

Gay and Lesbian Issues and Psychology Review

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Damien W. Riggs

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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 inhaled 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 groups.

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Gay and Lesbian Issues and Psychology Review

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EDITORIAL: PSYCHOLOGY AND SAME-SEX ATTRACTION: 30 YEARS ON

DAMIEN W. RIGGS

It is my pleasure to report in this editorial that the first issue of *Gay and Lesbian Issues and Psychology Review* was very well received, and that this has resulted in a number of new submissions to the journal, and, most excitingly, the Australian Psychological Society (APS) has suggested that it is willing to take the Review on as an official APS journal following on from 2 years of peer reviewed publication. As this issue of the Review will elaborate, whilst we must be constantly mindful of how the sanction of particular dominant groups (such as the APS) can work against the aims of lesbian and gay politics, it is also important to acknowledge the shift that is evidenced by the provision of such sanction.

These issues of sanction and politics lead me to introduce the theme of this issue: 30 Years On. As most people will be aware, whilst the American Psychiatric Association removed homosexuality as a pathology from the Diagnostic and Statistical Manual in 1973, the American Psychological Association did not follow suit in adopting this position until 1975. Thus whilst in 2003 the *Gay and Lesbian Issues and Psychology Interest Group* celebrated the 30 Year anniversary with a conference in Melbourne, this year we celebrate the second 30 year anniversary with a special issue of this journal.

We are fortunate in this issue to have papers from many key theorists working on lesbian and gay issues, from both within Australia and abroad. The issue begins with a reprint of an article by Sue Wilkinson and Celia Kitzinger on same-sex marriage and equality. The paper provides an excellent elaboration of the context of same-sex marriage, and the role that psychology may play in supporting this push for equal rights. The importance of the theme '30 Years On' is thus clearly evidenced by the fact that we may now consider the discipline of psychology to be a potential ally in same-sex marriage campaigns.

In the second article, Vivienne Cass provides an examination of how her work on identity

formation has been taken up, and where she sees this field of work going in the future. By reflecting on how the field came about 30 years ago, Cass details some of the social practices that make identities possible by elaborating the 'indigenous psychologies' that circulate around identities in the Western world.

In the third article, Graham Willett explores how the removal of homosexuality as a pathology from the DSM-III was precipitated in Australia by broader political and social moves towards the recognition of the validity of same-sex attractions.

In the final article, Baden Offord shares some personal and theoretical insights into how we may see homosexuality continuing to be pathologised within Australian and international contexts. Offord outlines what this may mean for understanding queer identities, and how this may inform praxis.

Together, all of these articles demonstrate the large scale shifts that have occurred within the discipline of psychology over the past 30 years. However, at the same time, they challenge us to question the limitations of psychological-sanction, and to develop new ways of understanding 'the psychological' that may offer points of resistance. As I will now elaborate, understanding how identities are formed in relation to state-based practices of race and sexuality may be one of the ways in which we can challenge normative models of citizenship and relationality.

Cultural contexts of marriage

This section of the editorial will serve as a springboard for the development of a position statement from the Interest Group on same-sex marriage. Read alongside the reprint from Wilkinson and Kitzinger, we invite readers to contact the Review with comments and suggestions for the formulation of a position statement. Such a statement, however, requires consideration of a number of key issues relating to context that I believe need to inform any

discussion of same-sex marriage in Australia. In particular, these include Australia's history as a colonial nation; the current association between the State and familial relations; and the existing rights campaigns that are being presently being negotiated by lesbian and gay rights activists. I will now outline each of these in turn in order to elaborate these specific contexts.

In the first instance, it is important that lesbian and gay rights in Australia are framed in a relationship to ongoing histories of colonisation, and to the fact of Indigenous sovereignty. Whilst the concept of identity politics (and its focus on singular axes of oppression) has in the past been a useful tool for gaining rights, it is necessary to question the ongoing utility of this approach. In other words, if lesbian and gay rights in Australia focus predominantly on the needs of white, middle-class lesbians and gay men, what will this mean for same-sex attracted individuals who do not identify as being in this category?

What is required, then, is open, honest dialogue about racism and race privilege in Australia, with a focus on how this may be played out in lesbian and gay rights campaigns. Thus as Mills (1997) suggests, whilst not all white people may be intentional signatories of racism, those of us who identify as white continue to benefit from it – we gain privileges that come from the state sanction of certain groups of people at the expense (or oppression) of others.

This point about privilege and oppression leads me to the second context in need of discussion, namely the relationship between the State and familial relations. In Australia, we have recently seen the passing of the Marriage Legislation Amendment Bill (2004), which has resulted in marriage now being federally defined as:

the union of a man and a woman to the exclusion of all others, voluntarily entered into for life.

Certain unions are not marriages. A union solemnized in a foreign country between: (a) a man and another man; or (b) a woman and another woman; must not be recognized as a marriage in Australia.

The outcome of this is that whilst prior to the amendment the definition of marriage depended on state law, which could potentially be

contested by individuals or altered at the volition of individual states, this is no longer the case. Federal law overrules state law, thus meaning that marriage is defined as above throughout Australia. Whilst this does not prevent other forms of relationship sanction being developed (e.g., civil partnerships or civil unions – see the article by Wilkinson and Kitzinger for more on this), such relationships often do not receive the same level of benefits at a federal level as do heterosexual marriages.

These issues of State sanction thus point towards the importance of considering the pros and cons of inclusion versus transformation of the law in regards to same-sex marriage. Many readers will already be aware of the disjuncture between, on the one hand, lesbian and gay rights activists who are seeking equality with the heterosexual majority in the form of equal recognition of the status of same-sex relationships (and thus equal benefits), and on the other, those who are more concerned with challenging the heterosexism (and racism) that inheres to federal and state law in Australia. It is not my intention to attempt to fully explicate or reconcile these approaches within this editorial (excellent analyses of these differences are provided in Bernstein, 2001; Butler, 2002; Halle, 2001). Rather, my point is that in developing a response to the issue of same-sex marriage in Australia, we must be mindful of the outcomes of these particular approaches. And again, both approaches need to take into consideration the racialised context of the law in Australia, and the implications of this for access to rights.

This issue of differential access to rights in Australia also draws attention to the importance of examining the implications of same-sex marriage campaigns for transgendered individuals. Much the same as the above point about differing strategic approaches to rights campaigns, there is also a long history of lesbian and gay rights groups either banding together with, or remaining separate from, the campaigns of transgendered individuals.

What is important to take note of here, is the fact that transgendered people may also identify as lesbian or gay. The terms are not mutually exclusive. This has important implications for same-sex marriage campaigns, as Coombs (2001, p. 413) suggests in the statement that "a gay man can marry another gay man today, but

only if one of them is a female-to-male transsexual". In other words, a transgendered man who identifies as gay is able to legally marry another gay man as, according to his birth certificate, he is a woman.¹ Issues such as these may have important implications for same-sex marriage campaigns, and demonstrate the need for non-transgendered lesbians and gay men to work in collaboration with transgendered people.

In regards to the final context; current rights campaigns, it is important to be aware of work that is currently being undertaken, so as not to engage in 'reinventing the wheel'. Campaigns such as the *Let's Get Equal* campaign in South Australia and the same-sex marriage campaign of the *Gay and Lesbian Rights Lobby* (NSW) are currently attempting to introduce state-specific legislative amendments that will remove discriminatory laws. Some of these laws (such as those around inheritance, hospital visitation rights and access to reproductive technologies), whilst not providing same-sex attracted individuals with access to state-sanctioned marriage, will still accrue to same-sex attracted individuals similar rights to those of heterosexual individuals. These campaigns thus represent important interventions into state based discrimination.

In regards to amendments of the law, and to return to my earlier point about inclusion versus transformation, I will conclude this contextualization of same-sex marriage campaigns by drawing attention to the work of Halle (2001), who reports on strategies employed by the Cambridge Lavender Alliance in the US. Halle reports that this group prioritised a particular stance on marriage, whereby they were not petitioning the State for access to same-sex marriage *per se*, but rather for a 'radical moral minimalism'. Such an approach promotes a vision of a civil society wherein the State is not involved in the sanctioning of marriage and familial relations. Instead, issues of morality (which are often debated by the government and legislators in relation to marriage) would be seen as irrelevant, or as beyond the jurisdiction of the State. This would not mean that individuals could not access benefits from the State, but rather than such

benefits would not be based upon sets of moral beliefs about the worth of particular groups.

Halle (2001) suggests that radical moral minimalism usefully informed the secularisation of the State, the intent being to remove the special rights of Christian citizens over others. Obviously it would be naïve to suggest that this has been entirely successful, and I would be wary of drawing the analogy that 'de-racing' or 'de-sexualising' the State is necessarily possible (as feminism has clearly shown – campaigns for women's rights have not de-gendered the State). What may be possible, however, is for lesbian and gay rights campaigns to develop alternate strategies for combating the moral arguments that are often used to deny the validity of such campaigns. Such strategies, suggests Halle, would employ an argument such that the role of the State is not to legislate for morality, but to legislate for access to benefits and rights. Taking into account the racialised, gendered and sexualised nature of the law may thus be one step towards examining how the State is structured through particular normative moral assumptions.

Together, these three contexts for same-sex marriage in Australia suggest some important roles that the APS and the Interest Group may play in advocating for lesbian and gay rights. First, this may involve drawing on the work that the APS has done in developing ethical practices for working with Indigenous people and same-sex attracted individuals (and of course the intersections of these identities). Some of this work has involved drawing attention to the moral assumptions of the discipline more broadly, and its historic role in oppression and discrimination (Davidson, 1998; Riggs, 2004).

Second, the APS and the Interest Group may generate position statements that explore the alternate forms of family and relationality that lesbian and gay families (amongst others) generate. This would serve to promote awareness of the heterogeneity of family forms in Australia, and to challenge the priority that is given to the white, heterosexual nuclear family (a unit that represents the minority of Australian families). And third, the APS should continue to speak in public spaces and to legislative tribunals as to the current status of research on same-sex marriage and families. Drawing on the previous point, such research may not

¹ The terms 'hir' and 'ze' are recently developed terms used in place of the personal pronouns his/her and she/he (Gender Education and Advocacy, 2004).

necessarily focus primarily on the 'proven normality' of lesbians and gay men, but rather on the unique, and productive experiences of lesbian and gay headed households themselves.

Drawing on broad range of approaches, and employing a multidisciplinary understanding of 'the psychological' (i.e., not simply focusing on individual, intrapsychic factors, but rather on psychology as a discourse that circulates in Western society and the implications of this), may contribute to the ongoing reformulation of psychology as a discipline not aimed solely at helping individuals, but also in challenging oppressive social situations.

Conclusions

I hope that this second issue of the Review will continue to inspire people working in this area in Australia to work through issues around same-sex attraction and the rights of same-sex attracted individuals, and to further explore the limitations and potentialities of the discipline itself. The Interest Group is keen to hear from people interested in contributing to a position paper on same-sex marriage, or in commenting on our draft paper on same-sex parenting. These are both important topics that the Interest Group is keen to speak about, and to engage the APS about.

I would also encourage readers to look through the calls for papers at the end of this issue, and to consider writing something for the journal, or passing the details onto colleagues, both within Australia and abroad. The expansion and elaboration of the journal will enable us to continue to have a positive impact upon issues around same-sex attracted individuals in Australia, and to establish ourselves as important place for learning about cutting edge research in the field.

The theme of 30 Years on presented here thus provides an optimistic view of the discipline of psychology. It does so by continuing to focus on the gains that have been made through psychology, whilst also talking honestly about the oppressive practices that the discipline has at times been a party to. To do otherwise, I believe, would be to ignore the important issues around race, gender and sexuality that continue

to shape both psychology and identities in colonial nations such as Australia.

Acknowledgments

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SAME-SEX MARRIAGE AND EQUALITY

SUE WILKINSON & CELIA KITZINGER

What do you do when your four-year old daughter tells you 'If you loved each other, you'd be married' – but when, as a lesbian couple, you cannot legally marry? What Julie and Hillary Goodridge did was to become lead plaintiffs in the landmark lawsuit which achieved the right to marry for same-sex couples in Massachusetts. The world was watching as the Goodridges – with daughter Annie (now eight) as ringbearer and flower girl – were wed in Boston on 17 May 2004, along with scores of other lesbian and gay couples.

Massachusetts became the first American state to permit same sex-marriage, and the USA only the fourth country in the world to do so. That same day George W. Bush reiterated his vow to change the US constitution to prevent the 'redefinition' by the courts of the 'sacred institution of marriage'. 'This isn't changing marriage,' said Hillary Goodridge. 'It's just opening the door.'

Why would lesbians and gay men, or anyone else, want this particular door opened? And what is the role of psychology in these often emotionally charged 'equal marriage' debates?

Exclusion from marriage

Prior to their marriage, the Goodridges, like many same-sex couples, had the partial protections of mutual powers of attorney, trusts, wills and healthcare proxies – but none of these protections gave them a legal relationship. When Annie was born, by Caesarean section, they were not enough to get Hillary into the recovery room to see Julie, nor into neonatal intensive care to see her daughter. Such rights – along with a string of others, such as the right to adopt as a couple, to vote by proxy, automatically to receive a pension and other income related benefits, to register a spouse's death, to be exempt from inheritance tax – are taken for granted by heterosexuals who have exercised their right to marry.

Previously, some of these rights could be assembled piecemeal (as the Goodridges

attempted to do); increasingly some or all of them can be acquired (in some countries) with 'civil partnerships' or 'civil unions'. With the advent of marriage for same-sex couples, they are acquired wholesale, and automatically, as part of the legal contract, just as they are by heterosexual couples. 'It's about fairness and justice,' said Joseph A. Curtatone, Mayor of Somerville, Massachusetts, welcoming same-sex couples arriving to get married in his town. His words were echoed around the world, with Massachusetts lauded as 'The first American state that has removed the mindless discrimination against its citizens their basic sexual orientation' (Tereza Nosalkova, in the Czech daily newspaper *Lidove Noviny*). However, just six months later, in the conservative backlash after the Presidential election, 11 US states reinforced such discrimination, voting to restrict the definition of marriage to a union between 'one man and one woman'.

The day after Massachusetts equalized marriage, a leader in the *The Independent* asked 'Should not Britain be next?' It is most unlikely that this will be the case. In November 2004 the Civil Partnership Act became law in Britain – meaning that from late 2005 same-sex couples (and only same-sex couples) will be able to register their relationships and have these legally recognised as conferring a range of rights and benefits. The option of equality in marriage is not on the table.

Civil partnerships, or variants thereof, differ from legal marriage in most countries in that they offer far fewer legal benefits. For example, the systems in Vermont and California do not, and cannot, cover federal rights such as the ability for a non-US spouse to become a full US citizen, federal taxes, and the more than one thousand laws triggered by legal marriage (Demian, 2003). Around a dozen European countries have some kind of relationship registration for same-sex couples, varying in the range of benefits thereby conferred (see Kitzinger & Wilkinson, 2004b, for a more detailed review) full adoption rights are excluded in Sweden, Finland, Norway and Iceland; tax benefits are excluded or reduced in Belgium and France; social security

rights are excluded in Germany; and so on (see Kitzing and Wilkinson, 2004b, for a more detailed review). The British Civil Partnership Act will be one of the most extensive, covering virtually all the rights and responsibilities of marriage; its introduction is an important advance for lesbians and gay men in the UK.

However, it is not just the restricted range of benefits that accords civil partnership its inferior status. Marriage is universally understood to be the fundamental social institution for recognition of the couple relationship; and civil partnerships are generally seen as something 'less than' marriage. Indeed, this is precisely why they are sometimes favoured by those who oppose same-sex marriage. Historically, exclusion from marriage – on grounds of the partners' gender, sexual orientation, 'race', ethnicity or religion – has always been used as a tool of oppression. On 15 September 1935, the Nazis passed the Nuremberg Law for the Protection of German Blood and German Honour, stating that:

Marriages between Jews and Nationals of German or kindred blood are forbidden. Marriages concluded in defiance of this law are void, even if, for the purposes of evading this law, they are concluded abroad.

Likewise, the Immorality Act and the Prohibition of Mixed Marriage Act of the South African apartheid regime (repealed in 1985) prohibited marriage and sexual contact between 'races'. Forty US states once prohibited 'interracial' marriages (defined, for example, in South Carolina as 'the marriage of a white person with a Negro or mulatto or person who shall have one eighth or more of Negro blood'). Interracial marriage was still criminalised in 15 US states as recently as 1967.

Principles of justice and equality are not served if the key civil institution of marriage is reserved for heterosexuals only – any more than if it is reserved for those of particular 'races', ethnicities or religions. As Justice Laforme wrote in a landmark decision prefiguring the introduction of equal marriage in the Canadian province of Ontario:

Any 'alternative' status that nonetheless provides for the same financial benefits as marriage in and of itself amounts to segregation. This case is about access to a deeply meaningful social institution – it is about equal participation in the activity, expression, security and integrity of

marriage. Any 'alternative' to marriage, in my opinion, simply offers the insult of formal equivalency without the [Canadian Charter's] promise of substantive equality. (Egale Canada, n.d.)

The segregationist 'separate but equal' doctrine (commonly used in supporting the 'alternative' of civil partnerships for same-sex couples) was rejected by the US Supreme Court in the 1954 *Brown v. Board of Education* case – considered by many to be the greatest leap forward in US civil rights history. The 50th anniversary of *Brown* happened to be the very same day that same-sex marriages became legal in Massachusetts. The *Brown* verdict ruled that the segregation of schools on the basis of race violated constitutional equality guarantees, even though the physical facilities and other 'tangible' factors may have been equal. The court held that separate educational facilities are inherently unequal because to separate students 'from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely ever to be undone' (Egale Canada, n.d.). In parallel fashion, the exclusion of same-sex couples from marriage can be seen as offering a negative message about the status of lesbians and gay men in the broader community – and as having similar potential to affect 'hearts and minds' in an enduring way.

Psychology's role

The landmark desegregation decision in *Brown v. Board of Education* was informed, in part, by a new liberal psychology that emphasised the psychological harm suffered by black children as a consequence of segregated schools. Psychologists (many of them founding members of the American Psychological Association's Division 9, the Society for the Psychological Study of Social Issues) acted as expert witnesses in the case, and set out to demonstrate that segregated schooling caused intellectual and psychological harm to black children. The Clarkes' famous doll studies (e.g. Clarke & Clarke, 1939) – although later criticised on methodological grounds – were part of the evidence presented.

Psychologists are generally allies of those campaigning for equality, and this has also been so in the context of the equal marriage debates.

Although 30 years ago the majority of psychological research presented homosexuality as a form of pathology (Rosario, 1997), today, Euro-American psychology overwhelmingly presents same-sex sexualities and identities as within the normal range of human behaviour, and actively seeks to advance lesbian and gay rights (see Coyle & Kitzinger, 2002). Contemporary feminist, critical, and social constructionist psychology has challenged prevailing orthodoxies, highlighting the ideological dimensions of (certain constructions of) what it is to be lesbian or gay (e.g. Kitzinger, 1987; Wilkinson & Kitzinger, 1993; Wilkinson & Kitzinger, 1996).

The BPS Lesbian and Gay Psychology Section (2003) responded favourably to the government's consultative document on civil partnerships (Women and Equality Unit, 2003), but the British Psychological Society has to date produced no public statement in support either of civil partnerships or of equal marriage. By contrast, other national psychological associations have done so, and have provided psychological evidence in support of their position. The Canadian Psychological Association (CPA) and the American Psychological Association (APA) both explicitly support equal marriage. The CPA formally endorsed the Canadians for Equal Marriage campaign (Egale Canada, 2003); and the APA – having previously supported the provision of legal benefits for same-sex couples (APA, 1998) – recently adopted a resolution supporting same-sex marriage. It did so on the grounds that 'it is unfair and discriminatory to deny same-sex couples legal access to civil marriage and to all its attendant benefits, rights and privileges' – and it further resolved to 'take a leadership role in opposing all discrimination in legal benefits, rights and privileges against same-sex couples' (APA, 2004).

In a manner analogous to the *Brown* case, the findings of psychological research on mental health factors associated with being lesbian or gay are a cornerstone of the arguments presented in support of legal recognition of same-sex couple relationships. Two kinds of evidence predominate. First, there is a frequently cited collection of findings of 'no difference' between the children of same-sex and different-sex couples – and, more generally, of no mental health differences between gays/lesbians and heterosexuals, or between the

quality of same-sex and different-sex relationships. Second, there are findings of psychological damage caused by social exclusion and suffered by lesbian and gay individuals (and families) as the 'mark of oppression' (see Kardiner & Ovesey, 1951/1972).

The 'no difference' arguments

The APA policy statement on legal benefits for same-sex couples (1998) claims that 'the scientific literature has found no significant differences between different-sex couples and same-sex couples that justify discrimination'; and that 'scientific research has not found significant psychological or emotional differences between the children raised in different-sex versus same-sex households'. The same claim of 'no difference' for children is emphasised by CPA President Dr Patrick O'Neill in his statement endorsing Canadians for Equal Marriage:

The psychological research into lesbian and gay parenting indicates that there are essentially no differences in the psychosocial development, gender identity or sexual orientation between the children of gay or lesbian parents and the children of heterosexual parents (Quoted in Egale Canada, 2003).

As long as sexual orientation can be used to deprive a lesbian or gay parent of child custody, fertility services, adoption or fostering rights, it remains important for psychologists to point out that the weight of scientific evidence supports 'no difference'. Indeed, Stacey and Biblarz (2001) note that where there are apparent differences, these can be seen as favourable to lesbian and gay parenting (e.g. children of same-sex couples exhibit greater gender role flexibility and are more accepting of sexual diversity than those of different-sex couples). As Stacey (2004) discovered, however, following her analysis of lesbian and gay parenting studies, there are always dangers regarding the application of findings in psychology to important public policy issues: findings may be misappropriated by others seeking to promote diametrically opposed agendas. In particular, any findings of 'difference' there are will always be interpreted as 'deficit' in a fundamentally unequal world.

The 'psychological damage' arguments

The APA statement (in 1998) supports the extension of the legal benefits of marriage because, it claims, the absence of them 'constitutes a significant psychosocial stressor for lesbians, gay men and their families'. The BPS Lesbian and Gay Psychology Section's (2003) support for the UK government's civil partnership proposals claimed that legal recognition of same-sex couples would have psychological benefits, including 'acceptance by parents of a child's sexual orientation of preference' and 'the inclusion of a same-sex partner into the extended family of her/his significant other'. Psychological harm arguments are routinely deployed by advocates of equal marriage, who claim that lack of access to marriage has a negative impact on individuals' health, self-esteem and relationship stability and that marriage increases people's life satisfaction and happiness – by an amount equivalent to an additional annual income of £72,000 (Clarke & Oswald, 2002).

Recent psychological research has focused explicitly on the negative psychological effects on lesbians and gay men of being discriminated against, and reports that oppression causes anxiety, depression, substance-use disorders, suicidal thoughts, and other stress-related mental health problems (e.g. Cochran, 2001; Mays & Cochran, 2001; see also APA, 2004). In acknowledging such harms, we need, of course, to be wary of treating negative psychological reactions to inequality and injustice – rather than inequality and injustice itself – as the problem (see Kitzinger & Wilkinson, 2004a, for more on this argument).

Separate is still not equal

Important though psychological evidence has been – and continues to be – in relation to major social issues like school desegregation and equal marriage, it is only one way of arbitrating on such issues. In the desegregation battles, while the majority of the expert witnesses in the early cases were psychologists (at least 20 of the 30 signers of the *Brown* brief), 25 years later, psychologists were in the minority as expert witnesses (only 6 of the 38 signers of the *Columbus* brief) (Chesler *et al.*, 1988). Psychological accounts of lowered black self-esteem were subsequently displaced by sociological explanations of structural

disadvantage. In parallel fashion, expert witnesses in Canadian cases involving lesbian and gay issues from the late 1980s onward were increasingly not psychologists, but sociologists presenting evidence about structural inequalities and diverse family forms (Herman, 1994). Philosophers, political scientists, and – particularly – legal theorists have also contributed their disciplinary expertise to the contemporary debates on equal marriage. The contributions of psychologists are part of the discipline's track record in the pursuit of equal rights and social justice. We take as axiomatic psychology's commitment to these ideals; and the continuing deployment of psychological skills and knowledge in pursuit of equality and justice for all.

Like interracial marriages in the 1950s, today's same-sex marriages are not yet supported by a majority of the population in the US or in Britain – although polls suggest a substantial majority of younger people are in favour, and there is majority support in Canada (where federal legislation on equal marriage is pending). But recent history suggests that lesbian and gay relationships have won acceptance – and are continuing to win acceptance – more quickly than interracial relationships, in part because they have been able to draw on civil rights precedents achieved by other groups. 'The freedom to marry has long been recognised as one of the vital personal rights essential to the orderly pursuit of happiness by free men,' declared Chief Justice Earl Warren, striking down the law banning interracial marriages in the 1967 *Loving v. Virginia* case.

In the context of the conservative backlash against equal marriage in the US, the victory in Massachusetts (partial and limited as it is) represents an important symbolic victory. Finally free legally to marry their loved ones, the happiness of same-sex couples bubbled onto the streets of Massachusetts: 'I'm so happy right now. This is a dream come true', said Tanya McCloskey, as the city of Cambridge recorded the nation's first legal same-sex marriage. 'Happy is an understatement' replied her bride Marcia Kadish. Others described 17 March 2004 as 'a day for love and happiness'; 'amazing'; 'almost too good to be true'. 'Next to the birth of our daughter Annie, this is the happiest day of our lives,' Julie Goodridge told reporters in Boston.

Here in Britain (and much of the rest of Europe) lesbians and gay men are still denied equal access to marriage. Although the Civil Partnership Act, whose provisions come into force later this year, is a significant advance for lesbian and gay rights, it also perpetuates same-sex couples' exclusion from the right to marriage itself. The introduction of civil partnerships constructs a two-tier system of state recognition of relationships that concedes to same-sex couples virtually all of the rights, benefits and responsibilities of marriage, withholding only the symbolically charged name of 'marriage'. By continuing to exclude same-sex couples from marriage – the fundamental institution for recognition of the couple relationship – the new civil partnerships send the inescapable message that lesbians and gay men are second-class citizens. Separate is still not equal.

One day, Britain, the rest of the US – and the rest of the world – might join Massachusetts, the Netherlands, Belgium and Canada in according equal marriage rights to all citizens. As psychologists, we can play a substantial role in this struggle for social justice.

Author note

Sue Wilkinson is Professor of Feminist and Health Studies at Loughborough University, and Celia Kitzinger is Professor of Conversation Analysis, Gender and Sexuality at the University of York. They were legally married in British Columbia, Canada, in August 2003, and are seeking a declaration of the validity of their marriage in Britain. E-mail: sue_wilkinson_2000@yahoo.com or celia_kitzinger@yahoo.com.

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WHO IS INFLUENCING WHOM? THE RELATIONSHIP BETWEEN IDENTITY, SEXUAL ORIENTATION AND INDIGENOUS PSYCHOLOGIES

VIVIENNE CASS

Abstract

Despite calls in some quarters for a greater flexibility in our notion of sexual orientation, the belief that individuals *are* lesbian/gay or 'straight' is still strongly held in the general community. Research on lesbian/gay identity has sometimes been criticised for being one of the major forces constructing and influencing the idea that lesbian/gay sexual orientation is about who one *is*, and that this *is-ness* is a fixed entity residing within the individual. In this paper I will examine whether this criticism is justified. To do this I will look at my own work and processes as a so-called 'identity researcher' and the way this linked into early historical developments and the Western 'indigenous psychology' of the 1970s. By examining the interconnections between these variables, it is possible to address the question of whether identity research did indeed have the power to formulate our current views on lesbian/gay sexual orientation (and whether identity researchers should be drawn and quartered or praised).

Introduction

I recently gave an interview to a journalist who was writing an article on dating behaviour in young women. In my usual fashion, I attempted to frame my comments so as to be relevant to all young women, and at one point mentioned the commonalities and distinctions between those of differing sexual orientations. Enthusiastically seizing upon my use of the term 'sexual orientation', the journalist then began questioning me about homosexuality.

If you think that automatically linking 'sexual orientation' with homosexuality is to be found only amongst the media, think again! Only last year I was speaking to an academic colleague with some experience in sexuality research who, in the course of discussing the definition of sexual orientation, immediately stated, "It's the feeling of being gay or lesbian". Sexual orientation is not only taken

to mean 'homosexuality' or how someone *behaves*, but more specifically, and probably more emphatically, it has also come to mean *being* gay or lesbian, that is who someone *is*. We shouldn't be too surprised, therefore, to find that the general community largely thinks along the same lines. Despite increasing openness and discussion around the area of sexuality, the assumption that sexual orientation refers to homosexuality and homosexual identity remains strong.

Criticisms of identity research

Some have criticised research into homosexual identity (and I should also add, the researchers themselves) for the situation wherein the term 'sexual orientation' is taken as referring to a state of being. The main concerns of these critics can be summarised very simply as follows:

1. Discussion of the different identities of gay, lesbian, bisexual and heterosexual reinforces the belief that sexual orientations are discrete, fixed psychological entities.
2. The emphasis on how people find, form and experience a gay or lesbian identity promotes the concept of identity as something 'real' and encourages individuals to choose a particular identity, regardless of whether it entirely fits or not.
3. The continued focus on how gay or lesbian identity is developed and expressed, while ignoring heterosexual identity, leads to undue emphasis on gay and lesbian identity formation as a clinical issue requiring attention.
4. When people nominate a particular sexual orientation identity as appropriate for themselves, they then direct their behaviour to fit with that identity, ignoring and reframing any thoughts, emotions or activities that are incongruent with it. Identity research pays too little attention to this phenomenon.
5. Researchers do not take account of the negative social, legal and other consequences that can arise from holding a gay, lesbian or bisexual identity in communities where

homophobia is an insidious and destructive influence.

The question I wish to address in this paper is whether these criticisms are justified. Has the concept of sexual orientation, and societal thinking, really been so influenced by homosexual identity research and researchers as these critics claim? I would like to refer to my own work to explore this question.

For those who aren't familiar with my ideas (Cass, 1979, 1983/4, 1984, 1990, 1996, 1999) I first published my theory of gay and lesbian identity formation in 1979 in which I outlined the psychological process of cognitive and emotional change that leads individuals to adopt a self-image of 'homosexual', 'lesbian', 'gay'. The six-stage model I proposed has also been applied to the adoption of a 'bisexual' identity as well as to the identities of other negatively-valued minority groups, and continues to be used in research and clinical practice. The theory essentially looks at the way the individual shifts from seeing homosexuality from a third person perspective (ie, "other people are gay/lesbian") to a first person perspective ("I am gay/lesbian"), with the gradual changes in self-understanding being divided into six stages of cognitive and emotional development.

So, back to the question: Have I really had the power to change the way we think and behave? Let me begin to answer this by going back in time.

Development of the concept of homosexual identity

The concept of a 'homosexual identity' first began to emerge in the nineteenth century. At this time, there was a gradual shift in the way homosexuality was perceived. The first wave of change saw a shift from the idea of seeing homosexual behaviour as amoral and criminal to seeing it as symptomatic of a psychiatric disorder. The second wave of change then shifted the focus from the symptomatic *behaviour* to the disordered *person*, and the notion that a person acting sexually towards someone of the same sex could be described as *a* homosexual was born. The philosopher Foucault's now famous quote summarises this development very clearly when he states, "The nineteenth-century homosexual became a

personage, a past, a case history, and a childhood" (1978, p. 43). By the way, I use the term 'homosexual' quite deliberately here since this is the terminology of that historical period. It is of interest that the term 'homosexual' was coined in 1869 and the term 'heterosexual' sometime later, the former being equated with pathology and the latter with normality. This terminology was intended to reinforce the rightfulness of the majority group and marked a significant step in the formation of what Western culture came to understand by the term sexual orientation.

Indeed, this is where our understanding of the sexual orientation identity concept begins, for the very idea of identity rests upon the belief that there exist particular *types* of persons, the 'homosexual' and the 'heterosexual'.

Now, let me jump to the 1960s, another interesting historical period in the development of the concept of sexual orientation identity. In the 1960s there was a significant push for human rights. At this time, groups such as women, Black Americans and homosexuals began to gather, organising collectively to protest at their lack of rights and acceptance in society. In the public arena these groups became known by the broad identity terms of 'women's collectives', 'Black organisations', 'homosexual groups' and so on. Reflecting a growing integration between public and private aspects of minority identity, the members of each group referred to themselves by the personal identity expressions, "I am Black", "I am a feminist", "I am gay". However, this was not the submissive, secretive or negative voice of previous eras. Rather, these expressions of identity were increasingly those of individuals and groups who experienced pride in themselves and felt equal to the majority.

These developments continued into the 1970s. At this time, books and magazines began to publish the personal stories of individual homosexuals (who were beginning to refer to themselves as gay or lesbian). These were stories about identity, about "who I am". What began as a trickle soon became an avalanche of stories about coming out, oppression and struggle. And whereas there was no reference to the concept of 'identity' in the homosexual literature before 1970, by the late 1970s it was

fast becoming a part of the gay and lesbian lexicon.

It was around this time that I became interested in identity formation. In 1974, while a psychology student, I founded the Homosexual Counselling and Information Service, and throughout the 1970s became intensely involved in working with people from various sexual minorities, both within the counselling service and as a psychologist employed with the Western Australian Health Department.

It was in this latter position that I had what I call a defining moment. A young woman, who disliked herself intensely for being attracted to other women, came to see me. She was the most self-hating person I had ever tried to counsel and at the end of the session I stood at the door of my office in despair, watching her leave, and knowing I had been unable to help her in any way. I remember asking myself the clinician's questions, "Why can't I help her?", "What is going on"? How is it that some people readily accepted themselves as lesbian or gay while this woman was in such torment about the very same thing?"

And so began my quest to try and find answers. I started by listening more carefully to my clients, noting how different people spoke about their experiences. I compared young and old, men and women, religious with non-religious, accepting with non-accepting. And then one day I had another defining moment. I realised that certain phrases were being expressed repeatedly, simple phrases such as "I don't want to be different" and "I'm only a lesbian because of this particular woman". After writing down these phrases, and staring at them long and hard, I suddenly realised that there was actually a pattern to the way in which they were expressed. Or, to be more precise, not so much a pattern as an order. Some of the cognitive insights I was hearing, it seemed to me, only ever appeared in people's speech after other particular thoughts were expressed. Some cognitions were linked with particular emotional states but not others. I took to listening and observing further, and although I tried to find alternative patterns of thought processing in my clients, I kept coming back to my original ordering.

This simple list of phrases of speech then became the basis on which I developed my model of the six stages of homosexual identity formation. After the publication of my first paper in the *Journal of Homosexuality* in 1979, I received a considerable amount of feedback, mostly from individuals, psychologists and counsellors in North America, the UK and Western Europe, telling me how much the model helped them to understand their clients, and expressing amazement that a theory developed on the other side of the world could so closely fit their own experiences.

It was several years later before I realised that what I had been doing was actually a field study, a piece of research in which I attempted to simply observe what was there, and then tried to find a broad framework in which to make sense of it all. Much later, I came to see that, through this field study I had, in fact, tapped into the Western indigenous psychology as it related to homosexuality.

Indigenous psychologies

For those not familiar with the concept of indigenous psychology, it is defined as the unique body of psychological knowledge that exists in each sociocultural setting, forming part of the entire knowledge base of the culture in which it occurs.

An indigenous psychology consists of everything that each sociocultural environment holds as the truth about human nature or psychology. It includes knowledge about the psychological concepts which form the foundation of that culture (e.g., in Western indigenous psychology the concept of 'maturity'), the psychological processes, the behaviours that define these concepts and processes, and even what is considered a psychological problem and the solutions for such problems.

In other words, an indigenous psychology defines the psychological reality of the members of any particular culture. Since each sociocultural setting has different indigenous psychologies, the psychological realities of each is unique. Hence, a concept found in one setting may not exist or be perceived in the same way in another culture.

The psychological realities of each culture are generally taken for granted by the culture's members since they have been socialised into them from birth. Of course, moving out of one culture into another, as any immigrant will know, can quickly bring an awareness of how one's own viewpoint differs from those of the new culture.

Let me make two final points about indigenous psychology before linking this back to sexual orientation. Firstly, the psychological reality created by an indigenous psychology is not static, but evolves over time as the body of psychological knowledge changes. Secondly, the position of those calling themselves social constructionist psychologists is that behaviour is produced or constructed as a result of the reciprocal interaction between three factors: the psychological capacities of the individual, the biological capacities of the individual, and the specific indigenous psychology of the culture.

The concept of sexual orientation, and all that goes with this, is part of our Western indigenous psychology, and hence, our psychological reality. There are, however, many indigenous psychologies that do not include the ideas of 'homosexual', 'heterosexual', 'sexual orientation', or even 'sexual' with which those of us who live in Western societies such as Australia are so familiar, despite there being members of such cultures who engage in sexual and emotional activities with those of the same sex.

Drawing upon our present-day Western indigenous psychology, we grow up perceptually 'set' to see sexual orientation in our world. Hence we assume without question the existence of something called 'sexual orientation', and just 'know' what is meant by this. Our knowledge about human nature includes an understanding of the existence of lesbians, gay men and bisexuals, and we talk about 'coming out' and 'finding one's true sexual identity' as recognised psychological processes. Included in this knowledge base is also the notion of sexual orientation identity.

In summary, the Western indigenous psychology sets the psychological stage for how we perceive sexual orientation, defining what is psychological reality and guiding our

thoughts, emotions and actions to fit with the model of human nature proposed.

Who is influencing whom?

Let me now return to the observational study which formed the basis on which I developed my theory. As I mentioned earlier, it seems clear to me that in this preliminary work I was, in fact, identifying those components of the Western indigenous psychology of the 1970s relating to identity. I was able to detect patterns in the behaviour of those I was observing only because that behaviour was never random, but rather set by the parameters of the indigenous psychology.

What I called homosexual identity formation was, as I saw it, a psychological process by which individuals translated their everyday understanding of the concepts of 'lesbian' and 'gay', provided by the Western indigenous psychology into personal or *self* knowledge, emotions, behaviours, beliefs and experiences. In other words, my interest was in the psychological processes by which *social knowledge* became translated into *self-knowledge* in which the individual was left with a self-image based on a particular sexual orientation category. The need to adopt such a self-image was, itself, part of the directive of Western (or Western-influenced) indigenous psychology.

Furthermore, I view the ordering of phrases that I identified, following my observational work, as the overt verbal expression of the cognitive processes my clients were going through in order to make this shift from social to personal knowledge.

By the way, there has been some criticism levelled at stage models of identity formation, including my own, for being too rigidly linear in their approach to the way identity is acquired, with various critics noting that the so-called 'milestones' of behaviour which often mark the different stages, according to certain theoretical models, do not always follow the order suggested by theorists. While such comments ring true for some stage models, in the case of my own, regrettably, they show a complete lack of understanding of the complex social construction process that is being described and hence fail to see the purpose behind the cognitive and emotional changes

taking place within the individual. From my perspective, only in the most superficial of ways can identity formation be described as a series of milestones such as 'coming out to parents', 'meeting other gay or lesbian people', 'joining a gay march', and I have never proposed that my stages are based on a series of such events.

To return now to the question of whether I have exerted some influence on the way society thinks about sexual orientation: To say that my so-called 'field experiment' had simply tapped into the Western indigenous psychology and that this action was the sum total of the part I have played in the study of sexual orientation identities would not, however, give the complete story. After all, clinicians, researchers and theorists are also socialised in the indigenous psychology of their culture. There is nothing we do, in our professional positions, that is not directed by our indigenous psychology. The subject matter we choose to study, the research questions we ask and the way we test them out, the theories we develop and the assumptions underlying our therapy are all defined and limited by our present-day Western indigenous psychology. Hence, we play a powerful role in carrying the message of our culture, and in perpetuating certain psychological realities.

We can also play a role in changing these realities. It is clear that the focus on gay, lesbian and bisexual identity grew stronger in the 1980s and 1990s, both in the general as well as the academic community. This is an example of the evolving nature of indigenous psychologies which are continually changing, leading in turn to shifts in our psychological realities. There is, I believe, no doubt that theories of gay and lesbian identity formation, including my own, have played a part in these changes. For such theories not only describe ways in which people behave, they also highlight and promote these psychological realities. The mere act of gazing in conscious fashion upon the notion of sexual orientation and identity, is likely to have directed and accentuated the focus on these concepts.

In developing my theory, I identified and summarised elements of a Western indigenous psychology, keeping in mind that I was also operating from within this learned knowledge

base. Once published, my theory, and others like it, then served to reinforce the concepts and ideology embedded within it. The irony for me is that I have never had a vested interest in promoting the concept of gay or lesbian identity and in my clinical work I am always at pains to give my clients an open space in order to explore their sexual/romantic attractions without the need for labelling of self in any way. My clients, however, think differently, wanting to know if they are "gay or straight". Other clinicians say they have the same experience. Who is influencing whom, we could ask.

We could also ask whether, in fact, there is something wrong in the strengthening of our focus on sexual orientation identity as reality. Critics often point to the destructiveness of fixed and unambiguous sexual orientation identities, and it is true that this has often brought negative attention to those calling themselves lesbian, gay and bisexual. Nevertheless, it is also true that the presence of groups of individuals identifying themselves as lesbian, gay and bisexual has also made it easier to achieve legal reforms. Of course, such reforms, in turn, strengthen our ideas on sexual orientation, and continue the on-going shifts in our indigenous psychology

Who is influencing whom? The answer is that we have all played a part and will continue to do so. It is not criticism or scape-goating that is required at this point but, rather, the development of a critical understanding of the contribution we all make in the evolution of our culture.

Author Note

Dr. Vivienne Cass is a private practitioner working in Western Australia, and is also the founder of Brightfire Press (www.brightfire.com.au), publishers of texts on sexology. Vivienne is well known for her work on homosexual identity formation and can be contacted via: contact@brightfire.com.au

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PSYCHED IN: PSYCHOLOGY, PSYCHIATRY AND HOMOSEXUALITY IN AUSTRALIA

GRAHAM WILLETT

Abstract

This paper considers the factors underlying the remarkably rapid adoption by the psychiatric and psychological professions of pro-gay attitudes and policies in Australia in the 1970s and concludes that this can be explained in terms of the paradigm crisis facing the professions, the shifting social values and the work of activists

In the early 1970s, the gay and lesbian movement found itself engaged in a short, but fairly intense interaction with the medical professions, including – indeed, especially – with psychologists and psychiatrists. Occasionally acrimonious, this was nonetheless a relationship which contributed to the transformation of the professions, the gay community and Australian society more generally. This is a history worth recalling.²

Lesbians and gay men have, at least since the 1930s, experienced something of a love/hate relationship with the mental health professions. On the one hand, the role of psychology and psychiatry in the oppression of homosexual people is well-known. On the other hand, practitioners in these professions have often been among the very few willing to stand up for the rights and dignity of those who practice minority sexualities (Minton, 2002).

But in the 1970s, it looked as though conflict was to be the main mode of interaction. From the earliest days of the movement, the hostility of the medical profession towards homosexuality was taken as a given, and the profession was seen as one of the main enemies of gay people, and of sexual freedom more generally. When the Gay Liberation Front in Melbourne wrote of

psychiatrists as the 'High Priests of modern society ... reinforcing, under the guise of scientific objectivity, primitive Judeo-Christian morality' few activists would have disagreed. On their side, psychiatrists and psychologists spoke casually of 'curing' homosexuals, and were capable of recycling the most offensive and stereotypical representations of gay people without batting an eyelid. In 1970, no less a figure than the Honorary Clinical Psychologist at Royal Prince Alfred Hospital and the Student Counsellor at Newcastle University could calmly assert that homosexuals were 'malicious, vindictive and self-destructive'. Aversion therapy (the use of electroshock and nausea-inducing drugs to reshape emotional and sexual responses) was, if not exactly common, then certainly in open use. (This para: Willett, 2000)

And yet, psychologists and psychiatrists were very quick, in the 1970s, to support the new movement and its demands. In May 1972, the executive committee of the Australian and New Zealand College of Psychiatrists called for the decriminalisation of homosexual acts committed between consenting adults in private. (Australian and New Zealand College of Psychiatry, 1972). In September the following year, this body went further, issuing a Clinical Memorandum which reported that 'the majority of psychiatrists consider that homosexual feelings and behaviour are not necessarily or commonly associated with neurotic symptoms and are usually compatible with good adjustment and a useful and creative contribution by the individual to society' (Australian and New Zealand College of Psychiatry, 1973). Psychologists expressed equally liberal views in 1974. A ballot of members of the Australian Psychological Association revealed that 73% of respondents wanted the Association to condemn discrimination against homosexuals and laws against homosexual acts between consenting adults and wanted the Association to support moves to counter such discrimination (*Australian Psychologist*, 1974, pp. 207-208).

Of the three great pillars of oppression – religion, the law and the medico-scientific

² In eliding psychology and psychiatry in this paper, I do not mean to ignore the substantial differences, but it is a striking fact that there is virtually no distinction drawn between them in the movement literature of the time, and attempts to separate them cleanly does unnecessary violence to the narrative.

professions – it was the latter that moved first and most definitively to support gay people and gay rights. In order to explain this rather remarkable fact, we need to look at the medical model of homosexuality as it developed over the twentieth century, at the nature of the mental health professions themselves and at the late 1960s and early 1970s. It will come as no surprise for readers today to hear that the views of these professions were at various points in their history largely shaped by both professional structures and the times.

It is important to note in the first place, that medical science, unlike religious institutions, had no very ancient nor any very deeply rooted hostility to homosexuality. The earliest versions of what has come to be called 'the medical model of homosexuality' had their origins in the second half of the nineteenth century and it really only came into its own at the very end of the 1800s in the work of the German sexologist-researcher Richard von Krafft-Ebing. Krafft-Ebing was convinced that homosexuality was a biological fact, a symptom of a deeper pathology that he called 'congenital nervous disorder'. It was an argument that most of his colleagues in Germany and abroad found convincing and by the time of his death in 1902 his ideas predominated across most of the social and biological sciences. His views were not unchallenged – an alternative, supported by such figures as Karl Heinrich Ulrichs, Havelock Ellis and Edward Carpenter, argued that 'inversion' was a natural variant in human sexual behaviour. As it happened, however, both schools of thought were superseded by the 1920s through the rise of Freudianism, a psychoanalytic school that was hegemonic for forty years. Hegemonic, but not monolithic, for even within Freudianism, the experts differed. The idea that homosexuality was a mental disorder or illness (an idea explicitly rejected by Freud himself) only emerged in the 1940s, and reached its full flowering as late as 1962 when the US psychoanalyst Irving Bieber published his enormously influential case for the illness/cure model, *Homosexuality: A Psychoanalytic Study of Male Homosexuals*. This work established both Bieber and his views on male homosexuality as authoritative and was strengthened when, shortly after, his associate Cornelia B. Wilbur applied a similar model to the problem of female homosexuality (Thompson, 1985, pp. 97-98).

The model encountered almost immediate doubts and criticism – within the profession from Evelyn Hooker and others, and outside it from the increasingly assertive homophile organisations. And outside Freudianism, too, new versions of the biological model surfaced. One sought to locate the causes of homosexuality in hormonal factors. Another – behaviourism – was a theory in which the focus of attention was not on people's deep (and deeply speculative) psychologies, but on their behaviour, which was understood as a fairly straightforward product of their individual conditioning by parents and society at large. The focus for behaviourism's medical intervention was 'maladaptive behaviour' which, in the words of one of its supporters, was any behaviour which 'brings the organism undue stress and heightened discomfort'. Within behaviourism, perhaps the most famous method for the treatment of homosexuality was – despite its short and stormy history – aversion therapy. Aversion therapy was first applied to homosexuality in the USA in the early 1960s, though it had been in general use for conditions such as alcoholism for much longer. Research papers published in the USA in 1964 and Britain in 1967, claimed for aversion a better success rate in the treatment of homosexuality than psychotherapy, opening the way for a wave of treatment that lasted until the 1970s.

But it would be difficult for any but the truest of believers to be completely convinced by all this theorising. The competing schools, the internal conflicts, the denouncing of each others work, the remarkable inability of any of the theories to establish dominance (for the rather simple reason that none of them could convincingly explain, much less cure, as they ought to have been able to do) made for a profession that was, in the late 1960s in something of a permanent paradigm crisis.

Australia was by no means in the forefront of all this theorising. Jeremy Fisher's survey of the main nineteenth and twentieth-century medical journals found no discussion of homosexuality at all in the earlier period and very little in the later. Early twentieth-century doctors, he says, showed no real concern about homosexuality as a medical problem (Fisher, 1982/83, p. 44). Writing in 1967 in the *Medical Journal of Australia*, one researcher offers a similar assessment, suggesting that 'medical practitioners are almost as ignorant and

prejudiced as the laity on the subject' of homosexuality, explaining this by reference to the fact that 'the subject is barely touched upon in the medical curriculum of the undergraduate' (Rowe, 1967, p. 638). But neither, of course, was Australia isolated from the world. On the contrary, medical professionals maintained close contact with international developments by undertaking their graduate studies and study leave overseas, as well as through conferences and journals and personal contacts.

But what this means is that there was in Australia little investment in the various theories, compared to the United States or Europe. There was little in the way of deeply held views and even less in the way of deeply committed public stands that would serve to 'lock in' the profession and its main institutions to an anti-gay position. In this, Australia was quite unlike the United States, where a furious opposition to any change of professional opinion was led by a number of doctors who had spent a considerable part of their careers researching, writing about and treating homosexuality (Bayer, 1987). It is no accident that the ANZCP issued its call for law reform and its Clinical Memorandum before the United States equivalent body did, and with much less conflict.

In addition to this theoretical or paradigm crisis, we need to look, as well, at the sociology of the professions. Psychologists and psychiatrists, like any other group in society, do not exist solely within their professional roles. They are not the passive bearers of their social or ideological or occupational positions. They are people with, among other things, politics – politics which tended, in the 1960s, towards the liberal.

The gay movement made much of the fact that the supposedly objective and scientific medical profession was deeply imbued with biases and values, drawn from prevailing social norms, which, in turn, influenced the formulations of the medical model. As Sue Wills put it in 1972, 'Psychologists and psychiatrists live in, and are part of the societies in which they work and are therefore subjected to the same socialisation pressure as regards social mores etc' (Wills, 1972, p. 5). The usual point of this argument was to draw attention to the way in which society's homophobia was reflected in the medical profession and its ideas. But of course, as liberal notions seeped through society in the 1960s, and as radical ideas took root among

many people, these ideas, too, influenced the profession. Indeed, as a group, doctors were rather more liberal than much of the rest of society (Winkler and Gault, 1976, p. 172). This partly reflects their education and middle-class status, both of which correlated strongly during this period with a higher level of tolerance of behaviours such as abortion, homosexuality and drug use (Hasleton, 1975). One effect of this liberal hegemony was to allow the separation of personal values from professional attitudes. J F J Cade, Psychiatrist Superintendent of Victoria's Mental Health Authority, recognised that his own views on the question varied according to the social role in which he viewed the issue: as an elderly heterosexual happily married grandfather; as a Catholic who accepted the teaching of the church in regard to sexual morality; or as a doctor who believed it irrelevant and mischievous to make moral judgements about patients (Cade, 1974, p. 99).

A survey of 110 Australian psychiatrists and 40 clinical psychologists conducted in 1973 demonstrates the way in which professional and personal or political views could overlap, discovering that two-thirds agreed either that 'homosexuality is merely a matter of personal preference, but should be kept strictly private' or that 'homosexuality is as natural as heterosexuality and should be freely expressed'. Only one-third of respondents believed that 'there is something seriously wrong with a homosexual' (Wortley in Barr, 1973, p. 189). In all three positions it is difficult to separate out the theoretical and the political.

If professional and political opinions in general tended towards tolerance, this was true, too, of some of those who were most active in treating homosexuality. It is certainly not the case that these doctors were motivated by strongly-held conservative views as to the nature of homosexuality. Prominent psychologist, Sidney Lovibond presented himself in a newspaper article in 1972 about aversion therapy as being a good liberal humanist, hoping only to help homosexuals (Beveridge, 1972). Neil McConaughy, perhaps the most prominent aversion therapist, spoke openly of his hope that one day society would be so accepting of homosexuality that no-one would need to seek to be cured (Wills, 1972, p. 8). All in all, then, it is probably true, as one supporter of behaviourist views suggested at the time, that medical practitioners were not driven to treat

homosexuality by any moral repugnance, but rather by a notion of helping those whose maladjustment to society was making them unhappy (Hazell, 1970).

In was in this context that activism enters the stage. In *Living Out Loud*, I have discussed the year-long research project conducted by a working party within the ANZCP that reviewed the literature, consulted members and finally produced the Clinical Memorandum of 1973. The process in the Australian Psychological Society was different, but it, too, involved an effort by activists to win their ground. Simon Cooke in his history of the APA (Cooke, 2000, pp. 167-169) has filled in many of the gaps in my account in *Living Out Loud*. Three motions condemning anti-gay discrimination were first presented to the APS Annual General Meeting in August 1973 by Dr Susan Kippax, lecturer in psychology at Macquarie University. Efforts to set aside Standing Orders so to allow the motions to be considered, despite their not having been submitted in advance, were rejected by the meeting and the motions could not therefore be voted on. A postal ballot was subsequently instituted by the Council, with very positive results. In 1974 the Association reported that 73% had voted to condemn discrimination against homosexuals; 77% to condemn attitudes which discriminated against homosexual behaviour between consenting adults, and 77% affirmed that the Society supported moves to counter such discrimination. That does, however, seem to have been the end of the matter. In 1980, the NSW Anti-Discrimination Board noted this ballot but observed that it had been unable to identify any statement regarding the profession's view of homosexuality *as a condition* (Thompson, 1985, p. 127).

While the medical sciences make much of their scientific nature (where 'scientific' speaks of objectivity, calm reasoning, immunity to passion and prejudice) the realities are always very much messier. In relation to homosexuality, this was especially true. By the late 1960s, the theoretical confusions surrounding homosexuality, the competing schools, the inability of most of them to present a convincing case for their theories of causation or for their practices of cure was already creating paradigm problems within the professions. The shift in public attitudes on sex generally, and homosexuality in particular, added to the pressures – especially when we remember that

psychologists and psychiatrist were also members of that public that was being transformed, even if they were not (as many were) gay, or the family and friends of gay people. A new world was coming and psychologists and psychiatrist were there at the birth, as they are there today.

Author note

Graham Willett teaches at the Australian Centre, University of Melbourne (currently on leave at the Free University in Berlin). He is the author of *Living Out Loud: A History of Gay and Lesbian Activism in Australia* and President of the Australian Lesbian and Gay Archives.

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TOWARDS A PRINCIPLED EXPOSURE OF SEXUALITY

BADEN OFFORD

Abstract

This essay ruminates on the wake left by the removal of homosexuality from the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders*. Through a quilt of critical reflections, subjective accounts and experience, the essay posits that in spite of the psychological validation of homosexuality thirty years ago, its pathology is perpetuated through culture in complex and diverse ways.

Introduction

When I was last in Paris, I saw an oil painting in a shop that deeply moved me. It was of a lone, small, intense red yacht riding the white crests of a very dark blue and turbulent ocean. I was struck by the vitality of the scene, which invoked simultaneously, paradoxical feelings of power and vulnerability. This picture has become for me symbolically resonant of the way I think about the context of human sexuality. In this paper, which offers a theorisation of quilted reflections and meditations on the wake left after the removal of homosexuality by the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders* (DSM), and in which we are all swimming for survival, this resonance powerfully comes to life once again.

A number of things occurred for homosexuals after this event. The early 1970s witnessed homosexuality in both the United States and in Australia becoming a valid sexual behaviour. Because homosexuality was no longer formally registered as a sickness, a discursive space opened up for many people who for the first time could actually come to terms with their same sex attractions without wondering if there was something seriously wrong with them. Coeval to this specific reckoning of sexual behaviour, homosexuality in Australia, following the civil rights social movements in the United States, witnessed degrees of empowerment through changes to law, legislation, migration and social attitudes. The wake of the past thirty years of homosexual liberation has indeed

brought about significant change to Australia's conception of its citizens in terms of sexuality. There is now an emerging interest in the sexual citizen (see Baird, 2003).

However, this sense of legitimacy has been contentious and roughly fought over. Opening spaces for the recognition of same sex practice, love and identity – culturally, socially, religiously, legally – has come at a high cost, and like that lone yacht, has been perilously vulnerable to dominant powers and paranoid sexuality. It is sobering to note that chronologically, the decriminalisation of homosexuality in Australia - a relatively recent outcome – happened unevenly over the last thirty years; for example, South Australia in 1975, New South Wales in 1984, and finally Tasmania, the last state to do so, in 1994. Pressures to change laws that were infused with Judeo-Christian and medical conceptions - which rendered homosexuality as abnormal, sinful, unnatural - were drawn from within the nation state as well as from abroad, most famously from the United Nations Human Rights Commission (see Offord, 2003, and Stychin, 1998).

In meditating on changing attitudes, laws and legislation that have occurred in relation to homosexuality, there are certain issues that continue to have momentum. In this essay I want to highlight the way our understanding of human sexuality, particularly through the prism of same-sex sexualities, remains an unfinished project that is fundamentally connected to societal, ideological, religious, and political conceptions of human sexuality. I do this through the weaving of subjective and theoretical moments, which intersect and often produce asymmetrical results. What follows is not about gaining a positive sense of being gay, but instead rests on the paradox of sexuality as it is defined through social, historical and cultural contexts. Sexuality is a discourse, politics, practice, community, and identity – all framed through the need to survive. I have come to negotiate the marker of 'gay' in terms of my identity, as a necessary burden, but I fully

regard sexuality as a kaleidoscope of possibilities (Offord, 2003); a continuing project.

My own approach to these unresolved dilemmas has been through an awakening to processes of exclusion that arise in my encounters with the everyday. For instance, as homosexuality was being taken off the DSM, my teenage consciousness was learning to adjust to strictures, codes and behaviours that became evident as I entered into physical relations with another teenage boy of the same age. In the early 1970s I did not have the conceptual means to understand what homosexuality meant, and therefore what I practiced in same sex relations was in many ways untouched by theology, medicine or law. What we practised was certainly hidden, as we obviously knew it was 'beyond the pale'. But, the full import of what I did sexually – in other words, its context – was beyond the mind of a teenager.

We know now that teenage suicide amongst boys can often be directly due to issues of sexuality and identity. I nearly became one of those boys towards my final year at high school. During a break from a school basketball marathon, my mother caught my boyfriend and I having sex. Her gaze from that day brought a new dimension to how I understood sexuality. It suddenly became a deviance and an illness. I was sent to the doctor and prescribed Amityriptilene (Tryptonol). The dismantling of homosexuality from the DSM had no relevance to either my mother or my family doctor.

This circumstance reminds me of John Howard (2001) and his remarks about the possibility of having a gay son. He has stated

if one of them hypothetically said he was gay... I wouldn't love him any less but... I'd be disappointed... I haven't met a parent yet who wants their children to grow up gay.

My mother, although now living happily in a lesbian relationship for many years, still worries about her gay son. She has herself been a part of the struggle for homosexual rights, and has marched on several occasions. She experienced 'coming out' in her 50s, (she is now in her 70s), became an 'essentialist' lesbian, until another 'essentialist' lesbian challenged her authenticity since she had previously been married to a man. My mother has a very good heart and her love for me has always carried her through the difficulties that sexuality seems to bring. But, at

the base of her feelings for gay men, she resiles from the physical act itself. Like Howard, my mother has not yet come to accept and naturalise my homosexuality into her worldview. This could be seen to be a generational perspective, but I'm conscious of the fact also that we live in times where some young women particularly despise feminism. What has not disappeared from society is a deeply held suspicion of the physical behaviour of male homosexuals, which slips into suspicions about their cognitive behaviour as well. As Martha Nussbaum has put it in her analysis of taboos around how male-to-male sex is conceived:

The idea of semen and faeces mixing together inside the body of a male is one of the most disgusting ideas imaginable... (2001, p. 349).

Underscoring such a visceral response, attitudes towards homosexuality are compounded by all manner of scientific and philosophical confusions. A columnist recently wrote in my local paper that

Observation reveals gay guys are to some degree swishy. This ubiquitous cross-cultural camp mannerism is by its universality not an affectation, but an outcome of genetic determinism. One line of intriguing theoretical understanding evading me to this day is what function at the junction homosexuality serves for humanity? (Recher, 2005).

So, in 2005, three decades after the psychological normalisation and acceptance of homosexuality, I would argue that the legacy of dominant heterosexual ideology and its attendant and often-convoluted, didactic response to other forms of sexuality, continues to promote pathologies of homosexuality through cultural, social, and political arenas. Some of these pathologies are referred to in this paper.

A continuing apartheid of homosexuality

In my book, *Homosexual Rights as Human Rights* (2003), I concluded with the view that 'homosexuals are human beings, *after all*' (225). What is remarkable to me about this view is that it clearly states what ought to be self-evident. Sadly, though, in my examination of homosexuality and its condition across the world, homosexuals face a range of exclusions that are found embedded in core institutions as

well as in their interior, subjective life. Conflations of external governance with internal, psychological references and narratives, produces a conundrum of contradictions in the sexual citizen.

The psychological impact of this fragmentation of human sexuality is yet to be fully assessed and understood. The embedded dominant hierarchy of paranoid sexuality splits people into this prioritizing list: heterosexuality, homosexuality, gay, lesbian, bisexual, transgender, and intersexual. This gradation of human sexuality is the basis of profound inequalities, discrimination, exclusion and compartmentalisation. We now have considerable data and resources that alert us to the effects of this fragmentation. For example, when I use the word apartheid in the context of homosexuality, it is derived from Desmond Tutu (see Offord, 2003, p. 227-231). As an expert in understanding and experiencing apartheid in South Africa, Tutu connects institutionalised racism – apartheid – with institutionalised heterosexism and homophobia. I have written elsewhere that

Apartheid is a force to be reckoned with, an insidious ongoing and entrenched repetition of society's design for itself. Disability, like sexuality, is spatially regulated, corralled, set-apart, divorced, cut from and by the dominant cartographers of normal-land. 'Home' becomes a hole (cited in Goggin and Newell, 2005, p. 20).

Society's 'design for itself' is contingent on management strategies. Following Foucault's forensics of sexuality and coupling it to his conceptualisation of governmentality, which he describes as

the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power' (1979, p. 450),

sexuality is a subject that both enlightens our human nature as much as it governs what it is to be human. Michael Leunig, the Australian ethical interventionist has observed that 'Sexuality is where people are very human and vulnerable. This is precisely where truths emerge – and sensitivities and fears' (Leunig, 1998, p. 62). It is no coincidence that through modernity there has been an obsession to normalise sexuality, and in that process

pathologise sexuality where it departs from the dominant form.

Homophobia is another important element in the fragmentation of human sexuality that has been surveyed and responded to by scholars and activists. Recent work in this field by Maria Pallotta-Chiarolli (2005) in Australia and Vanessa Baird (2004) in England demonstrate the systemic reality of homophobia in both the public and private spheres, in schools, families and other domains of social and psychological meaning. What is communicated to a homosexual in 2005 through these domains is that same sex sexuality, its practice and identity is axiologically non-normative. Indeed, there is a strident theology present that seeks to reify heterosexuality as the only legitimate formulation and expression of sexuality (see Szego, 2005). The apartheid of homosexuality is very alive and well.

To calibrate this line of thought, the governing of sexuality in the modern era is connected to the project of being human, a project that has had a mixed, sometimes heinous, sometimes compassionate, lineage, based on eugenics, colonialism and ecological imperialism on the one hand and ethics, human rights and scientific discovery on the other. In this project sexuality and race have become two of the most volatile markers of this project/story and characterise an ongoing dialectic of the human condition between self and other that has often been reduced to sexual and racial apartheds. The corollary between race and homosexuality in Australia is a striking theme that has not gone away in the last thirty years. Despite the dismantling of key policies and measurements, legacies of white Australia remain strong and alive, as do dominant heterosexist ideologies maintained by the core institutions, which nourish various forms of homophobia, homosexual apartheid and exclusion.

Recent scholarly work investigating the Australian story shows, for example, how the imagination and definition of Australia has been governed by social, cultural, legal and political racism, heterosexism and homophobia, embedded in core institutions of society – law, medicine, government, education, media – and also in multiple subjectivities that populate and inform the imagined Australian community. Leela Gandhi has argued convincingly that there is a 'collective amnesia' about colonialism in

Australia; an amnesia entrenched through 'legacies of whiteness' (Jayasuriya, Walker and Gothard, 2003) and a continuing colonialist dominant white culture, according to Ghassan Hage (2003). In their comprehensive analysis of Australia's ambivalence towards itself and towards Asia (a further *other*), Vin D'Crus and William Steele (2003) argue that the challenge in Australia's project is that the core (dominant) institutions, which articulate 'white' and 'heterosexual' values as normative references, do not deliver the values of inclusiveness and democracy in practice, despite thick rhetoric on the importance of cultural diversity, neo-liberalism and freedom (see Jackson and Sullivan, 1999). David Tacey (1999), in his Jungian analysis of Australia along similar themes, has argued that Australia is awash with a sense of otherness. His conclusion, like Tim Costello's (2002), is that whiteness is deeply embedded into the Australian psyche. My argument is that heterosexuality is also profoundly embedded in the Australian consciousness and maintained theologically as well as politically. Following Toni Morrison, heterosexism, like racism, is a 'scholarly affair' (1999).

Subjective positions and the end of privacy

In my work as a cultural studies practitioner I'm interested in the relationship between subjectivity and identity. These are crucial analytic frames that help us understand the human condition. In his critique of Foucault's *History of Sexuality*, Nick Mansfield argues 'Sexuality was invented as a way of making subjectivity always and everywhere pathological' (2000, p. 111). This conflation of sexuality and subjectivity has been a major feature underpinning the rise of gay and lesbian politics, community and sensibilities. It has brought with it a necessary 'burden of identity' (Offord, 2003). In the wake of identity politics, investigations into biological/innate *versus* constructed/learned behaviours have sharpened and determined core debates around sexuality and its non-normative expressions. It isn't surprising that contemporary intellectual and activist interventions around homosexuality struggle to make sense of these contradictory theories. In the contest of defining what it means to be human, sexuality has become a fault-line through 'normal-land'.

Psychologically, pathologies of homosexuality occur through the matrix of our social and cultural lives. Every time we see *Will and Grace*, we are learning to interpellate (subjectively *become*) what it means to be homosexual. The language, gestures, comedy and relationships tell us what we need to think as or about homosexuals. This cultural pedagogy acts as a normalisation of accepted parameters, behaviours, symbols and thoughts. This is the enculturation of sexuality into a subjective position. The homosexual is *brought into focus* as an identity, as a way of life.

By extending this line of thought into the national imaginary and subjective positions we inhabit, we are interpellated by the colours of a flag, abstract concepts, actions, political speeches, or religious beliefs—in other words, by the activity of communication. The question of homosexuality as a sickness or aberration, then, has become the fodder of the purveyors of media production. What is deeply problematic from my point of view is that sexuality over the past thirty years has become less ambivalent and ambiguous. That is, we are witnessing formulations of being human that are based on fixed notions of sexual identity (see Offord and Cantrell, 1999).

Culture, however, is at the very least, paradoxical, as its organisation can lead to originality as much as to tradition, to empowerment as much as to disempowerment. Culture is the *modus operandi* of communication. In this sense, it is in culture that we see the pathologies of homosexuality most precisely. Cultural norms are embedded with power relations, hierarchies, *regimes of truth* – to use Foucault's terms. In the modern era, regimes of truth, that is, entrenched legitimated knowledges, produce a theatre of normative values. In terms of homosexuality, its measurement and form is organised through domains that produce and validate what is accepted. In contemporary Australia this is through the dominant ideologies of the Church, white Anglo middle class sensibilities and late capitalism. In other words, pathologies of homosexuality are hosted in the conflation between public and private commentary: privacy no longer exists.

But culture's central feature is its ambivalence (Bauman, 1999). Within the last thirty years, as homosexuality has become increasingly fixed in

a number of positions and articulations, evident in law, media, theology and cultural representations for example, an antidote has emerged in the form of a queer praxis. This is where

Sex and sexuality [are] multiple in this reading: sex as identity, as community, as behaviour, as desire, as metaphor; all these meanings coexist but do not coincide and cannot be reduced to each other. The meaning of sexuality slides around, a tool in the hands of whoever speaks of it. The implications of these ideas are wide-reaching, and are still being actively developed and adapted, particularly, I think, in queer theory and activism (Matthews (1998, p. 26).

This reading provides evidence of a nuanced response to pathologies of homosexuality. It strongly suggests that in the wake of the acceptance of non-normative sexualities, there are possibilities for opening up spaces, resisting normalising definitions, re-casting and re-imagining what it means to be gay, lesbian, transgender, bisexual, intersexual, or somewhere yet to be identified on Kinsey's sexuality continuum. What I particularly sense in reviewing the last thirty years is that crucial to any liberation of same-sex sexuality is the need to live and work with contradicting theories of sexual identity, to hold simultaneously the two ideas of being fixed or unfixed about sexuality.

Two illustrations of pathology and its subversion

To make the above discussion tactile, I want to draw on two events that demonstrate the 'sensitivities and fears' that Leunig describes about human sexuality. I want to show how multiple and complex forces are at work in both maintaining the apartheid of (homo)sexuality and helping to dismantle it. These examples highlight specific moments in my experience of sexuality and identity – they inform my theoretical quilting of reflection and meditation on the marker of being gay. They are exposed at the intersection between the subjective and the institutional.

Moment One

In late 2004, the Chaplain of Southern Cross University invited members of Exodus International to speak to staff and students on 'Sexual Addictions and Jesus'. Exodus International is a well-financed, non-profit

American-based organisation whose mission is to promote the message of 'Freedom from homosexuality through the power of Jesus Christ.' On their website a former lesbian writes of her conversion

As a participant of CrossOver, I immediately involved myself in the support groups, one-on-one counselling, reading literature and resources and attending conferences. I began to learn the various factors that contributed to my same-gender attractions: my perceived rejection of my biological mother and father, my perception that my adoptive mother was distant and stoic and that my adoptive father was emotionally absent, sexual molestation, sexual experimentation, with both sexes, during my preteen years, understanding the schemes of the devil, and dozens and dozens of lies I believed about everything. I began to take responsibility for my own sinful beliefs, choices, and behaviors. Most importantly, though, I began to learn about the Holy Trinity and to form a relationship with each Person. During my years of restoration, I also began to learn about this thing called womanhood. Goodness! Who knew there was so much to learn: plucking eyebrows, hair bleaches, hair waxings, facial mud masks, eye lash curlers, manicures, pedicures, push-up bras, tummy tuckers, rear-end boosters, last year's colors, and next year's fashions? (2005)

This ode to 'restoration' reminds me of Hannah Arendt's observations on what she called the 'banality of evil' (1958). In my view, Exodus renders the human condition banal. On the day prior to the planned seminar I lodged a complaint on the Vice-Chancellors Discussion List (VCDL), a list that is used by all staff as a general forum to discuss all kinds of issues. I wrote what has been my only email on this list

With respect, I am deeply offended and affronted by the meeting organised by the Chaplain for tomorrow. Exodus is a highly well-known, homophobic organisation (Offord, Email, 31.08.2004)

Within hours, the VCDL was running hot with exclamations and concern about the purpose of the Chaplaincy and its role within the University. The University cancelled the seminar. For several days a vigorous discussion ensued between the Chaplain and many staff, both theological and administrative in nature. In the end, the Chaplaincy was reviewed in late 2004 and in that process it was re-conceived and broadened to reflect a culturally diverse staff and student population. It is interesting that in

some measure it was the Chaplaincy's anti-homosexual practice that led to this outcome.

Moment Two

My second example is one that altered my life. Due to the limits of this paper, I am only providing a snapshot. Prior to my academic career I worked for the Theosophical Society (TS) for 13 years in Australia and India. This international organisation has three objectives:

First: to form a nucleus of the Universal Brotherhood of Humanity, without distinction of race, creed, sex, caste or colour.

Second: to encourage the study of comparative religion, philosophy and science.

Third: to investigate unexplained laws of nature and the powers latent in man. (*Theosophist*, 2004).

One of my roles as a member of the TS was to give lectures at theosophical gatherings. In 1992 I was an invited speaker to a convocation held at a Buddhist/TS centre in Medan, Indonesia. The visit was wonderful and my hosts, a Javanese couple, became good friends. Upon return to Australia I invited them to visit my home. In the wash of my invitation they were appraised of my male partner and I never heard from them again. To clarify my position within the TS, I wrote a letter to the international president, Mrs Radha Burnier. Since 1979 I had had a close relationship with Mrs Burnier. In her answer she wrote in part:

Sex, like hunger, is built into the physiological system by nature, for the survival and perpetuation of the species. In non-human life, these urges are fulfilled naturally. In the human being, the mind can make the natural urge into an ugly appetite, or sublimate it into an expression of real affection. But homosexual sex is different, because it is unrelated to the plan of nature for the perpetuation of the species (1992).

It was at this moment that I realised that the TS was institutionally homophobic and my position was untenable. I resigned. But out of that experience I was politicised in terms of my sexuality for the first time. I was inspired to take up a scholarly career, and wrote on the subject of homosexuality, Indonesia, Singapore and Australia as a means of understanding the complex web of self-deception I had fostered in myself about my sexuality. This event brought

my sexuality into sharp focus. I had to realise that I had marginalised my own sexual dignity.

In my view these examples draw out the intrinsic tension between the imperative of 'thinking queerly' - resisting definition - with the need to speak to, ethically intervene into, and activate against paranoid sexuality. The fragmentation of human sexuality is found at the intersection between the interior and the institutional. The way through this problematic is by invoking a contextual, principled exposure of paranoid sexuality.

Towards a principled exposure (homo)sexuality

My final meditation is to consider how concepts of belonging and identity are interwoven in the ways we are required to negotiate the power-laden complex of contemporary society. I realised I had not adequately responded to my interiorised feelings of marginalisation and exclusion based on sexuality. I had negotiated these feelings by placing them within a context of spiritual enquiry and that was the site of my identity and belonging at the time. Inexplicably, just as Colm Toibin relates in his book *Love in a Dark Time*, sexuality and race to me were second fiddle to the interest in spiritual life. But, I also felt in a similar tune to F.O. Matthiessen, who Toibin quotes:

My sexuality bothers me, feller, sometimes when it makes me aware of the falseness of my position in the world. And consciousness of my falseness seems to sap my confidence of power. Have I any right to live in a community that would so utterly disapprove of me if it knew the facts? I hate to hide when what I thrive on is absolute directness (2001, p. 12).

Similarly, when I review the facts of my life, I note sanguinely that my whiteness also deeply bothers me, often when it makes me aware of the compromises of belonging. The consciousness of my position as a contemporary Australian male, an academic, human rights and queer activist, seems to yield so strongly to the historical and contemporary structures of whiteness and heterosexuality that have caught and continue to catch myself and my family in the wake of the colonial reconstruction of the planet. I do often ask whether I have any right (or position) to speak on behalf of those who have suffered because they too have been marginalised on account of their race or

sexuality. I too, like Mathiessen, thrive on absolute directness.

That, to me, is the challenge that we now face, in the wake of the removal of homosexuality from the DSM. In this essay, I have tried to tease out the impact of the legitimation and validation of homosexuality that occurred in the early 1970s. I have made the point that there are in fact cultural pathologies of same sex relations that are organised both institutionally and subjectively. For me, this leads to questioning the possibility of ending the suffering that sexual apartheid brings. Paul Gilroy poignantly states:

The intellectual challenge defined here is that histories of suffering should not be allocated exclusively to their victims. If they were, the memory of the trauma would disappear as the living memory of it died away... This difficult stance challenges that unnamed group to witness sufferings that pass beyond the reach of words and, in so doing, to see how an understanding of one's own particularity or identity might be transformed as a result of a principled exposure to the claims of otherness (2000, pp. 114-115).

In summary, my struggle in finding a space in which to raise a 'principled exposure to the claims of otherness' subjectively and socio-politically can be provided through ethical intervention. That is, intervening and going beyond the limitations that pathologies of homosexuality proscribe. I agree with Enrique Iglesias, when he sings

We're strong. We're weak. We die. We're straight. We're gay. We're bi. We're black. We're white. But why? To tell the truth. We lie. We get so trapped inside. Our little lives. (2003).

Author Note

Baden Offord is a Senior Lecturer at Southern Cross University. His research focuses on human rights, the ethics of belonging and citizenship, and queer politics. He can be contacted via: rofford@scu.edu.au

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BOOK REVIEW

REVIEWED BY ADRIAN BOOTH

The Mental Health Professions and Homosexuality: International Perspectives. Edited by Vittorio Lingiardi, MD and Jack Drescher, MD. New York: The Haworth Press, 2003, 223 pp., ISBN: 0-7890-2059-9.

The book under review provides an historical overview of how the mental health profession across eight European and Asian countries considers homosexuality. The book, which is a special issue of the Journal of Gay and Lesbian Psychotherapy, is edited by Vittorio Lingiardi and Jack Drescher, notable authors, educators and practitioners in the areas of gender, psychoanalysis, and human sexuality. In the introduction Lingiardi and Drescher argue that understanding how homosexuality is viewed by psychiatry, psychoanalytical schools and mental health professionals in general has been lacking especially outside of the United States. Hence the contributions within the book are derived from other international perspectives by authors who were asked to provide responses to a variety of questions including:

- What the prevailing theoretical models on homosexuality are in their respective countries?
- What the actual clinical experiences are from gay and lesbian patients and clients?
- What is the status of openly gay and lesbian mental health professionals in their respective countries?

This 'global' call for information according to Lingiardi and Drescher became an example of international networking, sharing and contribution however the editors found that some countries, and infact some continents, were silent and in terms of the contributions that were received, had to make choices as to which became part of this fascinating and informative book.

The first part of the book comprises contributions from authors from Europe including Britain, Germany, Switzerland, Norway, Finland and Italy. Part two comprises contributions from China and India with the final part of the book including chapters from Gene Nakajima who provides information on an emerging international gay,

lesbian and bisexual movement that is challenging the view of homosexuality as pathological along with Ralph Roughton who is advocating for change toward non pathology within the International Psychoanalytical Association. The final section of the book is an interview with Paul Parin by Luisa Mantovani that is dedicated to Dr Fritz Morgenthaler (1919-1984), who is considered from a European perspective to be one of the early pioneers in psychoanalytic theorising of homosexuality as non pathological in nature.

The European section of the book provides a good overview of the historical and political treatment of homosexuality from mental health professionals particularly those trained in psychoanalysis. Of interest is not only the dominance of this discipline that promoted and maintained homosexuality as a pathological illness but also the non acceptance of gay and lesbian students of psychoanalysis who were refused entry to further training. It is true that the American Psychiatric Association in 1973 began to consider homosexuality as a normal variant of human sexual behaviour however this position was not officially accepted by the American Psychoanalytic Association until some twenty years later.

Daniel Twomey's chapter on *British Psychoanalytic Attitudes towards Homosexuality* describes well such barriers to training as do those chapters describing the German (Stakelbeck and Frank) and Swiss (Rauchfleisch) experience.

What I liked about this book is that it provides the reader with a good historical map of the political movements and its impact on homosexual behaviour such as the rise of the Nazi's who made article 175 of the German criminal code even more restrictive that led to "intentions" without the necessity of any accompanying homosexual act" (Stakelbeck and Frank, p, 25) a punishable offence. In Italy Capozzi and Lingiardi's chapter *Happy Italy? The Mediterranean Experience of Homosexuality, Psychoanalysis, and the Mental Health Professions* describes the impact of Catholicism and post war Marxism and the fact that social relationships in Italy are grounded in the practice of 'don't ask-don't tell' have been

influential in shaping Italian psychiatric and psychoanalytical perspectives on homosexuality.

The two chapters by Kjaer *Look to Norway? Gay Issues and Mental Health - Across the Atlantic Ocean* and Stalstrom and Nissinen's *Homosexuality in Finland: The Decline of Psychoanalysis' Illness Model of Homosexuality* provide an illuminating insight into how German academic psychiatry through works by Carl Westphal and Richard Von-Krafft-Ebing shaped Norway's early deliberations on homosexuality whilst in Finland it was the American school of psychoanalysis that seemed the more influential. Both countries now hold and promote a non pathological understanding of homosexuality. The European chapters also provides insights into the impact of gay liberation on mental health professional perspectives on homosexuality; the fight to remove psychiatric diagnostic criteria that promotes homosexuality as a disease and the promotion of research and available literature on issues that impact on gay, lesbian and bisexual individuals.

The second part of the book travels to China and India. Wu's *From "Long Yang" and "Dui Shi" to Tongzhi: Homosexuality in China* chapter describes how homosexuality in ancient China was fairly well tolerated but not necessarily accepted. China took on westernised 'pathological' viewpoints of homosexuality which "served as grounds for persecution during Chinese political upheavals between the 1950's and 1970's" (p.117). Wu describes how the removal of homosexuality in 2001 from the Chinese Classification of Mental Disorders has invigorated community action however argues that there is still much work to be done by the tongzhi (gay) community to achieve full civil rights. Parekh's article *Homosexuality in India: The Light at the End of the Tunnel* reminds us that the ancient Hindu civilisation was the first to give sexual pleasure a prominent place alongside other aspects of life. Most of us would have heard or infact looked at the Kama Sutra! Parekh argues that there is limited psychiatric and psychological literature in India on the subject of homosexuality so the chapter generally deals with theoretical models for understanding homosexuality in India as well as illustrating personal accounts of people who have seen mental health practitioners regarding their sexuality.

As described earlier the third part of book by Nakajima and Roughton provides an overview of the ongoing battle to reorientate traditional psychiatric and psychoanalytical schools away from viewing homosexuality as pathological in nature. Nakajima describes how the Association of Gay and Lesbian Psychiatrists have been active in their advocacy for change in depathologising homosexuality especially in Japan and China as well as attempts to change diagnostic criteria that continues to stigmatise homosexuality as a mental illness. Roughton's chapter *The International Psychoanalytical Association and Homosexuality* informs us that it was not until 1998 that the International Psychoanalytical Association started to address antihomosexual discrimination within its ranks even though gay people were excluded from societies and branches. Roughton's chapter provides evidence of change occurring albeit slowly within the largest psychoanalytical accreditation and regulating body.

In summary, I would recommend this book to anyone working in the mental health professions. The book is well laid out and historically engaging.

This is a most valuable book in contributing to the literature within mental health. I must admit on first reading I felt both angry and sad at the appalling treatment that gay, lesbian and bisexual people have experienced as part of their help seeking behaviours. This book provides a timely reminder that we (globally) have come a long way in improving the civil rights of gay, lesbian and bisexual individuals. However after reading this book I cannot help thinking that you will join me in saying there is still much to do.

Author Note

Adrian is a Clinical Lecturer in the Department of General Practice, University of Adelaide and also works for the South Australian Department of Health as a Chief Project Officer in the area of mental health promotion. Adrian's research interests include depression and psychological issues as experienced by gay men. He can be contacted at: O'Brien Street Practice, 17 O'Brien Street, Adelaide, South Australia, 5000, adrian.booth@health.sa.gov.au



BOOK REVIEW

REVIEWED BY JASMIN MILLER

Transgender Subjectivities: A Clinician's Guide.
Edited by Ubaldo Leli, MD & Jack Drescher, MD.
New York: Haworth Medical Press, 2004, 162 pp.,
ISBN: 0-7890-2576-0

Transgender Subjectivities: A Clinician's Guide by Ubaldo Leli and Jack Drescher is informative, honest, detailed and optimistic. As a person who has both personal and academic interest in the topic of transgenderism, I was impressed, enlightened and relieved by the very existence of such a text. This timely book demonstrates that a faction of the medical professional is beginning to respond to, and even welcome, the growing voice of transgender people in the clinical treatment of transgender clients. This text recognises the existence of a diversity of transgender experiences, identities and responses, and commends the growing awareness of gender-nonconformity within the mental health community. The authors discuss transgender identities as being distinct from other sexual minority identities and acknowledge the ignorance, discrimination, abuse and violence faced by many in society who cross-gender identify.

Through the publication of such a text, editors Leli and Drescher openly intend to correct what they see as 'an oversight' in the formal training of medical professionals. The book provides a guide to clinicians who may be treating transgender clients with little or no experience with the phenomenon. There has been a conscious effort to include transgender perspectives and narratives, which add validity and authenticity. The information within this book is not restricted to clinicians, but aims to inform other service providers and members of the public about the development and availability of treatments and choices to transgender people, and promotes recent advances in theory and practice.

With a topic as complex as transgenderism the challenge is to present a detailed, rather than simplistic, description of the phenomenon, while still capturing the attention of the reader. The book meets this challenge head on. There is a delightful balance in the first chapter of both humour and emotion, looking into the ambiguity and contradiction of what is described as 'a

journey across the sexes'. In fact, the first two chapters provide us with two individual peoples' personal journeys, signifying that the concept of subjectivities has indeed been taken seriously. These chapters set the scene beautifully, and through the employment of narratives are able to introduce important concepts that are later explored. Concepts such as; the challenging of traditional and modernist concepts of gender, the myriad of unpleasant emotions commonly experienced with strong cross-gender identification, the kinds of difficulties one may face while transitioning, and the importance of personal agency and self-determination in transgender peoples' lives. The unique assortment of authors involved and their differing orientation and experience to the subject matter is appealing, as each chapter explores a completely different aspect of transgenderism. An effort has been made to maintain consistency throughout the text, while offering the reader refreshingly diverse content and authorship. Sound research throughout the text also makes for a strong foundation.

Other topics covered within *Transgender Subjectivities: A Clinicians Guide* include; the 'new' Transgender Model vs the 'old' Transsexual Model, the social construction of gender identity, a fourteen stage model of cross-gender identification that starts from anxiety and works its way through to acceptance and pride, the possible sexual and /or erotic aspect to some peoples' cross-gender identity, ethnicity and transgenderism, the impact of early vs late/delayed cross-gender identification, an examination of guilt and its damaging affects, and the sensitive nature of parents disclosing their cross-gender identity to children. The last chapter involves a fond account of the life, friendship, achievements and perceived theoretical limitations of the pioneer of transsexual treatment himself, Dr Harry Benjamin.

The text discusses the environmental aspects (e.g. cultural, social, etc.) to the formation of gender identities, further emphasising the confronting and complex nature of human sexuality. Another strong theme within this book is the feelings of guilt, shame and denial that many transgender people communicate as having detrimental affects

(short-term and long-term) on their psyches', relationships, sense of agency, careers, health, and indeed, their identity as a whole. Transgenderism is described as an often traumatic and risky journey, but there is also the acknowledgement of there being a wealth of knowledge to be gained from such a journey of self discovery often labelled 'transitioning'.

Parallel to the concept of the individual's transition are discussions of a social, theoretical and professional transition pertaining to transgenderism. A new era in the treatment of transgenderism is announced and discussed in terms of positives and negatives for clients. This appears to signify, not only a change for transgender people (activists, academics, professionals), but an enormous change within psychiatry itself. By ending the book considering Harry Benjamin's pioneering but ultimately inflexible understanding of transgenderism, the book seems to be calling for us to open our minds and always continue to learn and develop our comprehension of this complex phenomenon. Instead of trying to prove biological or social explanations for cross-gender identities, the researchers within this text provide the reader with a valuable investigation into subjective experiences of transgenderism, assisting the future contact between clinicians and transgender clients.

Although *Transgender Subjectivities: A Clinician's Guide* is not an introductory text, it does complement other work on transgenderism (Bornstein; 1994, Bullough; 2000, Ekins & King; 1997, Epstein; 1990, Ettner; 1999, Hird; 2001, MacKenzie; 1994; Miller, 2005). By and large this text is intended for use by clinicians, but would be a useful resource for counsellors, social workers and other helping professionals. Transgender people may find many of the chapters refreshingly revealing, informative and liberating. By its very nature, the book embraces all who may be interested in transgenderism and commemorates the subjectivities/narratives of people in society who identify as transgendered.

Author Note

Jasmin Miller holds an honours degree in Social Work and her thesis investigated the potential for empowerment of transgender clients in the field of Social Work and other helping professions.

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BOOK REVIEW

REVIEWED BY DAMIEN W. RIGGS

Sperm Wars: The rights and wrongs of reproduction. Edited by Heather Grace Jones and Maggie Kirkman. Sydney: ABC Books, ISBN: 0 7333 1542 9, pp. 305.

Sperm Wars is an exciting new edited collection of chapters focusing on the current debates that surround IVF technologies, the use of IVF and donor sperm by single heterosexual women and single and coupled lesbians, norms around parenting and families, and the myths associated with sperm, masculinity and parenting more broadly. What makes this collection so interesting is its willingness to represent the many disparate positions that exist in regards to these issues without seeking to reduce them to one particular point of view. By comparison, most edited collections that I have read tend to present a fairly homogenous view of the topic area. Whilst in some instances this may be useful, the strength of *Sperm Wars* lies in its ability to draw attention to the problems that inhere to claims to generalities and universalities.

In regards to universalities, the book is at its strongest when it contests and examines the normative claims that circulate in Western societies in regards to parenting, masculinity, femininity and reproduction. This is keenly demonstrated in the chapter by Jones, wherein she insightfully draws attention to four key areas in the debates: 1) constructions of normative parenting, particularly in regards to lesbian and gay parents, 2) assumptions about motherhood and femininity that often inhere to feminist debates over IVF, 3) the role of men as fathers in sperm donation and IVF, and 4) the ways in which race and socioeconomic status mediate access to technology and representation.

As a response to the first point, Jones acknowledges that whilst it may be useful for lesbian mothers to prove their ability to parent 'as good as' (or better than) heterosexual mothers, this works to 'limit the range of identities available to mothers' (40). In other words, by claiming a location as mothers on par with heterosexual mothers, lesbians may well be "lock[ed]... into practices that they may prefer to resist" (41, See

also Riggs, 2005). This suggestion is intimately related to the second point in regards to

motherhood and femininity, and goes some ways to addressing some of the unanswered questions that arise in another chapter where Jones interviews Renate Klein. Klein is well known for her radical feminist analyses of the impositions that reproductive technologies make onto women's bodies. Klein's analysis, whilst making an important intervention into the power that such technologies hold over women under patriarchy, would appear to neglect the ways in which reproduction and motherhood have been socially constructed as mattering. Thus as Jones suggests, "there was nothing natural about the concept of reproduction prior to the new technologies" (37).

On the topic of men's roles as fathers, Jones suggests that debates around sperm donation, and ongoing contestations over the rights to either the identification or anonymity of sperm donors, may hold the potential for "rewriting the father [as] one option for advocating for the rights of children" (46). So much of the recent media focus on IVF and donor sperm has been on the suggestion that the potential for 'fatherless children' represents a great concern. In her chapter on the Re Patrick case, Fiona Kelly outlines some of the disastrous consequences that can result from a focus on 'the need for a father'. Whilst there is no simplistic answer to this debate, both Kelly and Jones demonstrate the fact that existing notions of fatherhood, paternity and parenting all serve to restrict the rights of children by (rein)forcing the centrality of the heterosexual family as the appropriate site for raising children. Other chapters in the book, particularly those written by donor fathers or men seeking to access reproductive technologies in order to have children of their own (e.g., 'Flynn' with McDonald, Lowe, and Varcoe), also explore some of the ways in which dominant discourses of fathering provide few templates for men who father children in ways other than through heterosexual intercourse (see also van Reyk, 2004 for an excellent discussion of this).

In relation to the fourth point raised in Jones' chapter, that of access, I believe this to be of central concern to issues of reproduction at every

level. In the example of lesbian and gay rights to reproductive technologies, or in regards to any woman's right to access donor sperm, it is of keen importance that we examine the ways in which race and socioeconomic status mediate access to such interventions. Thus it is not sufficient to debate these issues solely in relation to gender and sexuality. Rather, we need to look at how particular groups of people may be excluded from access *even if* rights are secured. Steinberg's (1997) work on reproductive technologies and eugenics is incisive on this matter, and it is heartening to see that other contributors to *Sperm Wars* have taken this issue up in a variety of ways (for example the introduction by Jones and Kirkman, as well as chapters by Sisley and Klein).

My only concern about the book is the possibility that exists when such an extremely wide range of viewpoints are given space: whilst this is of obvious importance in order to ensure adequate representation of multiple viewpoints, it also runs the risk of allowing those viewpoints that are hegemonic yet more space. One particular example of this is provided in the chapter by Muehleberg, wherein the author not only seeks to prove the importance of fathers in the raising of children, but he also does so by reinforcing the context of heterosexual parenting. Whilst the view point of heterosexual men is of course essential to debates over reproduction, the vast majority of us are no doubt (at times forcibly) aware of the opinions of heterosexual (often white, middle-class) men who seek to reassert the centrality of their role in parenting. Such viewpoints could, however, be tempered by including a critical response on the topics raised by such authors, or by encouraging either the author themselves to examine their own standpoints, or to employ a narrative tool (such as an editorial voice) to draw attention to some of the problems inherent to what may well be read as heterosexism.

Resistances to heterosexism otherwise shape a large part of the collection, which again is one of the book's strengths. These resistances are, importantly, not only written by lesbians or gay men, but are also written by heterosexual people who reflexively engage with their own privilege, and the importance of using this privilege to support the rights of same-sex attracted individuals. Writing as a medical practitioner, McNair outlines her own involvement as a political activist in relation to lesbian and gay parenting. Drawing upon narratives from lesbian and gay parents themselves, McNair draws attention to

some of the many systemic problems that lesbians and gay men face when seeking to start a family. Heterosexism is also implicitly interrogated in the chapter by 'Flynn' and McDonald on 'sperm washing', whereby 'Flynn's' status as an HIV positive man in a heterosexual relationship challenges the assumptions that often circulate about sexuality and HIV status. Such challenges encourage us to think about how discourses of sexuality, parenting and family interact, and the importance of being aware of these interactions in our advocacy (cf. Malone & Cleary, 2002).

Together, this collection of chapters draws significant attention to the ways in which "sperm have escaped from the missionary position into the cultural realm" (Mischewski, 6). Indeed, the book importantly demonstrates how sperm has always been a cultural artefact – the values attached to it and the meanings that masculinities and femininities derive from it have always been negotiated in specific social and historical contexts. Writings by parents through surrogacy (Maggie Kirkman in Introduction), donor conceived children (Alice Kirkman), and parents constituted through a combination of both (Lowe) draw attention to the historical contingency of discourses of parenting and families, and thus the potentialities that exist for renegotiating how we 'do family' (Stiles, 2002). The 'sperm wars', whilst constituting a fiercely contested public arena, also provide us with the opportunity to rethink how we engage in debates over parenting and families, and how we make use of or refuse reproductive technologies.

Author Note

Damien Riggs is the editor of the *Gay and Lesbian Issues and Psychology Review* and is currently also guest editing an issue of *Lesbian and Gay Psychology Review (BPS)* on LGBTI families and parenting.

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BOOK REVIEW

REVIEWED BY DAVID SEMP

Handbook of LGBT Issues in Community Mental Health. Edited by Ronald E. Hellman and Jack Drescher. New York: The Haworth Press, 2004, 176 pp., ISBN: 0-7890-2310-5.

This paper is a review of the *Handbook of LGBT Issues in Community Mental Health*, edited by Ronald E. Hellman and Jack Drescher. The book is unique in being the first to specifically address issues surrounding the provision of mental health services to lesbian, gay, bisexual and transgendered (LGBT) people within the public mental health service (PMHS). While there is considerable literature on the area of counselling and therapy with LGBT people, most of this is written within the context of private fee-for-service therapy contexts. In contrast, this book specifically explores the possibilities and difficulties in providing services to LGBT people, dealing with what are commonly referred to a 'serious mental illnesses', within public mental health systems. A number of authors in the book point to some particular vulnerabilities of this group of LGBT people. In addition to experiencing the dual stigma of minority gender or sexual identity, LGBT people in pmhs often have limited access to financial, familial and social resources. Accordingly, this book signals a welcome attention to an important and under explored area regarding the wellbeing of LGBT people.

Before commenting in more detail on the book I acknowledge my own and the book's contextual limitations. The book is written about services provided within the United States (US) and the authors do not appear to have considered research or practice in other countries. This limits the ability to generalise the services described and the strategies employed to develop them. For example, I am based in Aotearoa\New Zealand (NZ), where both the public mental health system and the political landscape differ considerably from the US. My current research into the experiences of men who have sex with men (msm), clients, and LGBT staff of pmhs (Semp, 2004a, 2004b), suggests that some of the issues for LGBT people in PHMS are different in NZ than those represented in this book.

Despite the cultural boundedness of the book, it has much to offer. The first three chapters provide an overview of the context of LGBT service provision in the US. The US has a fragmented PMHS in which LGBT people are generally invisible. Furthermore, the socio-political context means that LGBT people are not included in governmental policy or data collection. The few federally funded services for LGBT people are mainly for men, and are HIV related. In chapter three, Lukstead presents her research, using multiple sources, on gaps in pmhs for LGBT. Her findings are similar to a recent study in the UK (King et al., 2003) showing that in addition to anti-homosexual bias, the lack of any acknowledgment of sexuality issues is common in pmhs.

Much of the book provides accounts of the development and operation of services for LGBT people within PMHS. These accounts illustrate how many mental health workers (of all sexual identities) have worked collaboratively with LGBT clients to create innovative mental health services which are responsive to their needs. Within this the chapters contain interesting discussions of issues such as how to keep the language surrounding sexual and gender diversity inclusive, and how to work with the diversity within LGBT communities. Much comment is made on how this often requires the formation of networks and alliances, and the skilful negotiation of relationships with administrators, and local and national policy bodies. All except one of these accounts of services are based in New York or San Francisco (both cities with large and relatively visible LGBT communities). However, I imagine that many of the issues regarding the networking to develop services would indeed be relevant to other contexts. Included in the accounts of service provision are two case studies of work with individual clients. These illustrate the complexity for clients and staff in understanding how issues regarding sexual or gender minority status and mental health interact.

In addition to sharing an urban setting, another commonality in the reports concerns how LGBT services are situated in PMHS. All of the services discussed are either stand-alone LGBT specific programmes added on to mainstream services, or

stand alone LGBT services. None describe the integration of LGBT clients into existing mainstream services. One explanation for this is the wide circulation in the US of the equal rights discourse of homosexuality. This discourse posits lesbian, gay, bisexual, and transgender people as comprising ethnic-like groups with their own cultural practices and needs for association. This understanding may also be accentuated in the US where anti-homosexual and gender restrictive discourses are currently powerful.

Overall, the book achieves its objective to "profile the evolving status of mental health services in the public sector for LGBT individuals" within the US (Hellman & Drescher, 2004, p. 4). It does this by presenting chapters which cover national policy and research, the politics and perseverance needed to develop services, and the collaboration with LGBT clients which has produced innovative mental health services for LGBT people within the public mental health system. This is a very welcome addition to the literature on the wellbeing of LGBT people. The book also makes a clear call for more research in this area, one which is often neglected by PMHS and by LGBT communities. This call is important as LGBT people with serious mental health problems, and needing to use PMHS, are often those with little access to other financial, familial and community resources.

Author Note

David Semp is a Clinical Psychologist working within public mental health services (pmhs) in

Auckland, Aotearoa/New Zealand. He is currently doing a PhD on the discursive operations within pmhs for msm clients and for LGBT staff. He can be contacted by email: dsemp@ihug.co.nz

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CONFERENCE REPORT: CONFESSIONS OF A FIRST TIMER: HEALTH IN DIFFERENCE 5

MELANIE GLEITZMAN

The Fifth National Lesbian, Gay, Bisexual, Transgender and Queer Health Conference (Health in Difference 5) was held in Melbourne over three days in January 2005. Hosted by The Australian Research Centre in Sex, Health and Society from La Trobe University, the theme of the conference, *Separate and Together*, addressed the need for recognising the diversity among our varied communities, and the implication this diversity has for separate health needs, as well as the benefits of coming together to work on shared concerns.

This theme was reflected through three plenary sessions which explored different ways of coming to an understanding of community; the first with a multi-media presentation of LGBT health in history, another through conversations and dialogues between different age groups, and the final one which allowed conference members to process the experience of the conference by sharing thoughts, ideas and inspirations.

The conference theme was reflected also through workshops and individual presentations (numbering over eighty) that covered all manner of health issues relevant to LGBT communities. Organised into separate sessions for lesbian, gay men, youth, and transgender health issues, the majority of presentations dealt with topics you might expect at a health conference (e.g., HIV/AIDS, parenting, youth wellbeing, ageing; policy, health services). In addition, broader psychological and sociological issues were well represented; with sessions on topics such as Indigenous sexualities, homophobia in schools and in rural communities, bisexual in/visibility, notions of community, and transgender identity, to name a few.

With a conference of this size and many sessions running in parallel it was not possible to get to everything. As well as participating in a workshop on lesbian health research methods and giving my own paper on the how lesbians and gay men perceive and stereotype each other, I attempted to sample across the range of presentations on offer. My strategy of choosing topics outside my area of expertise took me to some interesting sessions (including Sue O'Sullivan's light-hearted

look at the history of dildos, and Damien Riggs' intriguing discourse on barebacking practices).

The conference also brought together three exceptional guest speakers: Georgina Beyer, Michael Kelly and Margarethe Cammermeyer. A native of New Zealand, Georgina Beyer became the first transsexual Mayor in the world in 1995, and went on to be elected to the New Zealand parliament in 1999. Her fight for and representation of LGBT rights in government has been instrumental in influencing the 2004 passing of the Civil Union Bill in New Zealand, which gives same-sex couples the right to formalise their relationship. Michael Kelly is a spiritual activist whose career in Catholic education was abruptly ended in 1993 when he 'came out' publicly as gay. He has since been active in the Rainbow Sash Movement which challenges the Catholic Church's position on homosexuality.

Retired US Army Colonel Grethe Cammermeyer's story is most well known through her autobiography *Serving in Silence* and the film of the same name. After a long and distinguished career in the US military, Grethe was dismissed in 1989 by the army for declaring herself a lesbian during an interview for top-secret military clearance. Through the US courts, she challenged her dismissal and the military ban on homosexuals. Though not without personal costs, her fight for justice triumphed, with the courts eventually ruling the military's anti-homosexual policy as unconstitutional. In 1994 she was reinstated to her former position as Chief Nurse in the National Guard, and in 1997 retired with full military privileges, having achieved the rank of colonel after 31 years of dedicated service.

The three speakers recounted their own extraordinary life stories in the public event session, 'Health Acts – coming out personally, publicly and politically'. This session was the conference highlight for me. All three speakers were inspirational and entertaining, and told their stories with passion, grace and warmth. The prevailing message from them, of remaining true to oneself in the face of institutionalised opposition (as represented by the state, the church and the

military, respectively), clearly resonated with the audience. Such remarkable examples of the triumph of the queer spirit made for an uplifting end to the conference.

Overall Health in Difference 5 achieved its aim of providing an opportunity for LGBT health workers, researchers and other interested parties to be "stimulated, energized, revitalised, challenged, supported in creative and innovative ways". In particular, I enjoyed the fact that the conference included both qualitative and quantitative papers, along with personal narratives and large population studies, providing a diverse range of methodologies and modes of enquiry.

The conference organisers and student volunteers did a fantastic job of making sure the conference was well organised and ran smoothly. Of course the all important part of the conference, the catering, received mixed reactions. The food was fine, but most of us were surprised that in a city such as Melbourne, the caterers did not provide *real* coffee. The venue – Telstra Dome – was functional, but not particularly friendly. Ironically, socialising with other conference members was accomplished by sitting in the rows of plastic seats overlooking the pristine footy field, creating a bizarre juxtaposition of today's queer warriors sitting amidst the ghosts of footy games past. I kept being reminded of Justice Kirby's comment at the 2002 Gay Games about how he never imagined being publicly out at Aussie Stadium, on the hallowed grounds of a footy field.

What did I take away with me from the conference? Having done the psychology conference circuit for many years, this was my first time at a queer health conference, and I had a great time. It was refreshing to be amongst a wonderfully diverse group of people, who despite having separate agendas, created a real sense of togetherness and community. As a researcher in LGBT psychology, I found many of the papers to be relevant and of interest and recommend anyone interested to attend Health in Difference 6 in 2007.

What I also took away with me from Health in Difference 5 was a strong sense of needing to

define LGBT psychology. The broad range of topics included in the conference suggests that much of LGBT experience comes under the umbrella term of 'health'. If this is the case, where does this leave psychology? Which brings me to my final question - is it time for us to organise our own LGBT psychology conference, in its own right? A LGBT dedicated psychology conference would be a wonderful opportunity to find our voice. While including LGBT issues as part of the larger APS conference has the advantage of exposing these issues to the mainstream audience, an add-on symposium brings with it the inherent risks of tokenism and marginalisation.

Our voices are diverse, and some of them question the very nature of academic (mainstream) psychology. Being the lone lesbian or gay researcher within a mainstream academic department can be an isolating and demoralising experience. Attending a LGBT conference would be a great way to feel part of a larger queer community, one that is both vibrant and active. And to be reminded that the work we do as LGBT researchers is neither trivial nor lightweight.

Author Note

Melanie Gleitzman has a PhD in psychology. She is a lecturer in the School of Psychology, University of NSW, where she teaches numerous data analysis and research methodology courses, and balances this with a lesbian and gay psychology honours elective. Her research interests include coming-out/being-out processes; challenging homophobia; and lesbian and gay stereotyping from within LGBT communities as well as from mainstream society. Address: School of Psychology, University of NSW, Sydney, NSW, 2052. Email: M.Gleitzman@unsw.edu.au

CALL FOR CONTRIBUTIONS

Special Issue of *Lesbian & Gay Psychology Review*

LGBTI parenting and families

Guest Editor: Damien Riggs

- * What shapes do queer families take?
- * What does it mean to be a LGBTI parent?
- * How do we develop new ways of relating to the children we care for?
- * Who can be 'a parent'? How does the term limit or make possible our experiences?
- * What is the relationship between theory and practice in regards to LGBTI parents?
- * Names, terminology and frameworks: How do we talk about and understand our (queer) families?
- * Can psychology contribute to our understanding of LGBTI parents and families?
- * What challenges do LGBTI parents and families present to the discipline (both theory and practice) of psychology?
- * What if we don't choose family: Are there limits to the concept and its location within heterosexist histories?
- * How do concepts such as 'understanding family as a verb' resist traditional narratives of families and parenting?

The guest editor invites research and theoretical articles (maximum 6000 words) and short commentaries and 'opinion pieces' (maximum 1500 words), which address these questions, particularly as they pertain to the multiple familial and parenting arrangements that LGBTI individuals are involved in. This may be as parents, as children, as carers, as families of origin, through supportive networks and extended familial relations, through 'biology', through partnership, through choice, through politics. All article submissions will be peer-reviewed and commentaries will be reviewed by the Guest Editor and the Editor of *Lesbian & Gay Psychology Review*.

The deadline for submissions is 1 August 2005. Informal enquiries and submissions should be sent to (preferably via email):

Damien Riggs
Department of Psychology
The University of Adelaide
South Australia
5005
damien.riggs@adelaide.edu.au

CALL FOR CONTRIBUTIONS

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

GLBTI Ageing

Edited by Jo Harrison and Damien Riggs

This special issue of the Review, to be published in August 2006, will focus on issues of GLBTI ageing. Some topic areas that may be appropriate for the issue include:

- *What does ageing mean to GLBTI people from different age cohorts?
- *Are there particular concerns which impact on GLBTI people in relation to ageing, in addition to those which impact on heterosexual people?
- *How has psychology addressed GLBTI ageing to date? Is there potential for psychology to address relevant concerns – in clinical practice, in research, in other arenas?
- *How can/do theories of ageing and GLBTI/queer experience inform ageing research and action?
- *How do homophobia/transphobia and discrimination impact on GLBTI experiences of ageing?
- *In what way does ageism impact on GLBTI older people?
- *What are the experiences and needs of those providing informal care for older GLBTI people?
- *What are the attitudes, experiences and concerns of those providing clinical or other direct services to GLBTI older people?
- *How do matters of invisibility and life histories impact on the GLBTI ageing experience?
- *How have activists responded to GLBTI ageing concerns in Australia and/or overseas?
- *Are there useful models for the provision of clinical interventions, community services, advocacy, education, policy and law reform around GLBTI ageing?
- *How do GLBTI support networks and community organizations address ageing issues?

The special issue editors invite research and theoretical articles (maximum 3000 words) and short commentaries and 'opinion pieces' (maximum 1500 words) which address these questions. In particular, papers are called for that draw out the strengths and weaknesses of psychology in relation to GLBTI individuals and ageing. 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 15th May 2006. Please contact the journal Editor if this deadline needs to be negotiated. Informal enquiries and submissions should be sent to (preferably via email):

Damien Riggs
Department of Psychology
The University of Adelaide
South Australia
5005
damien.riggs@adelaide.edu.au

Jerusalem WorldPride

David Denborough

Editor of the book 'Queer Counselling & Narrative Practice', Dulwich Centre Publications, 2002
Australian Ambassador for WorldPride

Have you ever wanted to participate in a life-changing event? Here's the opportunity. In August, WorldPride is to take place in Jerusalem!

Visiting Jerusalem at any time is extraordinary. I have had the pleasure of walking through the streets of the old city many times, and each visit changes the way in which I see the world. The stones of old Jerusalem have witnessed events that continue to shape so many lives. Wandering past the church which is built on the site where Christ was crucified, or past the wailing wall where orthodox Jews are praying, or visiting the Dome of the Rock, the third most holy site for Muslims, can be breathtaking.

Now, this holy city is to become the site of a different ritual, WorldPride. It is no coincidence why Jerusalem has been chosen. WorldPride will bring a new focus to an ancient city. In these times of intolerance, in the home of three of the world's great religions, Jerusalem WorldPride will gather Israelis, Palestinians and people from all over the world to bring a message that is needed throughout the Middle East and beyond: that human rights transcend cultural and ethnic boundaries, that our differences can be respected peacefully, and that our love knows no borders.

Like most cities, there is a queer history in Jerusalem that needs acknowledging. For the last eight years a non-profit agency *Jerusalem Open House* has been providing services to the local LGBT community and in the space of a few years has become one of the Middle East's leading queer services and advocacy organizations. The Open House provides services for secular and religious Jews as well as for Arabs. It is one of the few places in Israeli society where such a diversity of people meet together.

Jerusalem has already seen three successful and peaceful pride events, attended by thousands. Now it is time for something more. WorldPride has only ever been held once before. The first WorldPride, Rome 2000, brought to the heart of Europe, and indeed to the Pope's doorstep, the message that queer folk are – and always have been – a vital part of humanity. Now it is time to build upon this message and to bring it to a new and even more challenging frontier. It is time to demonstrate to the world, not only that we belong, but that our love and our pride can cross the harshest borders that divide people.

In August a 10-day festival will take place, the likes of which Jerusalem and the Middle East have never before seen. The calendar of events is designed for participants with a wide variety of backgrounds and interests! It will include parties of every shape and size, concerts, theatre, a film festival, a conference for GLBT clergy, another for academics on religion and homosexuality, GLBT marriage rights celebrations, workshops on lesbian, gay, queer social and cultural issues, opportunities to attend religious services, events for queer clergy, and the WorldPride Parade, Street Fair and Rally where we will make our most public and visible statement of pride and unity. Whether you are atheist (like me), or someone for whom the stories of Jerusalem have even greater meaning, this promises to be a queer event like no other.

When people have been trying for thousands of years to describe the magic of Jerusalem, I can't hope to convey it adequately in these words. Nor can I do justice to the extraordinary work of Jerusalem Open House. All I can say is that I hope to see you in at WorldPride in August.

For more Information:

WorldPride is planned as a 10-day festival spanning 2 weekends, August 18-28, 2005. Information is already available online at www.worldpride.net (in English, Arabic, Hebrew, French, German, Italian, Spanish, Portuguese, and Russian). For more information, including travel information, group rates and special packages, please email info@worldpride.net. If you would like to get involved locally in getting the word out about this event, please email australia@worldpride.net

Gay and Lesbian Issues and Psychology Review

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

- Empirical articles (2500 word max)
- Theoretical pieces
- Commentary on LGBTI issues and psychology
- Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

- Conference reports/conference abstracts
- Practitioner's reports/field notes
- Political/media style reports of relevant issues
- Book reviews (please contact the Editor for a list of books available & review guidelines)
- Promotional material for LGBT relevant issues

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

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

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

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

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

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

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology: 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 12 points, author bold 11 points (with footnote including affiliation/address), abstract italicised 10 points left aligned, article text 10 points left aligned. 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

