxwell, Katzman, & Landers, 2003). These subjects tend to be drawn from those involved with the mainstream 'gay community' due to the visibility and relative ease of access to this population (Porter, Russell, & Sullivan, 2004). Furthermore, a large Australian study of 2,583 homosexually active men suggests a general trend of older gay men moving outwards towards suburban and regional areas, whilst younger gay men move inwards towards urban areas (Van de Ven, Rodden, Crawford, & Kippax, 1997). These factors combine to contribute to an under representation of subgroups of older gay men in research. The result is that little is known about subgroups of older gay men who are disconnected from gay communities or who live outside of metropolitan areas.

A significant barrier to the recruitment of this invisible population is the resources required to reach them. It requires a large investment of time and money to access this population and further our understanding of their experiences. A recent American study combined the resources of a senior gay men's network in New York, a national task force, and a major university to examine the social networks of older gay men (Shippy, Cantor, & Brennan, 2004). Recruitment methods included mailing all major GLBT organisations, Internet outreach, articles in community publications, and face-to-face recruitment through health clinics,

senior centres, and major events in the community. This was further supplemented with snowball sampling to encourage respondents to recruit other older gay men. The result of this effort was a distribution of 700 questionnaires, achieving a sample of 223 men in their desired age range of 50 to 82. This relatively small sample that was achieved reflects the difficulties experienced and resources required by researchers to reach this population. This occurs even in a large city such as New York that is renowned for its gay population.

The Doctoral research conducted by this researcher did not benefit from the resources or significant partnerships of these studies. It was conducted on a small budget, with no additional staffing, and on a part-time basis. The same elusive population of older gay men was sought, in addition to contrasting groups of younger gay men, and heterosexual men. The research questions examined the contribution of belonging to gay communities to gay men's mental health, therefore a subpopulation of gay men was also required who were disconnected from gay community. The dilemma between having limited resources yet desiring a predominantly inaccessible population provided a number of methodological challenges and limitations upon this research. It necessitated a rationalisation of resources to maximise the success of recruitment strategies to reach the target populations.

A decision was made to not advertise in the mainstream gay press due to the limited reach of these publications. These newspapers are typically distributed through commercial gay venues, and targeted towards GLBT people already connected to or interested in this scene. A sample of these free publications suggests readership over 45 years of age is as little as 2% for a glossy magazine and 16% for a community newspaper (Melbourne Community Voice, 2006). The commercial gay scene itself is not necessarily a rich

source of recruitment for older gay people, with over half of gay men older than 50 indicating they feel less welcome in gay places and spaces as they get older (Heaphy, Yip, & Thompson, 2003). The practical and ethical limitations of recruiting older gay men at sex-on-site venues and beats were explored. This is likely to be a source of older gay men otherwise disconnected from gay communities. It was decided that any attempt to recruit through these method may be perceived as intrusive and at odds with the cultural anonymity of these spaces.

The Internet is a relatively new and largely untested medium for recruiting older gay men. The popular gay portal 'gay.com' suggests that as little as 12% of customers accessing their websites are aged over 45 years old (Planet Out, 2006). Computer and internet usage decreases generally with age, however 43.5% of Australian men aged 45-54 years and 12.3% of men aged 65-74 years still regularly use the internet. (Lloyd & Bill, 2004). In this Doctoral research, email and Internet newsgroups were used extensively to attempt to reach this percentage of men who are internet users, even if not active participants in gay specific websites. An internet-based version of the questionnaire was developed that could be accessed directly by recipients of these emails. This method has the advantage of providing a prompt and immediate access point to the questionnaire for willing respondents. Although it was a successful method of recruiting some of these older gay men, if it was used exclusively it would have placed significant limitations on the generalisability of the results to non-internet users.

Face-to-face recruitment was conducted at gay community events in metropolitan and regional areas. This provided some opportunity to reach gay men who only attend these annual events. Events specific for older GLBT people were also

attended, with the cooperation of the organisations that conducted them. These face-to-face methods were successful at reaching a subpopulation that are generally disconnected from other aspects of gay communities. The festive nature of the events themselves did not generally lend themselves towards conducting research. They were however successful mediums for raising awareness of the research and making contact with willing respondents. The greatest number of questionnaires was completed at an event when a raffled prize was used as an incentive to return it the same day.

Snowball sampling has commonly been used within the field to achieve a non-random sample of older gay and lesbian people (Bennett & Thompson, 1991; D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Dorfman, Walters, Burke, Hardin, & Karanik, 1995; King et al., 2003). The utility of snowball sampling of older gay men and lesbians for mental health research was investigated by a team of UK researchers (Warner, Wright, Blanchard, & King, 2003). These researchers asked respondents to take five recruitment packs, one for themselves and four to distribute to their friends. It was found that snowball sampling was a useful way of identifying individuals who were not easily accessible through the gay scene. No significant differences were found between the initial respondents and snowballed respondents in terms of age, living conditions, social class, membership of gay or lesbian-oriented organisations and attendance at gay or lesbian venues. The recent Doctoral research utilised a snowball sampling technique, asking respondents if they knew a friend of a similar age who was likely to be willing to participate. Although the efficacy of this method cannot be determined, many respondents were willing and enthusiastic about recruiting one of their friends as a participant.

The research discussed suggests that despite the methodological difficulties that

exist, researching this population can be achieved with minimal resources. The Internet and email provide low cost alternative methods for recruiting older gay men, however the limitations of these recruitment method should be noted. Face-to-face recruitment at annual community events provided some further opportunities for recruitment, with an incentive to complete the questionnaire on-the-spot an effective strategy. Snowball sampling proved to be a particularly effective method of reaching respondents who would otherwise have not been accessible. The sampling frame for this research would have been strengthened by employing a number of 'agents' who would have been paid a small incentive to utilise their personal contacts and networks to reach the most isolated and disconnected gay men.

The results of this research will further our understanding of the role of gay communities in relation to older gay men's mental health. It further serves to illustrate a number of the methodological difficulties in reaching this predominantly invisible population. Older GLBT people have typically endured a level of discrimination and persecution that has paved a path for the freedoms that are currently experienced. This legacy is owed a steadfast determination to continue investing the resources and effort required to understand their experiences and to tell their stories.

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BOOK REVIEW

REVIEWED BY JANE POWER

Sons of the Church: The Witnessing of Gay Catholic Men. Thomas Stevenson. New York: Harrington Park Press, 2006, 101 pp., pb. ISBN -13:978-1-56023-580-4.

Stevenson interviewed forty-four men (witnesses) with an age range of twenty-six to sixty-eight who identified themselves as homosexual and Catholic, who gave personal accounts of their movement towards acceptance and integration of their homosexuality. The book is written in a conversational style - almost as if the reader were a passive presence at a focus group, with Stevenson both leading and interpreting the presenting material. At times the experience is of great intimacy with the participants and this reader felt a desire to know them better. "Deeply underlying the shame, incorporating his hiding, was a profound sense that Mark was losing himself, being alienated from himself" (p.34). Mark's evolution from alienation to integration is skillfully and sensitively narrated and incorporates a specific and detailed account of two key experiences that were pivotal both in his recognition of his loneliness and in his spiritual and psychological acceptance of his homosexuality.

At other times the brevity of the dialogue creates a false impression of a simplistic and superficial process "I think the low point in dealing with my homosexuality was that I was living life in a lie and that I really couldn't live with myself that way. The high point was when everybody knew, because at that point I no longer

had to worry about it." Also problematic for this reader is the descriptions scattered throughout the book, of sudden revelatory experiences that liberate the witnesses from the bonds of shame and self condemnation that have hitherto been limiting and oppressing the participant. "I was walking along the pebble beach alongside the river...Jesus appeared in the clouds, smiling down at me. I knew he wasn't there it was just my mind....this is the answer I was looking forIt was me, and, 'Jim it's alright to be who you are and what you have is a special gift.' Andsometime in the future I'm going to find out why God decided that I was going to be gay." The question still remains for this secular reader as to how the gift of homosexuality is reconciled by this witness within a faith that decrees "Sexual relations between persons of the same sex are necessarily and essentially disordered according to the objective moral order" (Flannery, 1977, p.491).

The answer proposed by the witnesses is the need to first experience a self-love that is then expressed in loving relationship with another. The author argues that the witnesses "speak of a love that frees them from the vicious cycles of death and destruction for more life-affirming ways of being a homosexual" than the Catholic Church and other churches that "continue to ascribe sinfulness to homosexual actions." (p.95). The author explores the ways in which belief in sinfulness can manifest as self-hatred in gay people and, ultimately in impersonal sexual behaviour with no expectation of being loved. The pain of

this experience as described by the witnesses reminded this reader of the poignant words of Alan Watts on the internal conflict generated by this state: "Not only does social convention compel him to publish one (spiritual) and suppress the other (sinful), but also most often he himself is horribly torn between the two. He veers between moods of intense holiness and of outrageous licentiousness, suffering between times the most appalling pangs of conscience" (Watts, 1958, p.116).

This reader looked in vain for an explanation of Church teaching on the subject of homosexuality, and was disappointed in an anticipation of some in-depth and inspiring theological or

philosophical arguments as seminal to the integration process. However, the author does not pretend to be doing rigorous academic research or providing a definitive account of homosexuality and the Catholic Church, but rather wants to "get at some of the common truths of what it is like to be gay and Catholic" (p. 2) and he succeeds in doing this with at times, deeply moving accounts by his participants.

Author Note

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BOOK REVIEW: EMERGING TRANSGENDERED: A PROFESSIONAL/PERSONAL BOOK REVIEW

REVIEWED BY JASMIN MILLER

Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families. Arlene Istar Lev. New York: The Haworth Press, 2004, 449 pp., ISBN: 978-0-7890-2117-5.

When I first picked up Arlene Istar Lev's (2004) work entitled 'Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families' I was still recovering from an exhausting Honours year, in which I wrote a thesis upon a similar topic. My thesis aimed to evaluate the potential for social work in working with transgender people and advocates principles of 'best practice' (see Miller, 2005). It is worth stating that if Istar Lev's book had been released just a year earlier the thesis would have been less challenging to complete, as there would have been at least one strong comprehensive social work resource to draw from. It is a rare and valuable piece indeed. One of its strengths is that 'Transgender Emergence' draws upon differing explanations and theories (social constructionist, psychological analysis, etc.) and offers a therapeutic empowerment model, all the while building up the reader's knowledge and specialised vocabulary with subtle and remarkable ease.

Lev establishes early that transgenderism is distinct from homosexuality, affirms that gender fluidity and historical legacy makes gender-variance a complex issue, and promotes the benefits of an alliance between therapist ('gender specialist' or

'transition assistant') and transgender clients. Deficiencies in the medical model, as well as the power division in diagnosis, confirm the need for clinician training in gender-variance. Sections that stand out include: Deconstructing the Assumptions of Sexual Identity (pp. 87-109), Guidelines for Gender Specialists (p. 53), A Developmental Process (pp. 229-269), Developmental Stages for Family Members (pp. 279-314), Transgendered Children and Youth (pp. 315-352) and The Treatment of Intersexed People (pp. 353-384).

Lev has produced a resource so unique that it could be used to educate a diversity of people on a multitude of issues as they impact upon transgender emergence. It could assist clinicians across the board in working with 'gender-variant people', or help a person living with gender-variance to develop a greater understanding of their struggle and direction, or sections could be used as a guide for family members, students of many caring/health professions, and other interested parties. The term 'emergence' describes for me the 'coming out' of transgenderism as a concept and not just as an individual process. As transfolk become more visible and 'trans' discourses become more widely utilised within general health, mental health and other caring/helping professions, the hope is that more services will become available which advocate for, use terminology of and treat transgender clients with the respect and

dignity all people possess the right to receive.

Emergence of difference tends to challenge our assumptions and prejudices, which unfortunately is not something all people welcome. An increase in the visibility of transgender people, whether in the clinical setting or the wider community, therefore, may not bring about understanding and acceptance. If things are to really change for people who experience gender-variance there must be, in addition to training provided to clinicians/therapists, an emergence of clinicians/therapists who are themselves transgendered. Clinicians who have personal experience with gender-variance are not necessarily required to disclose this fact, however, in order to offer assistance in the exploration of gender identity and transition.

Self-disclosure by clinicians/therapists may not be endorsed by the field of psychology, however, if we wish to break new ground sometimes we must put a piece of ourselves into our work (see Kane, this issue). Make it personal. Because let's face it, gender identity is an incredibly personal experience. And let us not forget that transpeople and other minorities are being violently attacked, suiciding, or drug taking, binge drinking and taking part in other risk taking behaviours. So, I am making it personal now by stating that I have experienced gender-variance most of my life and I cannot recall a day that it has not been an issue for me. Lev (2004), in Chapter Seven titled 'Development Process', describes the six major stages of gender development: Awareness, Seeking Information/Reaching Out, Disclosure, Exploration (identity & labelling), Exploration (transition possibilities/body modification), and Integration & Pride. I offer my personal thoughts and some of

my experiences as confirmation that these stages of gender development are authentic and applicable, although not necessarily linear by design.

By reading about the awareness stage I was able to observe my life history, in terms of how I became more self-aware of my own gender-variance, and how this compared to other transfolk experiences. I was mistaken as a boy many times in my early childhood and I suppose was considered by others to be 'Tomboyish'. There was even a rumour that went around my primary school that I was born male and had a sex change. But children are children, and I don't suppose any one of my peers actually understood the truth within such a lie. The teenage years were confusing beyond belief as I discovered that some people just aren't meant to 'fit in'. I made it through high school thanks largely to the support of family and friends and a natural tendency to hide from conformity/normality by studying hard and surrounding myself with other 'outcasts' of sorts.

There was a period of around a year and a half that I feminised myself, known as purging, where I tried to be the woman I was apparently born to be. It made me more miserable, however, and I emerged out of that with the limited comfort of alcohol and the new label of 'bisexual' (a comfort for a time as it offered an explanation of why I felt so disconnected to most women). The deep shame and sense of powerlessness continued, however, and it wasn't until I dated a man who turned out to be transgendered that I was able to identify the source of my discomfort and pain.

In the new millennium, I immersed myself into my studies yet again and was reaching the end of my Social Work degree when I was offered Honours. I

nervously decided that I could use the opportunity to find out more about transgenderism and perhaps a bit more about myself in the process. I suppose this was my Seeking Information stage as well as Disclosure, as I started to 'Come Out' to friends and then close family. Nobody was really surprised. As a person who is currently in the Reaching Out, Disclosure and Exploration stages of the process, Lev's (2004) work has assisted me in not only understanding my own gender path but has also better informed me how I may assist other people who are gender-variant towards Transgender Emergence. It offers assistance to those who wish to "examine themselves and their identity, within a context of compassion and empowerment, and progress to an authentic and functional

sex- and gender-identity congruence" (Istar Lev, 2004, p. xx).

Author note

Jasmin Miller holds an Honours degree in social work from the University of South Australia. Jasmin's interest in the field stems from her research into the potential for the empowerment of transgender clients in the practice of social work. Email: miljk001@yahoo.com.au

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CALL FOR CONTRIBUTIONS

Special Issue of *Gay & Lesbian Issues and Psychology Review*

LGBTI Families and Parenting

Edited by Elizabeth Short and Damien W. Riggs

This special issue of GLIP Review, to be published in April 2007, will focus on issues of LGBTI parenting. Some topic areas that may be appropriate for the issue include:

- * What differing shapes do queer families take?
- * What does it mean to be a LGBTI parent?
- * What is the relationship between theory and practice in LGBTI parenting research?
- * How can psychology most usefully contribute to the field of LGBTI parenting research?
- * Challenges to categories of 'family' and 'parenting'
- * LGBTI families and the law
- * Historical accounts of LGBTI families

The special issue editors invite research and theoretical articles (maximum 4500 words) and short commentaries and 'opinion pieces' (maximum 1500 words) which address these questions or ideas. In particular, papers are called for that draw out the strengths and weaknesses of psychology in relation to LGBTI parenting. Contributors are encouraged to introduce personal, political and professional narratives into their submissions where appropriate. All article submissions will be peer-reviewed.

The deadline for submissions is 1st February 2007. Formatting guidelines for submissions are available on the journal website: http://www.psychology.org.au/glip/glip_review

Informal enquiries and submissions should be sent to (preferably via email):

Dr. Damien Riggs
School of Psychology
The University of Adelaide
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damien.riggs@adelaide.edu.au

Gay and Lesbian Issues and Psychology Review

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

- Empirical articles (4500 word max)
- Theoretical pieces
- Commentaries 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.

Each submission in section A should be prepared for blind peer-review. Submissions should include 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.

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: New perspectives*. 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, author bold 12 points, abstract italicised 10 points justified, article text 10 points justified. All other identifying information on title page for section A articles should be 10 points and left aligned. All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: Department of Psychology, The University of Adelaide, South Australia, 5005.

Deadlines

January 30 for April edition

May 30 for August edition

September 30 for December edition

