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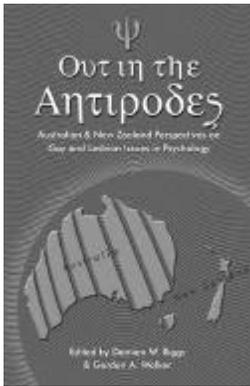
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**BOOK REVIEWS**


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**Out in the Antipodes: Australian and New Zealand Perspectives on Gay and Lesbian Issues in Psychology**, Damian W. Riggs and Gordon A. Walker (Eds.). Brightfire Press, 2004.

True to its title, *Out in the Antipodes* comes from clinicians and researchers in Australian and New Zealand. As the editors note, “antipodes” refers to a country on the other side of the globe, or anything that is opposite or contrary. But on the other side of the globe from where? Opposite or contrary to what? *Exactly!* These words describe relationships, not absolutes. The book’s theme is that culture sponsors psychology, and language sponsors categorization. (Except for some German in Rogers and Booth’s history chapter, “language” means “English.”) Gay and lesbian psychology, then, is not about gay and lesbian people, but rather about categorizing sexuality.

As Harwood and Rasmussen observe in their chapter on essentialism, even in examining “gay and lesbian issues,” one assumes that sexual orientation provides a division among “issues.” When sexuality or gender is assigned a single, unchanging nature, the intention is often better than the outcome. Cass, too, rejects essentialism in her description of gay, lesbian, and bisexual identity development. She argues that the “coming-out story” (the subject of Jansen’s chapter) is a local symbol rather than a universal archetype. Her model relies on reciprocal interaction (the relationship between individuals and their environments), although people may use the Western ideal of personal growth to characterize their own development.

Boldero’s chapter on attitudes toward safe sex among gay Asian-Australian men details a cross-cultural conflict of categories. Her participants described the near impossibility of identifying both as gay and as Asian, as they felt pressured by each community to silence their membership in the other. Moreover, access to safe-sex resources came at the price of their Asian heritage.

Ironically, other chapters are clouded by language and categories—their very subjects. The editors state that they are gay men, that most research on sexual orientation in Australia and New Zealand concerns gay men, and that this inclusively-titled book is, well, mostly about gay men. Of sixteen chapters, two are about women, seven are about men, and seven are about both. Hillier, de Visser, Kavanagh, and McNair propose that heterocentrism accounts both for the omission of sexual orientation in population-based substance use research, and the differences in use they found between heterosexual and non-heterosexual women. The lesbian women interviewed by MacBride-Stewart knew much more about condoms than about dental dams; and MacBride-Stewart wonders why heterosexual people seem the least informed about dental dams. After all, she notes, lesbian women do not have a monopoly on cunnilingus.

To be fair, some of the men-only chapters cannot include women, such as van Reyk’s and Violi’s chapters on fathering and Power and Fallon’s chapter on gay Catholic priests. But on the other hand, Adams, Braun, and McCreanor uncover medical attitudes toward gay men in policy statements that combine gay men and lesbian women. Higgins uses the gender-neutral language of internalized homophobia to explain why gay men marry women, but he ignores lesbian women who marry men.

Semp’s Foucauldian discourse analysis of interviews with public mental health service employees should be very approachable to readers familiar with Foucault’s work. The others (including yours truly) should be able to define “discourse” with context clues, but there are no hints for “Foucauldian analysis.” As elsewhere, the focus on gay male clients is often odd, such as when Semp finds attitudes toward this population in lesbian clinicians’ statements about coming out at work.

Booth and Rogers’ chapter on gay-affirmative practice is comprehensive in its scope, but its audience seems limited. For example, therapists are advised first to become comfortable with their own same-sex attractions—which assumes that same-sex attractions cause discomfort, and that everyone has them. These days, the former is difficult to dispute. But the latter ignores people who are not attracted at all to their same sex—including people who aren’t attracted to either sex. The implications for multicultural competence are enormous if work with oppressed individuals relies on therapists’ own experiences of these same oppressions.

Kane’s chapter encapsulates many common fears of same-sex-attracted therapists. Kane never mentioned his partner’s gender to a client until one fateful session, when he forgot to censor himself. Kane’s “accident” prompted his client to start his own coming-out process, but it also set Kane worrying about the smallness of the local gay community. His honest account is an excellent read for those in any small community.

A wise person once said to me that the job of a therapist is to render oneself unnecessary. The paradox of works like *Out in the Antipodes* is that they push for sexual orientation to become a non-issue, while pointing out all the ways it *is* an issue. Until sexual categories render themselves useless, there are choices to be made about categorizing. In these choices lie both the promise and the shortfalls of *Out in the Antipodes*.

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