

A Poststructural Analysis of the Health and Wellbeing of Young Lesbian Identified Women in New Zealand.

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ABSTRACT

New Zealand is regarded internationally as a forerunner in the recognition of gay rights. Despite the wide circulation of discourses of gay rights and equality, research shows that young women who identify as lesbian continue to be marginalised by society, which constrains their health and wellbeing. This study was an inquiry into the health and wellbeing of young lesbians in New Zealand, from a poststructural feminist perspective. It posed the research question: what are the discourses in play in relation to the health and wellbeing of young lesbian identified women in New Zealand?

The methodology employed was a poststructural feminist discourse analysis, drawing on the philosopher Michel Foucault's concepts of genealogy and the history of the present. Interviews with young lesbians were conducted in 2012 amid public debate around same-sex marriage. Historical data sources were the extant texts *Broadsheet*, a feminist periodical with strong health and wellbeing emphasis, and *Hansard*, a record of New Zealand parliamentary debate. Issues of these publications were selected from the early 1970s, during which the second wave feminist movement emerged, and the mid-1980s when the campaign for Homosexual Law Reform took place in New Zealand.

The discourse analysis made visible the production of multiple 'truths' of young lesbian health and wellbeing. Young lesbian participants were able to position themselves as legitimate subjects endorsed by psychological and biomedical scientific communities, and as lesbian wives and mothers. Queer discourse enabled the refutation of fixed modes of sexual and gender identity. The findings also showed that young lesbians continued to be subject to heteronormative and patriarchal discourses, which legitimised their marginalisation, exclusion, and victimisation, and restricted the spaces in which they could feel safe. Further, the ability of the participants to challenge the effects of heteronormative and patriarchal discourses on their wellbeing was limited by dominant psychological and healthy lifestyles discourses, which produced them as individualised subjects of neoliberal responsibility.

Findings also pointed to a restriction of possibilities for young lesbian health and wellbeing in New Zealand. The publically and legally sanctioned availability of lesbian marriage seemed to have pushed lesbian relationships further under the rubric of 'the family'. *Broadsheet* magazine in the early 1970s, and mid-1980s was a surface of

emergence for alternative discourses of lesbianism such as radical feminism to circulate. Radical feminist discourse problematised heterosexuality and its institutions of marriage and the family, and created space for lesbian community development and a political lesbianism to emerge. Through radical feminist discourse, compulsory heterosexuality could be articulated as a women's health issue.

Addressing the issue of narrowing lesbian possibilities involves supporting young women to creatively expand the range of possible lesbian spaces and selves that are available to them. The rethinking of practices of radical lesbian space-making may facilitate the production and circulation of alternative discourses on lesbianism. Important possibilities for lesbian health may be found in societal health and wellbeing discourses which challenge the notion of individual responsibility, foregrounding analysis of heteropatriarchy, as well as governmental and social responsibility for effecting change.

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature:

A handwritten signature in black ink, appearing to read 'P. Redfern'.

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CHAPTER ONE: INTRODUCTION

The very act of looking for each other transforms us. It signs us on to adventures in strange territory. It obliges us to confront unknowns. Looking for Lesbians is demanding... finding the Lesbians is a challenge and a dare (Dobkin, 1990, p. 2).

1.1. A sense of lesbian possibilities

Possibilities for being ‘young’, ‘lesbian’, and ‘well’ have been personal to me. As a young woman I have identified as both heterosexual and as lesbian. I have therefore positioned myself and been positioned within discourses of heterosexuality as well as available discourses of lesbianism. I consider myself fortunate in that my life experience has provided me with glimpses of a multiplicity of lesbian possibilities and practices, and this is what has sparked my interest in exploring the topic of young lesbian health and wellbeing. I believe this has also allowed me to take up a position of scepticism around scholarship seeking to catalogue, describe or treat ‘lesbians’ as a coherent group, and the lesbian person as a static reality whose tendencies, thoughts and potential can be known, approximated and dealt with in any straightforward sense.

My earliest memories of coming into contact with the notion of being ‘lesbian’ are in the primary school playground in a rural New Zealand space in the early 1990s. Calling girls a ‘lezzie’ was a discursive practice that regulated female friendships, censoring behaviours such as holding hands and sharing secrets. I came to know quite personally, that being positioned in this way allowed girls to be teased and excluded from play. The construction of being lesbian as abnormal, unhealthy and dirty, dominated my school environs. Constraints around lesbian identity operated on students and teachers alike. Teachers left their jobs, but lesbianism continued to be a hot topic of discussion. It became clear to me that lesbian identity was seen as both a curiosity, and a dangerous influence for young women.

In my lifetime, a discourse of gay rights provided a framework for me to help make sense of identifying as lesbian in New Zealand. I became aware of different possibilities for how young women may construct their lesbian identities. Foucault theorised that discourses are made up of practices which construct the objects of which they speak (Foucault, 1972). I came into contact with an older lesbian couple whose openness about their relationship and feminism exposed me to radical feminist practices of lesbian identity. I was, and continue to be enchanted, excited and inspired by the radical lesbian

assertions of lesbian space, and a collective struggle against patriarchal limits around women's wellbeing. I came into contact with a different way of speaking among some women of my generation which constructed identifying as lesbian as peripheral to the 'main business' of their lives, an incidental characteristic rather more like eye colour than a mode of being.

Laurie commented that through 1970s feminism, women were able to access independent financial means and housing, which became the conditions of possibility for women to "make lesbianism the organizing principle of their lives" (Laurie, 2003, p. 3). I was struck by the idea of lesbian identity as a feminist "organising principle" for life, what that might have entailed in the 1970s, and whether and how this notion could be articulated by younger women today. I became aware of another dominant construction of lesbian identity as being 'born this way', which did not fit with my personal experience. I have never felt that I was 'born' lesbian, but instead became lesbian-identified/aligned in reference to a range of possibilities offered to me by the society in which I live, particularly a radical feminist infused sense of woman-identification. Inspired by the 1990s empowering music for women and the gay community, pop phenomenon Lady Gaga explained that her song "Born This Way" was a 'freedom song'. Taken up as an anthem of the gay community in my lifetime, the biological connotations and limitations of possibilities for change sat uneasily within my self-concept. I became suspicious of the notion of tolerance of natural diversity and began to read more opinions on the topic, for example the notion that:

You can't legislate tolerance... In the eyes of the law and the Government, LGBTs in New Zealand are in a good place compared with most other countries. When you live in a major city like Auckland or Wellington, it's also easy to fall under the impression that society-at-large also accepts you. But that doesn't mean to say you won't have the slur of "faggot" hurled at you from a moving car (Suckling, 2015).

1.2. Querying the limits of lesbian health and wellbeing in New Zealand

New Zealand is regarded internationally as a forerunner in terms of political gains in 'gay rights'. The past forty years has seen intense and rapid transformation in the legal and social situation of gay people in New Zealand. Since the Homosexual Law Reform Act was passed in 1986, legalising consensual sex between men aged 16 and older, the Human Rights Act (1993) and the New Zealand Bill of Rights Act (1990) have outlawed discrimination based on sexual orientation. New Zealand's first openly gay Member of

Parliament, Chris Carter, was elected in 1993, and Georgina Beyer became the world's first transgender mayor of Carterton in 1995. Commensurate state recognition and protection of lesbian and heterosexual intimate relationships has taken place with the Civil Union Act (2004) and the Marriage (Definition of Marriage) Amendment Act (2013). Official rhetoric is replete with notions of 'equality' and 'tolerance' of 'diversity' (Waring, 2011).

As Suckling (2015) alludes to above, since the Civil Union legislation, a public perception that New Zealand society was now much more accepting towards lesbians emerged. Guides to travel in New Zealand mention prominent LGBT communities, progressive laws protecting human rights, and "relaxed and accepting" attitudes particularly in urban spaces (Lonley Planet, 2016). These kinds of assumptions are also encapsulated in the recent "It Gets Better" campaign operating from the U.S and internationally. Its goal is to prevent suicide among non-heterosexual youth by having gay adults convey the message that society will accept them (It Gets Better Project, 2016).

Despite the discourses of gay rights and equality and the legitimacy offered by narratives of being 'born' a lesbian, research shows that women who self-identify as lesbian continue to be marginalised by society. Such marginalisation contributes to lesbian women's lower levels of health and wellbeing and a higher uptake of behaviours that are injurious to health and wellbeing. For example, New Zealand and international evidence demonstrates that compared to the heterosexual population, lesbians experience: higher rates of self-harm and suicide, physical and verbal assault, bullying and victimisation, depression, alcohol, tobacco and other drug use, as well as more workplace discrimination and impediments to career progression (Associate Minister of Health, 2006; Henrickson, 2008; Ministry of Social Development, 2006).

Shortly before I embarked on my PhD journey, I came into contact with media reports of longitudinal research, originating from a positivist framework of knowledge production, headlined that 'abused children are more likely to be gay' (Todd, 2010). The results had been produced from the New Zealand Mental Health Survey, which surveyed almost 13,000 people over the age of 16 between 2003 and 2004. Researchers found that the more 'adverse events' experienced in childhood, including sexual assault, rape and domestic violence, the more likely the person identified with one of the non-exclusively heterosexual groups. The media reported the researchers' comment that "One possibility

is that [non-heterosexual identity] basically comes from the sexual assault or rape and that makes people think about having sex with someone of the same sex" (Todd, 2010).

I saw the headline and questioned, could the process of identifying as lesbian or having that identity imposed, make the experience or disclosure of abuse more possible? It seemed likely to me that the meaning of this correlation between abuse and identifying as lesbian would be different in the context of different women's lives. The representation of queer youth as "at risk" has been criticised as limiting (Savin-Williams, 2005). I wanted to speak to the implications of identifying as lesbian on possibilities for health and wellbeing in young women's lives. I came to query, how are young lesbians negotiating common and competing ways of understanding their experience as young lesbian women in New Zealand? Researchers Kitzinger and Coyle (2002) comment that this kind of disaggregation is important in extending understanding beyond averages and correlations to explore and address the full range of health needs and concerns of all women in the context of their lives.

My interest in the use of poststructuralist notions for my thesis came from an interest in the wellbeing of other young women like myself who identify as lesbian in some facet of their lives. I wished to complicate the notion that life always 'gets better' for them. I wanted to trouble the notion of innate sexuality, and the primacy of 'gay rights' in thinking about lesbian health and wellbeing issues, as key assumptions that could benefit from further unpacking so as to determine whether alternative discourses may offer other possibilities for lesbian health and wellbeing.

There is a growing body of literature articulating how an analysis of heteronormativity or the mundane everyday ways in which heterosexuality is taken for granted as the norm and natural expression, is vital in attempting to theorise lesbian subjectivity, health and wellbeing (e.g. Barnard, 2004; Kaminski, 2000; Kitzinger, 2005). And that the constant negotiation and struggle with such dominant constructions and narratives, as well as assumptions about sexuality, actually represents a health risk for women. I began to see that persistent and untroubled reproduction of a taken-for-granted heteronormative world both reflects heterosexual privilege and (by extrapolation) could perpetuate the oppression of non-heterosexual people who are denied access to health and wellbeing within their culture's reference terms.

1.3. A poststructural feminist approach to young lesbian health and wellbeing

Given the experiences and questions I had, I held with Vicinius (1996) that “We cannot assume any coherent or unified lesbian experience when we recognise the diversity of definitions and experiences of lesbians” (p. 12). I therefore sought to conduct an inquiry that could be part of an approach to health and wellbeing that is open to theoretical pluralism. This involved acknowledging multiple perspectives, and encouraging holistic and multidisciplinary activities to improve the health of groups experiencing social discrimination (Hammarström, 1999). I chose to open up the topic of young lesbian health and wellbeing in New Zealand for analysis from a particular philosophical perspective: that of feminist poststructuralist thought drawing on key concepts from the work of the philosopher Michel Foucault.

Poststructural accounts hold that all explanations of lesbian health draw on knowledges that are historically and culturally located. This includes the ways in which we have come to think of ourselves as persons of particular sexual identity and as possessing certain kinds of health and wellbeing. The approach encourages inquiry into the ways that power operates to open up and close down particular ways of being a young lesbian woman at particular times. The ‘truth’ of lesbian health must therefore be relative, contested, and multiple. Rules of determining ‘the truth’ are found in discourse, systems of knowledge and thought, which can lodge in dominant power structures e.g. scientific theory.

For example, the pervasiveness of scientifically produced knowledge in the modern Western mind has influenced a sexological model of sexuality. Evolution and biologically-based theory infuses our understandings of sex as essentially reproductive in order to create our particular understandings of the ‘naturalness’ of sex (Gavey, 2005; Tiefer, 2000). This model promotes ‘truths’ about the universality of human experience, biology, health, the body and sex differences. As well as producing sexuality as a universal and natural force, as connected with hormones, and their impact on the differences between the needs and desires of men and women and ideas about how these play out.

Taking a critical distance from common sense ways of thinking has the potential to open up new ways of thinking that could offer additional possibilities for young lesbian women. The historical operation of discourses and their structuring in relation to each other are what form and shape both possibilities for and constraints on young lesbian

health and wellbeing. My research question became: What are the discourses in play in relation to the health and wellbeing of young lesbian identified women in New Zealand?

There have been no poststructural feminist studies of the situation of young lesbian health and wellbeing in the New Zealand context to date. Researchers have also noted a lack of attention to the ways in which identifying as lesbian may carry implications for health behaviours and ideas, complicating the relationships between research, practice and health outcomes (MacBride-Stewart, 2007b; Power, McNair, & Carr, 2009). Lather (2009) notes that while problematic from a purely Foucauldian perspective, the notion that there are multiple voices in our communities which need to be heard can be taken up through the explication and acknowledgement of subjugated knowledges. For example, Spivak (1988) both encouraged and also critiqued efforts to locate and re-establish a 'voice' or collective locus of agency in postcolonial India. Ultimately, it is this 'both... and' approach to providing space for voices to be heard while also offering poststructural analysis that has attracted me to feminist poststructuralism over a purely Foucauldian lens.

Finding Lesbians constructs a universe in which we, for once, are central and crucial... Finding the Lesbians is good for us and good for women (Dobkin, 1990, p. 5).

1.4. Thesis outline

This study is an inquiry into young lesbian health and wellbeing in New Zealand, from a poststructural feminist perspective. I have sought to explore the possibilities for lesbian health as historically contingent, with an eye to expanding these possibilities. In Chapter Two, I provide a discussion of the Foucauldian and poststructural feminist methodological underpinnings of this inquiry, and how they have shaped the way it has taken place. In Chapter Three I present my analysis of young lesbian health and wellbeing as a contested phenomenon within historical, sociological and health literature spaces, offering critique of the constraints and possibilities offered by the lesbian subject positions that have been produced. Chapter Four contains my analysis of the discourses of lesbian health and wellbeing present within issues of the feminist periodical *Broadsheet* magazine published in the early 1970s. I have described the conditions of possibility for lesbian subject positions and practices that were enabled and constrained by discourse operating in that space at that time. In Chapter Five I focus on the discourses of sexuality, health and wellbeing that were available to lesbian women in selected spaces

during the period of Homosexual Law Reform (HLR) in New Zealand 1985-1986. I analyse the *Hansard* record of parliamentary debate as well as issues of *Broadsheet* magazine. Chapters Six and Seven detail the particular subject positions and practices that young lesbian identified women who were interviewed for the study in 2012 took up. I focus on the discursive practices that produced their lesbian sexualities and health and wellbeing. Chapter Eight draws my findings together as a history of the present, using a poststructural feminist lens. I show how the underlying circumstances of lesbian health and wellbeing have shifted and changed in a way that permits us to question the assumptions on which our current practices and understandings rest, and explore what else may be possible.

CHAPTER TWO: METHODOLOGICAL UNDERPINNINGS AND METHODS

2.1. Introduction

Poststructuralism and feminism are two of the most influential political and cultural movements of the late twentieth century. I position my thesis within feminist poststructuralism, drawing on key concepts developed by the philosopher Michel Foucault as well as aspects of his genealogical methodology. The aim of poststructural feminist writers has been to offer analyses that explore the complexity of power relations that construct social practices and identities. Poststructural feminist writers value theory and research in terms of its usefulness in revealing the assumptions on which options for living and being rest, thereby opening up possibilities for women and minorities in our world (e.g. Butler, 1990; Gavey, 2011; Weedon, 1987).

In the ongoing search for new political tools for conceptualising social issues and producing change, possibilities for convergence between Foucauldian and feminist theories have been debated (e.g. Alcoff, 1988; A. King, 2013; McNay, 1992, 2010). Foucault's theories of discourse and power and the implications of both for agency and political action are key points of contention for feminist writers. I outline the key aspects of Foucault's oeuvre that are taken up by poststructural feminists and that I have employed in this thesis, dealing with points of convergence and tension that are relevant to my inquiry. I read Foucault's work in a similar way to Allen (2008) who asserts that his work was concerned with subjectivity throughout, inquiring about the kinds of selves that we are able to be and to possibly become.

2.2. Michel Foucault's work as applied to this inquiry

2.2.1. Discourse

Following Butler (1993) and other poststructural feminist writers (e.g. Aston, Price, Kirk, & Penney, 2012; Gavey, 2011; Mehta, 1999), I take Foucault's elucidation of discourse as key to opening up the topic of young lesbian health and wellbeing in New Zealand for analysis. Foucault's philosophical practice led him to reconceptualise structuralism. He took issue with all explanations of the social world that occurred via grand meta-theory e.g. Marxist theory of the influence of economic ideology on our reality. He also critiqued the hermeneutical study of the person e.g. the notion that human experience provides the key to essential truth. His conception of the nature of our reality as constituted by discourse operates at a different level, a step back from description of experiential reality

and our place in it, to shed light on the systems in history that have made particular realities and experiences possible. It is Foucault's definition of discourse that I take up in this thesis as "practices that systematically form the objects of which they speak" (Foucault, 1972, p. 49). Foucault's earlier work shows a particular concern with discursive formation or the way in which practises people engage in both constitute and are constituted by knowledge systems (Fairclough, 1992). To 'constitute' is more than to give meaning to or to interpret, it means to "combine to form a whole; to give form to or establish" (English Oxford Living Dictionary, 2016b). Foucault discusses discourses as enabling objects, entities or phenomena to be conceived of, discussed, enacted in the world at a particular point in time because: "Discourses are not about objects; they do not identify objects, they constitute them and in the practice of doing so conceal their own invention" (Foucault, 1972, p. 49).

In one of his major methodological works *The Archaeology of Knowledge*, Foucault (1972) defines discourse as involving a set of statements that hold together, are systematic and regular, as well as the specific propositions and formulations that make it possible for those statements and not others to occur in a particular time, place or institutional location (Fairclough, 1992). By statements, Foucault is referring to much more than language – for example statements can be made in the organisation of spaces (e.g. cubicles in an open plan office), in practices (e.g. sustained silent reading) and pictorial representation (e.g. a close-up photograph of a fashion model's face) (Fadyl, Nicholls, & McPherson, 2013). In Foucault's words, discourse consists of the "rules of formation for the set of statements and objects, enunciative modalities, subject positions, concepts and strategies" and he outlines each of these components (Foucault, 1972, pp. 31-39). I discuss each of these elements of discourse in turn, before examining the related conception of power in Foucault's writing and lectures as applied in this thesis.

In this thesis sexuality and health are considered to be objects of knowledge that are both constituted and transformed in discourse. One of Foucault's main assertions is that objects, phenomena (things) we perceive as existing are formed, altered and obliterated in discourse. It is this proposition that causes him to differentiate his approach to inquiry from those who would examine the history of representations, mentalities or ideologies (Foucault, 2010a). Foucault described the formation of objects of our knowledge as occurring within fields of interest. These could be science or medicine, or everyday life. Objects can change form, appearance, function, nature and condition in discourse. The

unity of a discourse or the way we can perceive it, is about the space in which various objects emerge as thinkable and knowable and are constantly invoked and re-worked. Foucault explains that objects are formed through relationships between institutions, economic and social processes, behaviour patterns, systems of norms, techniques and types of classification. By way of example he shows that 'mental illness' as an object of knowledge was constituted "by all the statements that named it, divided it up, explained it" (Foucault, 1972, p. 32).

2.2.2. Subjects

Foucault holds that statements within discourse position the subjects that produce them as well as those to whom they refer in particular ways according to the rules of the discourse (enunciative modalities). He sets out his understanding of discourse as constituting our relationship to ourselves, our social relationships and the conceptual frameworks we have for understanding ourselves and others (Foucault, 1972). Enunciative modalities are the types of discursive activities which produce positions from which subjects can speak – e.g. discourses of 'teaching' produce positions of teacher and student. Foucault discusses the social subject acting and speaking (and writing) as a function of discourse. In an essay entitled "What is an author?", he discussed this concept as the "author function" (Foucault, 1984c). The implications for research are summed up by Foucault when he states that:

...to describe a formulation qua statement does not consist in analysing the relations between the author and what he says (or wanted to say, or said without wanting to); but in determining what position can and must be occupied by any individual if he is to be the subject of it (Foucault, 1972, p. 107).

Discourses produce what can be said, and thought, but also who can speak, when, where and with what authority. Foucault ascribes to discourses a key role in subjectivation, the ways particular discourses about people came into being and the effects they have on people's lives (Mills, 1997). Foucault reminds us that everything that could possibly be said is actually not said - discourse may seem inconsequential however the restrictions it is subject to reveal its links with power (Foucault, 1972). Discourse cannot be equated with language and speech, it is more than that (Foucault, 1972). We do not speak a discourse, it speaks us. We are the subjectivities, the voices, the knowledge, the power relations that a discourse constructs and allows. We do not 'know' what we say, we 'are' what we say and do. Discursive conditions must then be taken up by subjects who are

both fashioned and fashion themselves through these conditions – they are ‘hailed’ and must then turn to acknowledge their position in the social world (Althusser, 2006).

Lastly, Foucault also sets out an important principle of multiplicity, whereby there is always more than one discourse operating in relation to objects and subjects we can define and perceive in the world (Foucault, 1972). These discourses can refer to each other within and across texts and operate to shore each other up (gain currency) or conflict. Further, intertextuality is standard whereby texts or spaces offering up the statements where discourses can be seen in action, refer and respond to other texts both implicitly and explicitly (Foucault, 1972). Following Foucault’s notions of discourse and subject positioning, and feminist poststructuralists who have drawn on his work, I hold that there is no unitary subject, rather our ‘selves’ are made up of various modalities and subject positions available in discourse at particular times (e.g. Butler, 1990; Weedon, 1987). Having outlined Foucault’s concepts of subjects and subjectivation, I now turn to discuss the way he conceived of the links between power and knowledge.

2.2.3. Power/knowledge

Power for Foucault is not only repression but also a relation of production, he professes:

...we must cease once and for all to describe the effects of power in negative terms: it ‘excludes’, it ‘represses’, it ‘censors’, it ‘abstracts’, it ‘masks’. In fact, power produces, it produces reality; it produces domains of objects and rituals of truth (Foucault, 1977, p. 194).

A famous example of Foucault’s notion of productive power is his criticism of the repressive hypothesis about Victorian sexual mores. He linked the traditional notion of a free flowing sexuality that had been “oppressed” at this time, to a proliferation of discourses about sexuality through which power is both perpetuated and hidden from view (Foucault, 1978). In his work he developed a particular view of the nature of power as a circulating force, located in all interactions and relationships at all times – except in conditions of complete domination. I take up his notions of strategy, force and endless struggle/contestation in this thesis to show how lesbian sexuality and health have been and continue to be contested concepts and practices in New Zealand. The notion of contest and complexity in power relations can be seen clearly in the following definition of power

Foucault offers as a “multiplicity of force relations”, which take place through “ceaseless struggles and confrontations” (Foucault, 1978, cited in A. Allen, 2008, p. 50).

Foucault discussed techniques of domination which “permit one to determine the conduct of individuals, to impose certain wills on them, and to submit them to certain ends or objectives” (Foucault, 1980 cited in Raffnsøe, Thaning, & Gudmand-Hoyer, 2016, p. 255). In this way he invokes notions of strategic power akin to a structuring of the field of possibilities that are then deployed in specific interactions. Discourses can construct norms which are made powerful through techniques of surveillance of both ourselves and others. Through the example of the prison, Foucault (1977) described panopticism - a particular form of surveillance and disciplinary power where the subject is made potentially visible to authorities at all times. He highlights that an effect of this kind of power is the tendency for people to self-regulate. An example relevant to this thesis is that there are a number of signs, to do with the appearance of bodies and behaviour, that are continually surveilled in relation to sexuality and women and which bring notions of lesbianism into play. A notable example is that lesbianism can be invoked by resistance to dominant discourses of femininity (McKenna, 2002).

Foucault’s later work sought to take account of the nexus between techniques of domination and techniques of the self which allow individuals to transform or modify themselves “to attain a certain state of perfection, of happiness, of purity, of supernatural power” (Foucault, 1993, p. 203). For example, in his *History of Sexuality* volumes 2 and 3 Foucault (1985b, 1986) traces shifts in such practices back to ancient Greek ethics. Here emphasis was on living a beautiful, noble life an aesthetic notion that he distinguishes from many of our contemporary practices of the self (e.g. following a particular diet and exercise regime, engaging in psychotherapy) because it does not depend on normalisation. Foucault’s understanding and critique of techniques of normalisation feed into his explication of our modern forms of biopower (power over life) subsumed within his notion of governmentality.

2.2.4. Governmentality and biopower

In the late 1970s, having theorised disciplinary power (his work on prisons) and productive power (his work on sexuality), Foucault then applied his historical investigation to the creation of entities of the political realm. He began to elucidate the conditions of possibility for the state, the economy and the population as we know them

(e.g. Foucault, 2007a). Oksala (2013) suggests that while Foucault's study of disciplinary power was restricted to institutional contexts (e.g. the penal system, the psychiatric institution), the idea of power as a mentality of government widened his theorising of power to include the domain of the state. Governmentality was a key theme in his lecture series' on *The Birth of Biopolitics* and *Security, Territory, Population* (Foucault, 2007a, 2008a). Foucault defines governmentality as an kind of administrative power "that has the population as its target, political economy as its major form of knowledge, and apparatuses of security as its essential technical instrument" (Foucault, 2007a, p. 108). Governmentality is a particular way of conceptualising government that creates and legitimises our notions of state, political economy and population. This angle on the way that power can work does not mean a supplanting of the panoptical disciplinary techniques however. Governmental technologies also utilise discipline and traditional notions of law. Foucault's analysis of panopticism shows us a way in which subjects are required to internalise particular forms of responsibility through practices of subjectivation and to regulate their own behaviour accordingly. Thus governmentality is seen as a major influence, constraining and enabling people's conduct and the ways in which people take part in the world. Foucault links discourses to a theory of governmentality - an understanding of the overarching character of power in modern societies and how we come to regulate our own and others' behaviour.

Foucault (1978) articulated a related notion of biopower which first appears in his *History of Sexuality Volume 1*. Foucault's argument is that since the 17th century mechanisms of power in the West have shifted. Previously enacted through the sovereign's power to kill at will, modern power is infused instead with biopower - a positive influence on life seeking to "administer, optimise, and multiply" life (Foucault, 1978, p. 137). Through searching for secure territory, Western nations became invested in the welfare of populations (in terms of health, wealth and longevity). This occurred because techniques of post-war production required and constructed the population as a powerful state resource (Foucault, 2007a). Biopower is a type of governmentality to do with the wellbeing of the entity that we have come to call population. It operates to take care of the population and refers to notions of health and wellbeing for its particular purpose and legitimisation.

Biopower generates and orders productive life forces via the mechanisms of power and knowledge which take charge of life. Systems such as medical care and public health

operate to normalise human behaviour so that the life force of the population is optimised. In this way a fundamental relation emerged between the pursuit of health and mentalities of government (Osborne, 1997). Foucault's lectures give us historical insight as to how systems of knowledge about the health of populations came to be linked to styles of power and procedures of state (Lupton, 1995; Lupton & Chapman, 1995). Systems for the control of the population emerged to ensure that people can be directed towards the right way to live, as it became seen as the duty of government to ensure the wellbeing of the population. More than this however, as within this framework the people came to see and demand health as a right and legitimate part of their civil contract with the state (Osborne, 1997).

Beginning in the late 1970s, Foucault's analyses of the 'conduct of conduct' brought into relationship his notions of the government of others (subjectification) and the government of one's self (subjectivation) (A. Allen, 2008; Hamann, 2009). In his work, Foucault analysed a transformation of Christian pastoral power (the knowledge about people produced via practices of confession) into the "modern matrix of individualization, or a new form of pastoral power" through which salvation comes to mean "health, wellbeing (that is sufficient wealth, standard of living), security, protection against accidents." (Foucault, 2000, p. 334). In the modern matrix, two kinds of knowledge about people are produced: One is globalizing and quantitative, concerning the population and one is analytical, concerning the individual. Foucault argues that issues of reproduction, health and sexuality have been very closely intertwined. Sexuality rose in importance because it was a "hinge that linked" an anatomopolitics of the human body (seeking to maximise the body's forces and integrate it into efficient systems) with a biopolitics of the population (focusing on the human species body, containing the mechanisms of life: birth, morbidity, mortality, longevity) (Rabinow & Rose, 2006, p. 206). Foucault implicated power flowing through the family, medicine, psychiatry, education and employers in the development of these new knowledges by which we have come to be defined (Foucault, 2000). Crucially, both our notions of 'the individual' and 'community' or wider social body are conceptualised as effects of governmental rationality.

What Foucault's governmentality lens offered the thesis is the ability to see practices of government as moving beyond the state and employing tactics to arrange life itself in such a way that certain ends are achieved. Health promotion can now be seen as a biopolitical technology where certain ways of life are promoted and enabled and others discouraged

(Lupton, 1995). Critically, it must be held that any notion of pure or neutral governmental knowledge (even in relation to health) is an illusion. This knowledge is instead seen as part of government itself, helping to produce and circulate discourses in which exercising power in particular ways is understood as rational (Lemke, 2002; Lupton, 1995). Seen in this way, techniques of biopower are not equivalent to parliamentary decisions or policies but are procedures legitimised by forms of expert knowledge – e.g. fields of bio-medicine and bio-statistics. Oksala states that biopower is irreducible to traditional processes of state because "it penetrates such political power, but it is essentially the power of life's experts, interpreters and administrators." (Oksala, 2013, p. 322). I have described Foucault's concepts of governmentality and biopower as I use them in this thesis, as well as the techniques of anatomopolitics and biopolitics. Next I describe Foucault's use of history and genealogy as taken up in this inquiry.

2.2.5. History and genealogy

In this thesis I apply Foucault's methodological notions of archaeology, genealogy and the history of the present. Foucault summed up this approach to research inquiry as posing the question: "So what exactly is this present to which I belong?" (Foucault, 2010a, p. 12). Foucault employed history in his work by focusing on key moments that demonstrate shifts in discourse that highlight the history of our present. He used a careful reading of historical artefacts to articulate when the statements that form a discourse came into being, but more importantly to describe the rules by which these statements were (and are) produced and changed (Kendall & Wickham, 1999). His line of inquiry queries the present in terms of the systems of thought in operation now, of which we are inextricably part as both an element and an actor. His histories detail forms of possible knowledge and the frameworks for behaviour and subjectivity these produce as creating the focal points of experience for human lives.

Foucault (1972) comments that there can be no statements made that do not in some sense reactivate or recycle others. This point underscores the emphasis he places on historical conditions of possibility that allow our present to be. Foucault holds that it is important to define the conditions of existence of any discursive formation (Foucault, 1972). This involves describing aspects of the 'sameness' that is "peculiar to the historical discursive formation in which the statements are formed" (M. Clifford, 2001, p. 29). The historical operation of discourses and their structuring in relation to each other is very important - this is what is meant by 'in play' within my main research question: what are the

discourses in play in relation to young lesbians' health and wellbeing in New Zealand? Although access to the totality of discourses operating in a society is impossible, Foucault uses the notion of discourse to detect, analyse and critique subordination where it operates (A. Allen, 2008).

Archaeology and genealogy

Foucault's earlier works analysed discourses to make sense of the tangled threads of practices, institutions, ideas, and behaviours that tended either to remain incomprehensible or to be omitted from historical record (e.g. Foucault, 1972, 1973). His process of archaeology enabled the articulation and clarification of singular threads of discourse through time, such as the production of scientific knowledge (Foucault, 1972). Archaeology can be identified as an exploration of what counts as 'true' knowledge in a society by looking to the discourses operating in a given time period (Foucault, 1984b). Foucault worked as a kind of stock-taker historian – revealing discourses, tracing the accidents of circumstance and the particular discursive formations that have resulted in our modern practices and notions. These notions and practices are seen as the current iteration in a series of iterations, each not necessarily more complete or progressive than the last (Fadyl et al., 2013).

In the late 1970s Foucault began to extend his archaeological approach, considering the workings of power further. In these works, commonly referred to as genealogies, "‘Truth’ is linked in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend it: a ‘regime’ of truth." (Foucault, 1984b, p. 74). From his work investigating the historical formation of the prison system onwards Foucault sought to deal further with the various threads (practices, institutions, ideas) that produce our practical realities (see Foucault, 1977). Having identified and teased the threads apart using the archaeological approach, he then enabled their coordination and relation as a complex showing how practices, institutions, ideas and behaviours, have contingently come together in such a way as to form the conditions of possibility for (and limits to) doing, thinking, and being in the present (Koopman, 2008). His genealogical works seek to describe the relations, complex and contingent as they are, between the archaeological discursive threads. The issue is that mechanisms of power along the threads and in their relation to each other tend to be hidden from plain view. The genealogical analysis of discourses brings these mechanisms into the open so that they can be named and discussed. This increased attention to power in discourse analysis

is important because it provides analysis and explication of the very structures within which struggles for power can occur (Fairclough, 1992).

Foucault's studies of governmentality are a matter of investigating the conditions within which individuals are able to freely conduct themselves. Foucault analysed governmentality by locating and describing historical relations between power, knowledge and subjectivity in order to better understand the present, to identify its dangers, and to locate possible opportunities for critical resistance (Foucault, 2007a). This is the approach taken in this thesis to explore historical and current notions of lesbian health and wellbeing. Genealogy as a method provides us with some of the materials we could use to transform our practices – this is what Foucault meant by problematisation (e.g. Koopman & Matza, 2013). Making visible the constitutive and regulative conditions of the present allows them to emerge as material for thought and action needed to transform the present. This means that a “history of the present” is simultaneously philosophical and political (Koopman & Matza, 2013). Koopman and Matza (2013) argue that Foucault did not problematise common sense notions in order to subvert or vindicate them or to demonstrate a lack of inevitability, he problematised in order to conceptualise and make intelligible that which contingently conditions our present. This approach sets up problems that demand/call for a response.

Foucault's work never dispensed with subjectivity, but was concerned with uncovering the historical social and cultural conditions of possibility for identifiable subjects throughout (A. Allen, 2008). His histories show us that the enunciative modalities - or positions from which people can speak with authority on a topic - are historically specific and open to change. Careful attention to the conditions and mechanisms which produce subject positions is a significant part of researching the relationship between discourse and social change (Fairclough, 1992). This thesis therefore, pays careful attention to the positioning of subjects within the discourses in play in data taken from key points of change in New Zealand history for lesbian sexuality and women's health, so as to be able to speak to change and the conditions of possibility for shifts in New Zealand discourse.

2.3. Feminist work as applied to this inquiry

Feminist positions, of which feminist poststructuralism is one, involve analysing subject positions within the context of explicitly acknowledged gender asymmetry in society. Feminist positions are varied and multiple. For example, within humanism, gender is seen

as an attribute of a human being at the core of whom is a “pre-gendered substance... called the person, denoting a universal capacity for reason, moral deliberation or language” (Butler, 1990, p. 10). Liberal feminism produces particular goals for feminist action e.g. enabling women to participate in the world on largely the same terms as men, supporting women to be involved in education, politics and the world of work so that they influence these systems. A socialist feminism engages in a kind of “structuralist anthropology”, looking into the past for pre-patriarchal women and systems in order to show the influence of culture (particularly capitalist systems) on the position of women, debunking notions of a natural order (Butler, 1990, p. 37). Feminist consciousness raising groups popularised in the 1960s and 1970s sought to strip away such ‘false consciousness’, enabling women to see their true position as oppressed. What is common to both of these positions is the essentialism which maintains that there is a womanhood or essential difference from men residing within each woman to be revealed, encouraged, or revalued. Both of these feminist positions can be contrasted with relational/contextual feminist positions where what a person ‘is’ and gender ‘is’ (and hence what constitutes womanhood), shifts relative to power relationships that are historically specific. A poststructural feminism sits squarely within this camp.

Drawing from the work of Foucault, Judith Butler (1990) articulates key points that have been taken up by early poststructural feminism in her influential book *Gender Trouble* (1990). This poststructural feminist orientation and its implications for how we can understand subjectivity is also articulated clearly by Chris Weedon (1987). My understanding of poststructural feminist approaches is based primarily in the work of these two writers, drawing on others where needed to articulate useful synergism and tensions between a feminist poststructural and purely Foucauldian approach to research. My reading of feminist work discussing Foucault, suggests a frustration with the diagnostic approach to our present knowledge and practises (evident in his earlier work) which can seem to constrain projecting or facilitating change. In relation to the later works of Foucault where he is engaging with the possibilities that exist for self-transformation (e.g. discussion in Foucault, 1983a, 1997a, 2010b), I draw on the work of Amy Allen and Linda Graham, poststructural feminist writers who have engaged deeply and cogently with Foucault’s later work in a way that is in my view readily amenable to a poststructural feminist take on research inquiry (A. Allen, 2008; Graham, 2005, 2011).

2.3.1. Poststructural feminism

Since the late 1970s, with the rise of the black women's movement and the lesbian and gay movements, the category 'women' as the subject of feminism became highly contested within feminist discourse. Butler challenged: "feminist critique ought also to understand how the category 'women', the subject of feminism, is produced and restrained by the very structures of power through which emancipation is sought." (Butler, 1990, p. 2). Poststructural feminists have drawn on Foucault's work to argue that the construction of 'women' as a category itself already works to regulate and reify differential and unequal gender positions. By extension, the notion is posed that all identity categories women can take up contain limits as well as produce possibilities.

The ways in which discursive configurations constrain and enable health and wellbeing of young lesbian identified women in New Zealand is a consistent thread running through this thesis. While humanist or liberal feminist positions may seek agreement and unity from women to conduct feminist projects in the best interests of all women, a poststructural position views identify categories as porous, essentially incomplete, permitting them to serve rather as a "permanently available site of contested meanings" (Butler, 1990, p. 21). Within such a perspective, partiality and intersectionality are promoted in place of any totalising claims to knowledge or the truth about gender, race, disability, sexuality or class. Poststructural feminist writers regard the tension produced by engaging aspects of both feminist and Foucauldian work as productive in explicating the shifting processes of categorisation (and related struggles over meaning that occur) while claiming provisional unity where needed to do so.

Within a poststructural position it is held that matrices of power construct and regulate our everyday experiences and actions along multiple axes of difference. In this sense there can be no primary oppression such as a 'patriarchy'. Our identities are therefore multiple, and are always articulated within available cultural terms - these are taken up and relinquished according to purpose and situation (Butler, 1990; Weedon, 1987). In this sense, identities are always normative – we draw on prevailing norms and common sense (Butler refers to systems of these as "law") for who we can and should be and how we can and should behave. The kind of disciplinary power that works through us as we embody norms (or resist them) in our spoken word, outward appearance, gestures or actions is often seductive and rewarding (Foucault, 2000).

Gavey (2011) notes that while a poststructural feminist approach questions common sense positions, it is also sympathetic and understanding towards people's alignment with dominant norms. This affords a respect for subjectivities that a 'false consciousness' paradigm taken up by some feminisms and by Marxist notions of deceptive ideology is less able to provide. I found this respect helpful in allowing me to think through the implications of young lesbian participants taking up and/or resisting normative positions (in regards to marriage, femininity, and the life course, for example).

2.3.2. Emancipation and the notion of voice in feminist research

Feminist writers have read Foucault's points about discourse as negating both the individual agency of women, and active political struggle for change in women's lives (Deveaux, 1994). Indeed, Foucault has been (and continues to be) read as suspicious of any uncritical promotion of freedom and utopian ideals (A. Allen, 2008; I. Diamond & Quinby, 1988). For him, knowledge and truth are always produced in the exercise of power – we are able to act only in so far as we can conceive of acting. In this way, there can be no 'freedom' outside of possibilities and constraints produced by discourse (Foucault 1972). Foucault always links what can be said and done with systems for determining what it is possible to know and to think within a given historical period.

Foucault was critical of emancipatory rhetoric that sought to define 'free people' in terms of particular identities, practices and lifestyles of 'freedom' (Foucault, 1997a). This critique was grounded in his commitment to opening up space for people to enact freedom rather than determining in advance what forms such freedom might take. Foucault defined freedom as the possibility of being otherwise rather than a project that was about being a particular kind of person. Despite and often because of his suspicion of emancipatory fervour (due to its normalising tendencies), feminists have continued to find value in Foucault's approach to scholarship. Key to poststructural feminist goals of transformation is continual articulating and questioning of possibilities for women (A. Allen, 2008; Bartky, 1988; Cheek, 2004; I. Diamond & Quinby, 1988; Sawicki, 1991). Amigot and Pujal (2009) comment that in essence Foucault's thought developed alongside feminist analysis of the 'personal as political'. Foucault's understanding of the workings of power highlights struggles that question "ways of loving, the mode of sexual repression or the prohibition of abortion" as "explicitly political" (Foucault, 1994, cited in Amigot & Pujal, 2009, p. 650).

A poststructural understanding of subjectivity as fragmented and enabled and constrained by power relations, troubles 'scientific' knowledge production, as well as ethnographic notions of 'empathy', 'mutual knowing', 'voice' and 'authenticity' (Lather, 2009). Lather (2009) favours troubling authority in the telling of other people's stories, to allow herself and her readers to get lost and to reveal unease. She holds that interpretation can still take place, but the author should no longer appear "as either priest or prophet" (Lather, 2009, p. 13). In this thesis I have drawn on the notion of 'subjugated discourse', rather than 'voice' because it is in moving away from a generalised dream of 'liberation' that Foucault's work becomes most useful, in teasing out power-knowledge implications involved in struggle, as they are played out in discourse. This allows researchers to pursue detailed analyses of how we subject ourselves and are subjected, as well as to speak of "the insurrection of subjugated knowledges" in history (Foucault, 1980a, p. 81).

Foucault used the term subjugated knowledges to refer to things that are possible to say and do in a given historical context, but which are limited or excluded from access to the truth as defined by that society (Foucault, 1980a). For example, in our time these statements may fall foul of standards set by disciplines of science or medicine. One of the benefits of Foucauldian analyses is in uncovering subjugated knowledge and the history of struggles over what constitutes the truth. This is the approach taken to tracing the notions of health and sexuality and how they may be operating on lesbian lives at particular points in time in this thesis. Foucault's notion of the reassessment of subjugated knowledge for what it might reveal about ourselves and our society strikes a chord with feminist analyses of women's subordination and possibilities for transgression (A. Allen, 2008).

2.3.3. Possibilities for transgression

Foucault's conception of governmentality includes both the biopolitical governance of populations and the practices that individuals perform upon themselves in order to become certain kinds of subjects (Hamann, 2009). Butler developed Foucault's thinking to claim that discourse relies on repetition of actions which solidify into norms (Butler, 1990). In this thesis discourses are held to constitute norms for practising intimate relationships (sexuality) and how one maintains health and wellbeing (health). What is consistently highlighted in poststructural feminist (and Foucauldian) analyses is the contingency of norms – on what do they depend for their operation? The multiplicity of

discourses ensures that subjects can be positioned differently at different intersections of power and knowledge.

Parker holds that the notion of oppositional discourse is important for social change (Parker, 1989, 1992). Additional readings of Foucault highlight how resistance is an intrinsic element within his conception of power. Because power is held to circulate and be enacted constantly (making some actions easier and others more difficult), it never completely determines them – leaving space for unexpected actions to emerge as well as organised or strategic resistance. People's individual actions constantly run the risk of not quite hitting the normative mark which may in some cases open up possibilities for other ways of being (Butler, 1990). Foucault discussed the transgression of normative boundaries as a constant state seeking to extend one's subjective possibilities (Foucault, 1980b)

Oppositional or transgressional practices can provide a sense of where these possibilities can currently exist and how we might support or create more space for them. Prozorov (2016) cautions that following Foucault, freedom is irreducible to any form of social or political order - including feminism. He draws on Caputo to illustrate this point:

What the individual should be is none of Foucault's business. More importantly the very business of coming up with normative ideas of what the individual should be, and of developing administrative practices and professional competences to see to it that such individuals are in fact produced, is precisely the problem, not the solution, it is precisely what these struggles are against. (Caputo, 1993, cited in Prozorov, 2016, p. 43)

Poststructural feminist analyses involving Foucault thus, require analysis of forms of subject or selves we have available to be, with an eye to what else might be possible. This thesis is an exercise in understanding the ways young lesbians are both subjected and subject themselves to a range of historically specific discourses of sexuality and health. The purpose of such a post structural feminist approach is to analyse the constitution of subjectivity in order to ask who young women who identify as lesbian in New Zealand might become. Having discussed and outlined key tenets and tension of poststructural feminism as an approach to knowledge production I now turn to describe how key notions of gender, power and sexuality have been taken up in poststructural feminist inquiry.

2.3.4. Poststructural notions of gender, power and sexuality

Poststructural notions of gender, power and sexuality challenge taken for granted truths that may have become so ingrained so as to be barely perceptible, let alone subject to critique.

enduring social myths about human nature and gender... [are] products of a temporal imagination negotiating its embodied experience; the point, therefore, is not to refute such notions, but to demystify them, to excavate their concrete human (psychological, social, political) origins. (Bordo, 1993, cited in Gavey, 2005, p. 82).

Foucault and poststructural feminist writers assert that sex itself and the meaning of sex and sexuality in our lives are constructed through social process and around the demands of power. For example, poststructural feminists have written about the ways that a technology of gender specifically functions to subordinate female subjects (e.g. Gavey, 2005; Hollway, 1984a). Beyond the 1980s a large body of feminist work has drawn on Foucault to explicate the disciplining and normalising technologies that produce feminine bodies, articulating and deconstructing the discourses that are over-determining of the female subject and/or experienced as oppressive. For example, Gavey (2005, p. 86) describes how poststructuralism provides a way of understanding how the dominant knowledge systems and discourses of sexuality make possible certain ways of acting and particular choices “which are highly gender-specific – [and] make possible different kinds of desires, and way of being, sexually, to women and men.”

Poststructural feminist writing draws on Foucault’s studies of the history of sexuality to posit that a powerful framework is involved in regulating the seemingly self-evident links between sex, gender and (hetero-)sexuality. Cultural systems of knowledge and practice establish causal or expressive links, from biological sex to cultural gender and the expression or effect of both of these in sexual desire and behaviour. They construct a “heterosexual matrix” – comprised of stabilising concepts of personhood through which we become “culturally intelligible” as people (Butler, 1990 p.17). Crucially, they both prohibit and produce homosexuality within this system (Sedgwick, 1990). The knowledge constructed about sexuality produces masculinity and femininity and holds these in relationship with each other in a way that constructs normal identity (a coherent and abiding heterosexual self), embodiment and behaviour. In such a heteronormative matrix, femininity and homosexuality are consistently constructed as second order to masculinity and heterosexuality. Key to the internal logic of my thesis is the notion that sexuality and gender categories are socially constructed practices with multiple points of origin, and

that these practices can have different implications for women who identify as lesbian. Following Butler (1990), and Jagose (2002) I understand phallogocentrism (or the privileged male viewpoint on social meaning) and compulsory heterosexuality as regimes of power/knowledge that impact on women's lives.

2.4. Data selection and collection

The following sections are focused on method, looking at how the research was undertaken. This section also includes discussion of particular issues that arose during the practical course of the research and how these were worked with. The main issue that arose was to do with the complexities involved in conducting research within my own lesbian community. Some complexities and contradictions between my positioning as both young lesbian identified woman and university researcher, and how these have impacted on me as the researcher, are explored.

2.4.1. Locating discourse

Foucault's genealogical investigations of objects and phenomena explored ruptures, sudden changes in thought and links with the maintenance and shift of power (Kendall & Wickham, 1999). The task of examining the nature, structure and implications of the discourses of lesbian health and wellbeing in New Zealand required searching out places, such as texts, where these discourses may be evidenced or called into service. What constitutes a text for Foucauldian discourse analysis is varied and can include anything capable of producing a statement (Fadyl et al., 2013). Texts can include arrangements in space or design, pictorial representation, spoken work or conversation, written text of a novel, or a programme for social intervention. Discourse analysts hold that we can access glimpses of discourses as people draw on them in talk and written discussion (Parker, 1992). We can also identify discourse in the structure of activities and institutions and in ideas put together about the best way forward (Ball, 1993).

Foucault described how conditions of possibility come together to produce the surfaces on which discourses can suddenly emerge in a way which signifies the outcome of a struggle to define and shape an object or phenomenon. This allowed him to chart the disjointed movements of history, as neither progressive nor rational but only the "endlessly repeated play of dominations" (Foucault, 2003, p. 358). I interpreted my task as to select instances in New Zealand history where I could see struggle over the definition of, and/or ruptures in, the thought systems constituting the health and wellbeing of young

lesbian identified women. I then looked for particular spaces where these struggles/ruptures played out so as to be able to access and investigate discourse. I engaged both interview and historical document/written data in my study to locate and study the discourses in play. In the following sections I consider the way in which decisions were made regarding the texts I selected/co-produced for analysis.

2.4.2. Selection and role of historical data sources

Foucault states that the emergence of a discourse is dependent upon the conditions that allow it to exist (Foucault, 1972). As I read Foucault's work, he is suggesting that particular circumstances (e.g. social and economic processes and institutional practices) are utilised and provide an influential context for discourse. These circumstances form important links to discourse that allow objects, such as sexuality and health, to appear in particular ways at a particular time. A key example in this thesis is the existence of a feminist movement in New Zealand. What this means for discourse analysis drawing on Foucault's principles is that we must think about and examine the circumstances that are connected with the emergence of discourses. Rather than being mere context or background within which discourse operates, "it seems that the non-discursive practices are elements which discursive practices take up and transform" (Dreyfus & Rabinow, 1983, p. 77).

In his methodological writings, Foucault discussed mapping the surfaces of emergence for discourse as a first step to discourse analysis (Foucault, 1972). Surfaces of emergence are the spaces and situations where discourses call objects or phenomena into being and give them status as "manifest, nameable, and describable" (Foucault, 1972, p. 46). They are the places where objects are defined and acted upon (Kendall & Wickham, 1999). I chose historical data strands to draw out examples of discourses at moments that have been identified as important for lesbian health in New Zealand.

I chose to examine the extant texts *Broadsheet*, a feminist periodical with strong health and wellbeing emphasis, and *Hansard* a record of the New Zealand parliamentary debates. I accessed issues of these publications from the early 1970s emergence of the second wave feminist movement in New Zealand, and the mid 1980s Homosexual Law Reform campaign. I hold that *Hansard* and *Broadsheet* magazine can be seen as surfaces of emergence for discourse around times of significant shift in social thought in New Zealand (the rise of feminism and the decriminalisation of homosexual practices between

men). The final historical data strand, involved a selection of New Zealand government health policy which identified young women who identify as lesbian, produced since the Labour government health sector reform began with the New Zealand Health Strategy in the year 2000.

Broadsheet Magazine

Broadsheet was one of the world's longest lived feminist magazines, beginning in 1972 and running until 1997, and was produced by a collective of women based in Auckland, New Zealand. From its inception, *Broadsheet* was a vital link to women's liberation/feminism for many women—especially for those women in rural and provincial areas (Rosier, 1992). *Broadsheet* held a special place as a vehicle for the changing issues and concerns of the women's movement to become visible in New Zealand.

Broadsheet's been valuable for the Left, for want of a better word, as a forum for ideas, and a place for women to have their say. It's the one very visible aspect of the women's movement that we absolutely control (Coney, 1985, p. 37)

The magazine held a “strong political role, building, nurturing, analysing and critiquing the women's movement” (Daly, 1993, p. 100). It had a wide readership and became the key mechanism for distributing information, and planning demonstrations, workshops and conferences (Daly, 1993). In the early 1990s *Broadsheet* had been described as “virtually the only regular public forum for feminist perspectives, in a period where massive shifts in the dominant ideology have been so disastrous for women” (Else cited in Rosier, 1992, p. 17). The *Broadsheet* Collective and those involved in selecting articles and producing the magazine in accordance with its aims were authorities of delimitation for issues of women's sexuality and health, particularly within feminism. It was only “through *Broadsheet*,[that] New Zealand women had access to feminist thinking about health issues... much credit must go to *Broadsheet* for opening up feminist discussion on health” (H. Clark, 1993, p. 52).

Two time periods of *Broadsheet* publication were selected strategically, as particular periods where issues of health and sexuality were brought to the fore. I chose to focus on issues published between 1972 and 1975 to identify the effects on lesbians of the ways in which health and sexuality were constructed in this period in *Broadsheet*. Rosier (1992) comments that these early issues were very much concerned with liberating women from the traditional female role and increasingly contested the significance and place of

lesbianism within the feminist movement. I identify *Broadsheet* as emerging with a strong feminist agenda, but also providing one of the first widely accessed spaces in New Zealand that allowed lesbianism to “speak in its own behalf, to demand that its legitimacy or ‘naturalness’ be acknowledged” (Foucault, 1978, p. 101).

Another key time period I have selected to draw issues of *Broadsheet* from, is the lead up to Homosexual Law Reform in the 1980s (issues published from the introduction of the bill by Fran Wilde in March 1985 to its passing in July 1986). At this time, I argue that *Broadsheet* also became a platform for wider societal discourses on lesbian sexuality to be identified and contested. Homosexual Law Reform represented a rupture in discourse where homosexual practices, that were once illegal and excluded from the ‘normal’, suddenly became permissible. In *Broadsheet*, feminists debated whether and how far to involve themselves in this particular struggle over the legality of homosexuality. Reproductive health, domestic violence (including incest), paid work issues, and government spending cuts formed the main strands of discussion focusing on wellbeing for women in the 1980s (Rosier, 1992).

New Zealand Parliamentary Debates (Hansard)

Hansard is the official report of debate in the New Zealand House of Representatives. It is produced by editors, who are present in the debating chamber, and report what Members of Parliament (MPs) say. Editors must follow strict rules on what changes can be made to what was said in the chamber. This helps to ensure that *Hansard* is as close to a verbatim (word for word) record of the discussions in parliament as possible (New Zealand Parliament, 2016).

In 1980s New Zealand, discourses were operating that enabled a fundamental change in the law. In passing Part One of the Homosexual Law Reform (HLR) Bill, sex between men was no longer subject to criminal sanction. Justice Matthew Muir (New Zealand’s first openly gay High Court Justice appointed in 2014) has referred to the thirty-year period since the reform, as a time of intense and rapid transformation in the legal and social situation of gay people in New Zealand (Hall, 2014). The 1980s produced explosive and emotive public debate surrounding HLR, which brought issues of sexuality and health and wellbeing to the fore. *Hansard* recorded the parliamentary debate that took place around the HLR. From a Foucauldian perspective, this was a space where MPs drew on discourse to construct arguments to support their positions for, or against, the reform.

Health policy which identified young women who identify as lesbian

As a window into social and economic processes and institutional practices operating at the different historical time points I have examined, I have considered health policy originating in government departments that identified young women who identify as lesbian. Policy documents relating to health issues are “the product of some complex arrangement between competing discursive formulations of [a] problem and the solution” (Braun & Gavey, 1999, p. 1465). Adams and colleagues (2010, p. 43) note that policy documents have been “repeatedly drafted and worked upon to produce polished, compelling outputs”. In this thesis, I hold that health policy, addressed to young women who identify as lesbian, is a polished product of discourses in circulation in relation to their health and wellbeing.

I have examined policy that has mentioned young lesbians explicitly in relation to health by searching government websites for combined key words [sexuality, lesbian, young, health, wellbeing]. I have considered health and wellbeing policy relevant to young lesbians as an additional space where discourses afforded opportunities for them to take up. Discussion of health policy is woven in to the findings chapters where relevant to the discourses I identified. Drawing on health policy documents produced by government departments, bodies or committees helped to illuminate and clarify discourses and their links with the wider situation of women’s health and wellbeing in New Zealand.

2.4.3. The role of interviews in this inquiry

Researchers have considered and questioned the appropriateness of including interview data in purely Foucauldian studies (Fadyl & Nicholls, 2013; McCabe & Holmes, 2009). In this section I respectfully acknowledge this ongoing conversation in the critical inquiry literature, while considering the use of interviews to be consistent with a broadly feminist post-structural approach to this research topic.

Interview and other social research techniques engage the confessional production of essential subjective ‘truth’ through which power extends a hold over individuals and populations (Foucault, 1978). In short, research interviews can be seen to constitute a confessional practice which perpetuates individualising power (McCabe & Holmes, 2009). Fadyl and Nicholls (2013) point out that: “privileging” research interviews in data collection and analysis “asserts the phenomenological or critical rather than the

Foucauldian view of the subject” (p. 26). Further, to the extent that interviews can be considered as second order “descriptions of and reflection on experience”, they may not give us straightforward access to discursive practices as they are effected through people’s lives (Fadyl & Nicholls, 2013, p. 25). This is problematic because Foucauldian analyses aim to move beyond people’s articulations of what they do, and why they do it, to comment on “what what they do does” in terms of making or constraining possibilities for living and being in the world (Foucault cited in Dreyfus & Rabinow, 1983, p. 187).

I acknowledge that to conduct and include interviews in a feminist poststructural project reproduces some constraints on subjectivities e.g. through the act of specifying that all participants must identify as lesbian in some way and talk about their health using prompts prepared in advance. I also appreciate that interview data is problematic to rely on exclusively in constructing a purely Foucauldian history of the present. In my analysis I have aimed to consider the discursive subject positions articulated by my participants, as providing no clearer glimpse of discursive power relations operating on young lesbians, than subject positions within health literature or *Broadsheet* magazine. I paid particular attention to participants’ descriptions of the way they practiced sexuality and health and what those practices made possible for them.

Interviews can also create a space for knowledge, that is currently ‘subjugated’ devalued or disciplined, to be articulated (McCabe & Holmes, 2009). By ‘subjugated knowledges,’ Foucault means those “naive knowledges, located low down on the hierarchy, beneath the required levels of cognition and scientificity” (Foucault, 1980d, p. 82). It is through the reappearance of such ‘knowledges’ that criticism of the sort which he offers performs its work. From a poststructural feminist research perspective, research spaces are acknowledged as sites where politics and interpretive inquiry intersect in not wholly predictable ways (Lather & Smithies, 1997). Research interviews can also create “space in which both the researcher and the individual engage in expanded reflexivity” as subjugated discourses are articulated and explored (McCabe & Holmes, 2009, p. 1523). Zago and Holmes (2015) discuss the potential for interviews to create a ‘politics of intimacy’ in which power relations among subjects are minimised and ethical boundaries are constantly renegotiated. This has particular importance for feminist poststructural research on sexuality that is recognised as both ethically and politically charged.

I argue that the relationship between lesbian identity and health and wellbeing, is not a common topic for discussion or introspection among young lesbian women themselves – something that was reiterated by young women I came into contact with in scoping my project. I was struck, yet not surprised, by the number of young women I interviewed (fourteen out of the eighteen), who said that they had never had the opportunity to write or talk about their lesbian identities and/or health and wellbeing before. Several women also said they had little opportunity to talk with other lesbian identified women and I felt privileged to be able to provide a space for them to speak. Most participants asked questions about me and my position on the subject. I practiced the feminist principle of reciprocity (DeVault, 1990; Oakley, 1981, p. e.g.) where I could do so safely. I believe this often led to a closeness and rapport within the interview, simply because we were exploring multiple facets of a topic of mutual interest together.

In line with a feminist poststructuralist positioning, I sought to create a space for multiple, often subjugated, discourses to converge and to be articulated by the participants who are positioned, and position themselves, as they spoke about their sexuality and health. Poststructural researchers, who produce interview data to be analysed discursively, hold that the multiplicity of discourses always produces a range of possible ‘truths’ in the positioning of subjectivity. As such, all accounts given by people about their lives and selves are fragmented and partial. Language does not express ‘the self’ in any straight forward sense, rather, selves are always positioned in and through available discourse (Kvale, 1996).

McCabe and Holmes’ (2009) explication of ‘emancipation’ from a Foucauldian-inspired perspective, is defined as movement towards a new way of being through awareness of discursive multiplicity and technologies of the self. This notion is similar to Foucault’s articulation of practices of freedom as a knowing participation in ‘truth games’ (Foucault, 1997a). I hold that the interview can be conceptualised as a productive, potentially transformative space through which to explore action and thoughts that are important to both interviewer and interviewee. I recognise that ‘emancipation’ is not something that I can produce by virtue of the deep insights generated by my research, but is always about people acting in specific instances. Positive outcomes may occur to the extent that opening up discourse to be examined in my research may “coincide with the real practice of people in the exercise of their freedom” (Foucault, 1984a, p. 246). I follow the line of thinking that the potential for change that does lie within this research, arises from its

ability to open the field of possible actions, not from its setting new limits and new moral codes that describe, delimit and define what it means to 'be free'.

My reading suggests that purely Foucauldian analyses, tend to treat and trace each discursive strand in turn, taking the same stance towards gender discourses as towards any other type of discourse, in seeking to determine how we have come to recognise ourselves as the subjects of what we do, think and say. In contrast, feminist poststructuralism can involve treating gender discourses slightly differently, and taking more of an explicit position on issues of gender asymmetry that may be both material and discursive (Ussher, 1997). Gavey (2011) argues that careful methodological impurity is sometimes needed to enable issues for women to come to the fore, e.g. gender asymmetry to be highlighted. She holds that if we become too bound by methodological purity then it becomes "difficult to engage with questions to do with politics and ethics – where the material and relational conditions of people's lives matter... [and] to be able to discuss a working idea of what these conditions are" (Gavey, 2011, p. 187).

Following Gavey, and other poststructural feminist writers, I hold that interviews can give important access and insight, though necessarily incomplete and partial, into the material and relational as well as discursive conditions of people's lives. As Brickell and Taylor wrote about their experience of conducting interviews with gay men: "We do not seek to understand the "truth" of gay men's existence, but only the processes that lead to the production of the interview accounts we discuss here" (Brickell & Taylor, 2004, p. 146).

I now turn to the human element of data collection to discuss the women who participated, the interview process and issues that arose during and after their recruitment and involvement.

2.5. The interviews with young lesbian women

In this section I describe the ethical issues that arose in conducting the interviews, the procedures used to encourage participants to come forward, and the way the interview data was produced. I then move on to discuss the process for analysis of the data.

2.5.1. Ethical considerations

The obligation of health researchers is to gain the consent of those on whom they conduct research and not to harm them (World Medical Association Declaration of Helsinki,

1964). Accordingly, approval to conduct the interviews was sought from the Auckland University of Technology Ethics Committee (AUTEC) in alignment with AUTEC's (2011) *Applying for Ethics Approval: Guidelines and Procedures*. Approval was granted on 10 January 2012 (AUTEC Reference number 11/325). The AUTEC process reminded me to consider such issues as the potential risks to participants and myself as the researcher, the balancing of the benefits of the research against those risks, the steps needed to ensure confidentiality of data, and the inclusion of consent forms and plain language statements in the material provided to participants. As part of the ethical approval process, I was required to consider participant and researcher safety in depth. This included considering how the design and practice of my research implemented each of the three principles of the Treaty of Waitangi (Partnership, Participation and Protection) in the relationships between myself as the researcher and other participants.

During the AUTEC process I was also encouraged to consult with representatives of the community of young lesbian women I wished to study. I involved myself in discussions with the Executive Director and the Education Coordinator at New Zealand's national Queer youth support agency (Rainbow Youth) around the appropriateness of the study and potential issues involved in recruiting and talking with young lesbians. Issues discussed included the probability that for young lesbians' intimate relationship dynamics will be a key factor influencing their health and wellbeing. These relationships were held to be often under stress due to family, school and workplace exclusionary practices and the impact of secrecy. This raised the possibility that relationship conflict and distress (including the possibility of abuse) may be disclosed in an interview context and that appropriate support would need to be available to be drawn on by those who may wish to talk about these issues further with a counsellor or support person. As required by the AUT Ethics Committee, I established a relationship with the AUT health counselling and wellbeing centre where three free sessions would be available for myself and/or research participants if needed. I also had a list of LGBT support and counselling services, both face to face and telephone that I provided to all my participants in case being interviewed brought any issues they would like to explore further to light. Through my relationship with Rainbow Youth I gained support for the project and access to participants for the main study through advertising in Rainbow Youth networks. I also presented my study outline and plan at the 2nd Asia-Pacific Outgames Human Rights conference in Wellington in March 2010. Feedback from this diverse queer audience was incorporated into the revised study plan.

As required by AUTECH, I also developed a researcher safety protocol. Literature on researching sensitive topics highlights that researchers, as well as participants, can be deeply affected by the content of research interviews, a situation that I tried to prepare for in advance. I took time out to process the interview content and write notes on the young women's stories. Even where participant's experiences were difficult to hear, I found there were examples of positive health experiences in the women's lives. This gave me courage to listen and absorb what the women had to say. I engaged in debriefing sessions with a colleague without links to lesbian community – anticipating correctly that it could be problematic discussing any issues with my partner or friends, given potential links back to those who were interviewed. As Kanuha (2000) writes, the experience could be bittersweet. The relation of deeply personal and often painful stories of identifying as lesbian in New Zealand could feel validating and galvanising as well as inspire difficult self-reflection on similar events in my own life. It was helpful to recall that within research ethics discourse, research interviews (although often intense) are not meant to fulfil emotional needs of either researcher or participant – but can be surfaces for the emergence of people's emotional lives. I was aware that researchers may also choose to have further discussion with a counsellor.

Guillemin and Gillam (2004, p. 263) suggest that there are at least two major dimensions of ethics in qualitative research: “These are (a) procedural ethics, which usually involves seeking approval from a relevant ethics committee to undertake research involving humans; and (b) “ethics in practice” or the everyday ethical issues that arise in the doing of research”. Having discussed procedural ethics, in the following sections I discuss the ethical issues that arose for me in the practice of carrying out the research and how I tried to resolve resulting tensions.

Insider/outsider research

I chose to advertise myself as a “lesbian researcher” because research suggests that the continued presence of homophobia in our society means lesbians may be less likely to come forward to participate and may be less open or candid with researchers who are assumed to be heterosexual and may judge them (e.g. LaSala, 2003). I am aware that before the mid twentieth century (prior to the emergence of a humanistic psychological perspective) it was believed that ‘insiders’ like myself could not create rigorous research within their own groups. Feelings, commitments and political agendas were thought to

interfere with the ability of these researchers to remain objective and to therefore produce valid social science research.

Since that time, even within more traditionally positivist circles, the effects of researching within one's own community have been discussed, often in terms of benefits in relation to the practicalities of data collection and also the validity of analyses. Benefits of researching as an LGBT 'insider' include living in the same world as respondents which gives special knowledge about how and where to access them (Herman, 2005; Orne, 2011). Where LGBT researchers engage with LGBT groups, there exists the potential for shared experiences such as coming out that enable a special empathy and rapport, enhancing depth and quality of interviews (LaSala, 2003). Some drawbacks have also been tabled such as reduced data quality/depth as a result of glossing over the familiar, e.g. taking for granted that utterances are understood and not probing for further information, reluctance to go beyond expected responses.

Feminist and poststructural thought has heavily critiqued researcher objectivity (vis-à-vis the requirement of a different researcher identity from those one is studying) as a necessary and achievable goal in research. Authors now propose a continuum of insider/outsiderness where identities are relative. There is shifting activation of identities and lines of separation between researcher and researched – e.g. a shifting degree of 'insiderness' may take place from moment to moment in regards to the topic being discussed (Mercer, 2007; Hodkinson, 2005). The notion of researcher reflexivity developed as important as a way of teasing out the impact of different positionings (of researcher and researched) on the data produced (Hesse-Biber & Leavy, 2007; Lather, 1986). It holds that to increase the integrity and trustworthiness of qualitative research, researchers need to evaluate how intersubjective elements may influence data collection and analysis. Researchers must "constantly consider their elusive and unpredictable positioning and how it writes their work." (Eppley, 2007, p. 73). I was also aware that from a poststructural standpoint, there is no way to step outside of the discourses that construct our subjectivities and worldviews entirely. I, as a researcher, could assist in producing glimmers of discourse in my research practice: the way I carried out my research, areas I chose to follow-up, the framing of questions asked, my responses to participants' experiences and to the participants themselves before, within and after the interview situation.

Refusing an insider/outsider binary, meant acknowledging that power (in the form of occupying a dominant position in regards to research, sexuality or gender) could be located with me, the researcher, and it could also be located with participants as they articulated competing discourses that could position each of us in different ways (Payne, 2002; Semp, 2006; Zago & Holmes, 2015). For example, when interviewing a participant discussing her genderqueer identity, I was positioned strongly as cisgender (experiencing alignment between my sex allocated at birth and gender) and non-expert in relation to genderqueer identity and queer self-presentation. In this less powerful position I experienced a greater freedom and ability to ask for explanation and clarification, to adopt a more effective interviewing style perhaps, than when interviewing women whose understandings of lesbian identity and health converged more broadly with my own.

The reflexivity I employed was helped by the process of asking myself difficult questions such as: What do I understand by ‘feminine’? Why have I chosen to investigate lesbian wellbeing in the way that I have and not some other way? (Connell & Messerschmidt, 2005). I kept a journal where I consciously tried to consider how my own positioning entered into the research process and affected the data produced. This process was instrumental in working through some ethical issues which arose in the process of conducting research within my own broadly community (of young lesbian identified women living in New Zealand).

Living in the field of inquiry

My role as researcher defined my obligation to do no harm to participants, to produce the conditions under which true informed consent to participate in my research could take place, to protect participants from harm arising from taking part in the research, and to try to involve participants and/or our communities in the benefits of the research as much as possible (Orb, Eisenhauer, & Wynaden, 2001). I noted well that researchers researching small or marginalised communities must, in particular, protect participants from potential harm resulting from disclosing who they are to others (Damianakis & Woodford, 2012; Tolich, 2004, 2010). The lesbian community in New Zealand can feel a small one. Indeed some words my participants used to describe it were “insular”, “incestuous” and “2 degrees of separation”. In the context of ongoing marginalisation and discrimination against lesbians, confidentiality was an important ethical consideration for my project.

I found little guidance in the qualitative research methods literature on effective processes for researching sensitive topics within one's own small community where it is possible that the researcher will come into contact with participants in their daily lives. Such encounters occurred and were a surprise to me as I had not considered or prepared for the possibility of ongoing contact with the young women whom I had had in-depth, often emotional and personal conversations with. I questioned, is the expectation that we could not become acquaintances or friends, given the prior researcher/researched relationship? Effective process in my case meant searching for a way to make sure that both my participants and I were protected from harm as neither of us was able to leave the field of enquiry (our lives as lesbian women in New Zealand) at the conclusion of the research interview/data collection phase of the study.

Qualitative research literature tends to deal with the relationship between researchers and researched where the key issue is in dealing with differences of power during the research project. For example, Zago and Holmes draw on Foucauldian understandings of circulating power to argue that "the relationship constructed among those subjects who consensually engage in the research should be rethought in terms of a politics of intimacy in which power relations among subjects are minimised and ethical boundaries are constantly (re)negotiated." (Zago & Holmes, 2015, p. 148). A notable exception is an explication of the experiences of two researchers working with and embedded in aspects of the communities they study (drug user, sex worker). They also noted a lack of understanding of the situation for researchers who must "continually negotiate the legitimacy of their professional and personal status within fluctuating webs of authority, control, surveillance and appraisal" in their fields of inquiry (Southgate & Shying, 2014, p. 235). In contrast to the field of qualitative research, the clinical, therapy and counselling literature is replete with guidelines for how to negotiate power relationships with clients outside of the therapy room. One author holds that qualitative research and therapy have "structural similarities" because both involve "intense interviewing sessions" with "disclosure on the part of only one of the parties" (Bourdeau, 2000, p. 4). I would argue that a poststructural feminist interview can involve personal and meaningful disclosure on both sides, whilst maintaining a focus on the participant's views.

I borrowed from the psychological therapies literature in order to work out a practice for managing issues that could arise when researching sensitive topics within my own community. For example, I determined that it is important to take cues from research

participants during chance encounters, especially when they are with others (see Borenstein & Fintzy, 1980; Mendenhall, 2009). Approaching participants when unsure of their wishes could cause them conflict and anxiety. The psychotherapy literature acknowledges the importance of human openness rather than aloofness during post-analytic encounters (Borenstein & Fintzy, 1980). Borenstein and Fintzy (1980) take the position that inadvertent social contact, if properly handled, can be experienced positively by therapist and client. Importantly, psychotherapists advocate for the involvement of clients in any discussion of how to negotiate chance out of session contact. Taking this learning on board and following discussion with my supervisors, I began to ask research participants how they would like to us to proceed should we come into contact again in the future. By listening to their wishes we were able to prepare together and I was able to reduce some of my own anxiety and awkwardness around the possibility.

The issue of managing on-going contact was a little more difficult and complicated. For example, given that there has been a research relationship, what did this mean for the possibility and management of a different relationship, e.g. in the case where a research participant becomes a part of one's social circle? Guidelines around how to make decisions about non-romantic 'dual relationships' exist in the psychotherapy and clinical psychology literature. I found Michael Gottlieb's (1993) decision-making model around avoiding exploitive dual relationships in a psychotherapy setting helpful. The model takes into consideration the way power operated in the professional relationship, the duration of professional contact, and the clarity of the end point of the professional relationship.

I found it helpful to try to place the research relationship with each of my participants in terms of the three dimensions of clinical professional relationships from both my point of view and the point of view of the participant in thinking through how to manage ongoing social contact. I also found Zago and Holmes' discussion on the politics of intimacy and consensual method in sexuality research helpful in thinking about how the relationships created among researchers and participants can be continually renegotiated, and not frozen in time and space as traditional conceptions of research ethics and consent to participation suggest (Zago & Holmes, 2015).

A final aspect of living in the field of inquiry involved my use of Facebook, Skype and email as a key method of recruitment for this younger age group. Using these technologies whilst being a member of the community I was studying, led to me feeling very visible

and potentially available after the interview in multiple ways. I learnt to deal respectfully with invitations for on-going contact e.g. coffee meetings, multiple catch ups about things “just come to mind”. I felt very conscious of my online profile - wary of being “googled” and/or stalked. The privacy implications of Facebook as a social networking and research tool continue to be brought to light (Zimmer, 2010). Whilst some researchers are optimistic about the potential of social media to engage young women - particularly in health research and penetrate into nonurban communities (e.g. Fenner et al., 2012), consideration of privacy issues for both researchers and participants is just beginning and must continue to be worked through (Wilson, Gosling, & Graham, 2012).

2.5.1. The young women who participated

Participant selection

In line with my feminist poststructuralist standpoint, I sought to create a space for multiple discourses to converge and to be articulated by the participants as they came forward and I called upon them to speak about their sexuality and health. I sought to include diverse perspectives in my data set. In this case, I considered up to eighteen participants to be sufficient to address the research aims, given that large variations in ways of talking about subjects can emerge from a small number of people (Potter & Wetherell, 1987; Starks & Trinidad, 2007).

I chose to focus on lesbian-identified women aged between 18 and 24 years. The term ‘lesbian’ is one of many used by women today to identify themselves in instances where they choose or are required to do so (Greaves et al., 2016). In Chapter Three I argue that multiple young lesbian subject positions exist. I wished to explore the implications of these young lesbian identities for health and wellbeing as they are brought into play in New Zealand. My participants were self-selected in relation to the term ‘lesbian’ specified in advertising for participants for the study. I sought to interview a variety of young lesbian identified women from different backgrounds, with varied levels of connection to a lesbian community, who could talk about their lesbian identities and health. I decided to recruit participants in the three major North Island cities of Auckland, Hamilton and Wellington to try to vary the kinds of women and talk I would include.

Research invitation

I found my personal networks and own self-disclosed lesbian identity to be invaluable in accessing women who were willing to share experiences relevant to their lesbian identities and health. Market research shows online media, blogs and social networking to be especially important mechanisms for connection for LGBT populations (Aston et al., 2012). I developed a flyer (Appendix A) in which I positioned myself as a “lesbian identified researcher” seeking young lesbian participants aged 18 to 24 years for interviews about lesbian health and wellbeing. I placed my flyer online on Facebook groups and events specifically run by or for young lesbians in Auckland, Hamilton and Wellington. Occasionally, group administrators and members would “share” the flier on their own and others’ pages to recommend participation or to comment on the research. Fliers were also handed out in person by the facilitator at regular lesbian movie evenings in Auckland and Hamilton, and at a lesbian focused Pride Week social event in Hamilton. I also handed out flyers at ‘queer friendly’ alternative and ‘indie’ youth culture events and groups in these cities. A national online news resource for LGBT related issues “*GayNZ.com*”, and a national print newsletter “*Express*” both kindly interviewed me and printed information about the research and my request for research participants. In order to interview a range of women, some of whom may not be connected to a lesbian community as such, my friends and acquaintances were enlisted to spread the word about my study and the need for young lesbians to be interviewed. Participants interviewed also recommended the research to their friends who then contacted me directly.

I summarised the purpose of the research and requirements for those who were interested in taking part and answered any questions the women had at that point. To those who were still interested I emailed or posted a copy of the participant information sheet (see Appendix B) more formally detailing the project goals and requirements. Interviews were held in Auckland at AUT Campuses in the City and North Shore, in Hamilton at a community resource and counselling centre, and in Wellington at a centrally located Women’s community outreach centre.

I found that identifying myself as lesbian was necessary to gain access to a variety of young lesbian women. The AUT Ethics Committee held that a degree of separation between myself and participants in delivering the research invitation was desirable (e.g. it was considered less coercive for a friend or acquaintance to invite women on my behalf than if I approached them directly). Enlisting the help of both lesbian and straight friends and acquaintances meant I often needed to describe the purpose of my research and justify

my interest in the health of young lesbians. I was frequently met with the argument that lesbian health needs were the same as those for any woman e.g. 'women's physical bodies are the same', and 'to speak of lesbian women and their health differently would amount to discrimination'. In this case it was extremely helpful for me to be seen as a part of the young lesbian community, and able to give examples of lesbian health issues from my own life.

That I was seen to be part of the lesbian community, coupled with my acceptance as a doctoral student at a university, positioned me with some authority to speak about the varied health issues that may be experienced differently by lesbian women than by heterosexual women. From this position I could advocate for my research interest within the lesbian community and my own networks. Foucault was particularly interested in interrogating modes of discourse that not everyone had a right to use, or that require specific rules to be followed in order to speak them (Foucault, 1972). In my case, I theorise that the strength of discourses of experiential authority (J. Clifford, 1983) coupled with the rules of scientific knowledge production (e.g. education and checks required to be accepted into a PhD programme) intersected and created a position which enabled me to secure the number of participants I needed with little difficulty, despite encountering some resistance.

The participants

Each of the 18 participants chose a code name to retain their anonymity. Participants' ages ranged from 18 to 24. Most participants (n=14) identified their ethnicity as NZ European or European, I recognise and note here that this group of young women were predominantly white and middle class which will have had some bearing on the range of discourses they articulated. One participant identified as Maori, one Pacific Island, one Asian New Zealand one as Middle Eastern.

I interviewed a range of young women who were studying at university at the time of the interview (n=7), those who were in fulltime work (n=7) and those who were working and studying part-time (n=4). This was important to me to try to access discourses of lesbian health operating within a wider range of different spaces such as high school, tertiary education environments and workplaces than has been studied in New Zealand. A larger number of participants were living in Auckland than in any other city (n=10). This was a result of my having greater access to communities of women within the city I live.

Participants were also living in Wellington (n=4), Hamilton (n=3) and Dunedin (n=1) at the time of the interviews. Participants predominantly identified their sexuality as 'lesbian', most participants additionally identified as 'gay'. Two participants also identified as 'queer' and 'genderqueer' in addition to lesbian.

2.5.1. The interview procedure

Exploratory interviews were conducted with three young women. Through this exploratory phase participants' own discussion of how they defined and saw any issues for young lesbian women in New Zealand in relation to health and wellbeing were used to inform an interview topic guide for the remaining interviews (Appendix C). I identified through this process that more than one interview was needed for participants to have a conversation around identify as lesbian before they moved into discussion of health and wellbeing.

I asked broad open questions to begin each interview, how did you come to identify as lesbian? Can you tell me about health and wellbeing in your life? I then followed up on areas of interest identified in the exploratory work such as: coming out, home and family acceptance, working life, interactions with medical and alternative health care systems. This process was designed to generate talk on the topic of lesbian identity, health and wellbeing. Participants were interviewed up to two times to allow discussion of sexuality and identity formation as well as health and wellbeing.

2.6. Poststructural feminist discourse analysis drawing on Foucault

My data were analysed using a discourse analysis grounded in feminist poststructural understandings of the world and reality drawing on key concepts articulated by Foucault. Feminist poststructural discourse analysis involves the careful reading of texts with a view to articulating available subject positions and discursive processes, relating them to "the reproduction of or challenge to the distribution of power between social groups and within institutions." (Gavey cited in Gergen & Davis, 1997, p. 56).

When reading the texts, I kept in mind that power comes into being in its exercises: when certain words, behaviours or practices are produced over others. I analysed the range of possibilities for lesbian and health subjectivities as they were discursively produced/constrained at each of the time points and datasets I examined. Questions returned to in analysis included: How are lesbians being positioned in relation to

categories of gender, health and sexuality? What discursive resources are available to be drawn on and what appear to be the effects of these in women's lives? How are women encouraged to be a certain kind of lesbian to keep healthy and why? Given the discursive situation, what is and might be possible for the health and wellbeing of young women who identify as lesbian in New Zealand?

A comprehensive step by step guide to producing analysis of discourse following a Foucauldian framework is very difficult to find. A lack of detailed reporting of analytic methodology using Foucauldian informed discourse analysis is held to contribute to poor understanding of what the method actually entails and precludes (Cheek, 2004; Graham, 2005, 2011). To a large extent the precise configuration of Foucauldian tools employed will depend on the topic that one seeks to open up using this lens (Fadyl et al., 2013). The method I employed was derived from the writings of Foucault in which questions of methodology were discussed (Foucault, 1972, 1978) combined with the application of his techniques as can be seen in his lectures (Foucault, 2007a, 2008a). I utilised explicit articulations of the process of Foucauldian inquiry in relation to other topics where I found them (notably Fadyl et al., 2013; Fairclough, 1992; Graham, 2005, 2011; Hook, 2001; Kendall & Wickham, 1999). I combined my reading of both with feminist poststructuralist work employing discourse analysis and Foucauldian concepts, particularly those which dealt with issues of sexuality, identity and with health and wellbeing (notably Aston et al., 2012; Benwell & Stokoe, 2010; Mehta, 1999; Payne, 2002). From these sources I derived the following approach guided by the set of analytic questions detailed above, in order to offer a feminist poststructuralist lens drawing on Foucault's definition of discourse, knowledge and power and their operation.

Discourse analysis involves identifying and examining the terms and concepts that are routinely used to differentiate, delineate and impact on objects/practises, to gain insight into the ordering and world of discourse. Key objects of thought were the phenomena and practices of sexuality and health. In my study, I held that both sexuality and health would emerge as visible and describable in particular ways in particular spaces and historical contexts. Authorities of delimitation are the institutions, professions and similar which are the authorities within a society that establish and give importance to the objects of interest (Foucault, 1972). In relation to sexuality and health in my study, major authorities were the medical and psychological professions. Other authorities also played an

important role in naming and describing health and sexuality as well such as feminist and women's health organisations.

Finally, grids of specification are the systems by which objects are broken down further into types or kinds, then compared with one another, classified, grouped or otherwise organised. Within sexuality, grids of specification might articulate how different sexualities are classified and grouped by the sex characteristics and gender presentation of the people involved. For example, Judith Butler's explication of a heterosexual matrix accounts for how we make assumptions about sexuality based on normative frameworks linking sexed bodies to a particular gender and sexuality (Butler, 1990, 1993). In the case of health, grids of specification enumerate, categorise, conceptualise and contrast different kinds of health based on what is held to be affected: e.g. the physical body, mind, relationships, one's overall functioning in life. Foucault goes on to say that it is not enough just to define surfaces of emergence, authorities of delimitation and grids of specification. It is not these things themselves, but the relations between them that provide the most important information that will help the analyst to see how objects come to be formed.

Discourse makes possible particular forms of person and categories for understanding human nature. I considered that when speaking/writing/theorising in relation to health and sexuality every subject position and category is determined by a relationship to the discourses surrounding these objects - which shapes possible roles and identities. I sought to identify the subject positions and spaces created for people by various ways of understanding health and sexuality. I also sought discourses and discursive practices evident in the texts that construct categories such as 'lesbian' and 'straight', 'healthy' and 'sick' looking for how these constructions came into being, who was authorised to speak about them and who are the subjects. Positions offered by these discourses were considered in terms of the possibilities and constraints of these for young lesbian health and wellbeing. Questions returned to in analysis of all of the texts include: How are young women who identify as lesbian and health and wellbeing constructed? Who gets a say on lesbian health issues? How is young lesbian's health framed in the documents? What are the roles and responsibilities (e.g. of the medical profession and lesbian women) for health and wellbeing evidenced in the documents?

The rules of a discourse determine what qualifies as ‘true knowledge’, what is said and who may say it (Foucault, 2007b, 2008b). Because truth is a social construction produced according to certain rules, within specific historical contexts, in the analysis of truth claims I needed to consider the workings of power associated with the claims e.g. What will the different speakers gain from positioning themselves in the discourse? I sought to identify and describe the institutions and groups of individuals who are given the authority to name and determine the limits of the discursive objects: sexuality and health. Necessary questions included: What institutions are implicated in the functioning of the rules that define objects/practises? What rules are there as to what constitutes the truth about the objects/practices?

In my reading, I kept in mind that there is never one overall discourse, but multiple discourses operate alongside each other. Discourses can co-exist shoring up particular meanings and effects. Discourse can also compete to offer alternative explanations which work to offset one another’s power. In particular, I wanted to question: How do the multiple discourses constructing health and sexuality in my data connect with each other as bodies of knowledge? What is their relationship with power and implications for subjectivity?

In reading through the data, I kept in mind that what constitutes knowledge is always contextual. The historical development of concepts and strategies in relation to sexuality and health is not necessarily continuous and progressive: there are continuities, discontinuities and rapid shifts to explore. I consciously tried to see the discursive discontinuities and shifts. I found helpful the notion that we can employ “methodological skepticism” as a means of suspending belief in the discourses being analysed to reveal other possibilities and highlight the hegemonic effects of more established interpretations (Barker, 1993).

2.7. Conclusion

This study employs feminist poststructural discourse analysis, informed by Foucault’s methodological concepts of archaeology, genealogy and history of the present. It seeks to open up the topic of young lesbian health and wellbeing for investigation by inquiring: What are the discourses in play in relation to young women who identify as lesbian in New Zealand? It is an exploration and articulation of the historical conditions of

possibility and discourses producing lesbian subject positions, health and wellbeing visible in data drawn from three key time points in New Zealand lesbian history.

Having considered the methodological underpinnings guiding this thesis and the practical methods undertaken, in the next chapter I will present my analysis of the literature I accessed to inform my inquiry into the discursive situation of young lesbian health and wellbeing in New Zealand.

CHAPTER THREE: LITERATURE REVIEW

3.1. Contested and shifting lesbian health and wellbeing

Feminist analyses consider the socio-political and historical events that construct, shape and maintain lesbian identity as a socially produced gendered identity (e.g. Faderman, 1991; Kitinger, 1987; A. M. Miller, Rosga, & Satterthwaite, 1995). These theorists argue that lesbianism is understood and defined within the context of a male-dominated, heterosexual society. Relationships between women have always occurred but it is through discursive mechanisms that these relationships produce particular identities and significances (Weeks, 2002). Poststructural feminist theory refuses any essential 'lesbian identity', but acknowledges the social construction of particular subject positions for lesbians to take up within specific historical conditions (as illustrated in the work of Bryson & De Castell, 1993; Butler, 1990; Cahn, 1994; Jagose, 2002). They hold that it is the effects of discursive lesbian sexualities that are continually being performed at the surface of the body.

This thesis is concerned with identifying and tracing the effects of discourses constituting the health and wellbeing of young women who identify as lesbian in New Zealand. In this chapter I present a review of the academic literature relevant to lesbian health and wellbeing in order to highlight some of the ways that young lesbian identified women and their health have been positioned. In doing so this review aims to highlight some constraints and opportunities for young lesbian health operating within the literature space. It also seeks to describe some silences in the literature in relation to young lesbian health. This provides additional 'glimmers' (Parker, 1992) of the discourses of young lesbian health and wellbeing in operation. In pointing to discursive situation, shifts and silences this review provides context for the health and wellbeing of young women who identify as lesbian in New Zealand. It also provides a rationale for approaching this topic from a poststructural perspective.

Following Foucault, 'lesbianism', 'young adulthood', 'health and wellbeing' are all objects of knowledge continually constituted, and transformed, by discourse. Foucault (1970) pointed out that the conditions connected with the emergence of objects are usually not apparent at the time. Careful examination of texts through which objects of interest appear over time can identify the conditions of possibility that have enabled particular constructions to come into being at particular times. Foucault also directs us to examine

how an object or phenomenon comes to be “questioned, analysed, classified and regulated” at “specific times and under specific circumstances” (Deacon, 2000, p. 127). Foucault referred to both his method of analysis of objects as well as the historical processes that bring them into view as ‘problematisation’ (Foucault, 1985a, p. 115). In this review I offer that young lesbian subjectivity, health and wellbeing have been contested and problematised phenomena.

Processes of contestation over the ability to name, define and speak ‘the truth’ of lesbian subjectivity, health and wellbeing, occur in discourse. Discourse determines what qualifies as ‘true knowledge’ of young lesbian health and wellbeing, what is said, and who may say it (Foucault, 2007b, 2008b). Knowledges and authorities of young lesbian health and wellbeing gain power when they position themselves as ‘in the true’ in rules that are set by dominant frameworks of truth production: positivist science and rationality (Foucault, 1980d). The operation of truth games therefore, produces what is regarded as legitimate knowledge of lesbian health and wellbeing at a particular point in time, and what is discarded or rejected as false knowledge.

I have examined two broad literature spaces as offering insight into truth games producing young lesbian health and wellbeing. First, I turned to historical and sociological literature examining lesbianism, women’s health and the situation of young people’s sexuality in New Zealand. I sought to examine the way these issues are constructed in New Zealand and internationally. I paid attention to discussions of the emergence of key objects of thought that are relevant to this thesis in the body of literature, namely young lesbian subjectivity and constructions of health and wellbeing. Secondly, I have examined the New Zealand and international health literature as a surface of emergence, where understandings of the health and wellbeing of young lesbian identified women are situated and expertise/authority over these understandings is established. I sought to explore how issues in relation to young lesbian health are being identified, where these issues are located, the kinds of efforts and practices that are being proposed to remedy the situation, and who is required to do so.

This literature review responds to two main questions: What subject positions have been produced or represented in the literature for young lesbians to take up? How have truth games operated in the literature to constitute ‘the truth’ of lesbian health and wellbeing? I have used the notion of subject positions to structure this literature review, teasing out

the games of truth I have identified as operating in the literature to link these positions to health and wellbeing.

A note on terminology and process

There are many ways in which sexuality between women has been practiced and understood. These are not stable and have shifted over time according to the norms and practices prevalent at different historical moments (Tiefer, 2000; Weeks, 2002). The term 'lesbian' is one of many terms used by women today to position their non-heterosexuality in instances where they choose or are required to do so. Some women engage in sexual activity with women, yet refuse any form of sexual identity and may or may not be connected to a lesbian community. There is a tendency in the literature to blur lesbian identity with same-sex attraction and behaviour among women. Diversity of labelling is often constructed as a problem or limitation for research rather than an opportunity to explore the implications and historicity of each identity position which are brought into play when a person positions themselves or is positioned within them. In relation to constructing histories of lesbians, Vicinus (2012) has written that:

While a good deal of ink has been spilled over the correct vocabulary for women-loving women in the past, the word lesbian has several political advantages: it asserts the fact of sex and it provides boundaries to a subject that at times seems in danger of disappearing into such overbroad categories as "queer" or "nonnormative." It also focuses attention on questions such as: When did it become possible to think about, or publicly acknowledge, erotic desire between women? When and how did women themselves articulate this desire? (p. 567)

Vicinus articulates a positioning of lesbian subjects as women, constituted through discourses of gender and sexual politics, which she suggests may not be adequately theorised through discourses of queerness and non-normativity.

Lesbian health has historically been situated as a subsidiary of women's health and as a part of a LGBT health agenda. In order to be inclusive as possible in accessing and analysing the health literature that might be drawn on and applied to young lesbian women today, I included literature focusing on 'young lesbians' as well as research that employed a behavioural definition of young 'women who have sex with women' (WSW) and literature focusing on 'sexual minority' youth which included women. In this literature review I use the terms 'lesbian' and 'lesbianism' and 'lesbian sexuality' to

encompass all of these women who practice sexuality with other women while acknowledging that the language is problematic as I have indicated above.

Key literature were identified by entering the search terms 'lesbian', 'health' and 'young' or 'young adult' in various combinations into the search engines Medline, Psychinfo, EBSCO Health and Academic Premier. I also sourced literature through alternative channels for health knowledge in New Zealand, such as the Auckland Women's Centre¹ library, and Auckland Women's Health Council² reports and newsletters. Targeted searches were conducted of lesbian specific journals such as the Journal of Lesbian Issues.

In the following sections I identify the multiple ways in which young lesbian health and wellbeing have been positioned in the literature. In doing so, I highlight the benefits of a poststructural feminist lens in unpacking the implications of shifts in discourse constituting young lesbian health and wellbeing today.

3.2. The sick female homosexual

Medicine and psychiatry have produced and problematised 'female homosexuals' as sick, dangerous, aggressive, tragically unhappy, deceitful, contagious and self-destructive (Stevens, 1992; Stevens & Hall, 1991). Female homosexuality has been constructed as illness and abnormality, arrested psychosexual development, sexual inversion/immaturity, and as associated with grave social ills such as criminality and the breakdown of the family (Chauncey, 1982). Therefore, lesbian health cannot be understood apart from critical examination of the medicalisation of lesbianism. Indeed the notion of 'lesbian health' has been described as a contradiction in terms (A. M. Miller et al., 1995).

The disciplines of medicine and psychology have drawn on sexuality to shape individuals towards the health and wellbeing of the population (Rose, 1998). Rose (1985) identified a 'psy-complex' or systems of psychiatry, psychology and psychotherapies, which responded to a need to organise people en-masse. In doing so, psychology took great

¹ The Auckland Women's Centre (AWC) is an active organisation which opened in 1975. It has existed through significant changes in the women's sector, the relationship between Government and community agencies, and women's role in society. The AWC is dedicated to facilitating empowerment and wellbeing for all women. A range of Centre material from 1975 to 1995 has been archived in the Auckland public and the Centre libraries.

² The Auckland Women's Health Council (AWHC) is an active feminist organisation that was established in 1988. AWHC offers a gendered analysis of the health care system and services in New Zealand.

power to define and augment human subjectivity. The medical and psychological construction of the female homosexual was linked to the production of women's place within families and populations (Lupton, 1995). Foucault (1978) pointed to a 'hysterization' of women's bodies, in which women were identified as especially determined by their sexuality. Women's sexuality and bodies were claimed to be critical to the maintenance of children and the family, but at the same time prone to pathology. Foucault argued that women have been systematically produced by discourse in ways that are intertwined with the health and wellbeing of families and populations. To illustrate this point in the New Zealand context, the first woman cabinet minister in New Zealand was appointed Minister for Health and Child Welfare in 1947 (Coney, 1993a). The first public positions held by women in New Zealand were on charitable aid and hospital boards (Coney, 1993b). Health was a public area that women could conceivably move into given their association with nurturing and with birth.

Medical constructions of the female homosexual underpinned the sex/gender system that held oppressive gender roles in place into the early 1900s (Chauncey, 1982; Stevens & Hall, 1991). Within this patriarchal system, a women's sexual disinterest/passivity was seen as a paradigm for her entire role in society (Chauncey, 1982). Therefore the 'female homosexual' who took on a desiring sexuality, was constructed as masculine in her "tastes, conduct, character, feelings and behaviour" (Beard, 1884, cited in Chauncey, 1982, p. 119). Constructed as tragically unhappy and sexually unfulfilled, the ultimate cure for lesbianism, suggested by medical experts was finding real love with a man. Evidence of the threat to the status quo, posed by the women's movement and lesbianism can be found in taxonomies of medical symptoms of the 'female homosexual' produced between 1954 and 1968. Symptoms included: casual clothing, short haircut, lack of cosmetics, interest in the women's movement, competition with men, dedication to career and 'unwomanly work' in the public sphere or labor or creative sectors (Stevens & Hall, 1991). Perhaps most obviously designed to uphold the status quo, lesbians' desire for other women was explained in the psychiatric literature by a 'fear of responsibility', which included pregnancy, childbirth and relationships with men (Stevens & Hall, 1991). The psychological treatment of female homosexuals, sought to bring them into line with dominant notions of the female role in society (concerned primarily with the home and motherhood) (Stevens & Hall, 1991).

The close connection of New Zealand to the rest of the English-speaking world has ensured that medical and psychiatric constructions of female homosexuality have been in operation here (Guy, 2000). In New Zealand in 1910, 54% of women confined to the Auckland Lunatic Asylum were held as “threats to social norms” including rejecting their roles as wives housekeepers and mothers (Belich, 2001 cited in Laurie, 2003, p. 81). By the early 1960s, the views originating in psychoanalysis that homosexuality represented treatable arrested psychological development were the most influential (Guy, 2000). For example, in 1966 a Dr Laurie Gluckman published an influential article in the *New Zealand Medical Journal* entitled, “An analysis of lesbian psychology, with recommendations for treatment”. Gluckman positioned himself as New Zealand’s expert on matters of lesbianism. Lesbianism, he claimed, should be conceptualised and treated as “an antisocial or dissocial reaction”, “a sexual deviation”, “a psychopathic reaction”, or a “sexual psychopathy” depending on the personality of the individual lesbian (Gluckman, 1966, cited in Laurie, 2003, p. 83). Some personal accounts, documented by Laurie (2003), of being positioned as sick female homosexuals within medical and psychiatric institutions in 1950s-1960s New Zealand are difficult to read e.g. the story of Prudence who received ECT and treatment several times at Porirua hospital where she felt like “a tiny figure in a big white bed, all curled up” (p. 83).

Lesbians have been produced as both ‘sick’ and ‘treatable’. These constructions have justified family, police and governmental practices of surveillance and sanctioning of those suspected of being lesbian, in the interests of their own and societal wellbeing (Lupton, 1995; Stevens & Hall, 1991). Despite a lack of explicit criminalisation of lesbianism in New Zealand, I hold with Laurie (2009) that religious, legal and medical discourses operated to effectively constrain lesbian possibilities “through a variety of mechanisms including the fear of forced medical treatment, social exclusion and disgrace, as well as the loss of employment, housing and family relationships. [Additionally] Class and race affected these outcomes” (p. i).

3.3. The kamp girl/natural rebel

In the context of tightly regulated and medicalised female sexuality, ‘kamp’ was the main term used by pre-1970s lesbian women in New Zealand and Australia to define themselves (Laurie, 2012). Medical and psychiatric discourses enabled police surveillance and harassment practices that constrained lesbians’ ability to meet and socialise in Australia and New Zealand. Laurie (2003) has identified that kamp lives were

made possible through practices of silence and discretion. Kamp girls practiced discretion, by “meeting in private friendship circles or through women’s organisations and clubs” (Laurie, 2003, p. 194). Laurie described her personal longing to find and meet other kamp girls (Laurie, 1985b). Kamp practices actively created and defended a kamp subcultural space which allowed for connection and sought to preserve safety. In Australia and New Zealand in the late 1950s and early 1960s this entailed leading a ‘double life’, abiding by kamp rules: “Don’t spring your mates at work or with their families and square friends. Always be loyal to all other Kamps... Tell the police nothing... Dresses at work” because “Lesbians get fired, kicked out of flats” (Laurie, 1985a, pp. 26-27).

Kamp discourse constructed surveillance, harassment and discrimination as inevitable. Therefore a construction of kamp girls as ‘natural rebels’ was produced:

As for us [Kamp girls], we saw the police as a natural catastrophe – like floods, fires, earthquakes. There was nothing you could do about these things except try and escape them. We had no analysis, no understanding that society could be changed. We simply tried to survive, as ourselves, as Kamp girls, natural rebels” (Laurie, 1985a, p. 25).

Being a natural rebel involved claiming a born kamp identity and a fixed sexual practice identity as either ‘butch’ or ‘bitch’ (Laurie, 1985a). Laurie references kamp identities as rejecting traditional women’s roles, making sharp division between kamp girls and square (heterosexual) women. “Everyone had ‘butch names’ ... [and] drinking was vital – women weren’t supposed to, so it was a rebellion and an affirmation of our denial of conventional femininity... We did not identify with square women” (Laurie, 1985a, pp. 25-26). Rather than women, Kamp girls identified with kamp and heterosexual men who could be supportive of lesbians (Laurie, 1985a). Thus, despite intense pathologisation and regulation, lesbian possibilities existed through kamp practices in New Zealand in the 1950s and 1960s.

Kamp communities did not seem to enter overtly into truth games in relation to lesbian health and wellbeing – in favour of stealth and survival as well as a sense of comradeship. Foucault has commented on the possibilities of practices maintaining silence (Foucault, 1978). Kamp practices show that silences, or an evasion of positioning in dominant discourses of sexuality, could be both meaningful and productive.

3.4. The well-adjusted lesbian

Psychological health research measuring and positioning lesbians in relation to constructs of psychological functioning, social functioning and life-span development has been systematically conducted since the 1950s (Tully, 1995). New Zealand lesbian groups drew on this psychological research influenced by connections with early homophile movements overseas. They began to take part in psychological 'truth games' in relation to lesbian health and wellbeing (Laurie, 2003).

In the 1950s and 1960s, organisation began around the notion of the well-adjusted 'homophile' an identity term favoured by some groups of homosexual people because it emphasised love and relationships ("-phile" from Greek) as opposed to a focus on sexual acts which was perceived as limiting (Laurie, 1990). The Daughters of Bilitus (DOB) group in San Francisco (established 1955), was an example of an early women's group that drew on psychological discourse to construct 'the truth' of lesbians as normal and productive citizens. DOB stated that the purpose of the group was to: educate homophile women in ways to better adjust to and take part in social and civic society, educate the public about the ability of homophile women to be contributing members of society, and participate in psychological research demonstrating this homophile adjustment (Gallo, 2006).

Psychological research, aligned with homophile groups, began to construct the mechanisms of positive adjustment of female homosexuals (e.g. Hart et al., 1978; N. L. Thompson, McCandless, & Strickland, 1971). Research produced female homosexuals as normal, refuting their characterisation as mad, bad and dangerous. A well-adjusted female homosexual subject position emerged in this early research as a: young, well-educated, professional, who had been involved with few partners and who favoured long term monogamous relationships (Tully, 1995). These studies revealed the normative characteristics of persons considered to be 'well-adjusted' at this time (financial independence, involvement in a stable long term relationship). Education of homophiles included how to cope with hostile environments through the medium of discrete social support in their private lives – enabling them to live in ways that were 'acceptable to society' (Gallo, 2006). The notion of performing one's civic duty was seen as particularly important for psychological, physiological and sociological wellbeing. Psychological constructs of social functioning worked to integrate lesbians into heterosexual culture.

In constructing mechanisms of positive adjustment, psychology continued to problematise the lesbian subject as experiencing issues of adjustment, though the cause of these problems was now located in their experiences of rejection and stress rather than in their biological constitution. The psychological community took up responsibility for assisting lesbians with their 'adjustment', producing knowledge about professional intervention with lesbians that was to do with trying to help lesbians live a 'normal life' (Tully, 1995). Particular issues amenable to psychological treatment were identified such as co-dependence of lesbian couples, family of origin issues, lesbians as victims of crime, sexual assault, internalised homophobia, stress related substance abuse, depression and neurosis.

A key role emerged for psychology/psychiatry as technology of normalisation for lesbians struggling to exist in homophobic society (Kitzinger, 1987). Foucault (1980d) suggested that knowledges and authorities of delimitation gain power when they position themselves as 'in the true' in rules that are set by dominant frameworks of science and rationality. Psychology presented itself as having come, through research and professional realisation, to 'know' the effects of tremendous stresses placed on homosexuals by society. Such truth claims belie the ways in which the psychological discourse can be seen to have constructed a particular kind of lesbian subject who legitimises psychological monitoring and possible intervention on her behalf.

3.4.1. 'Coming out' as a psychological discursive practice

Since psychological discourses entered into the truth games constituting lesbians as 'healthy' in the 1970s, a large body of literature exists on the concept of lesbians' 'coming out processes' (Carrion & Lock, 1997; Cass, 1979; L. Diamond, 1998; Jordan & Deluty, 1998; Saphira & Glover, 2001; Schneider, 2001). 'Coming out' can be seen as a discursive practice which produces lesbians as well-adjusted psychological subjects.

Common sense posits that 'coming out' as lesbian occurs when one acknowledges being lesbian and differentiates oneself from heterosexual women. For example, Cass (1979) proposed a linearly-staged coming out process that gained much acceptance in the clinical psychological and research worlds. Schneider's (2001) developmental psychological analysis produced lesbians' 'coming out' as a relational process, part of "the relational nature of females' sexual development" (p. 71). Schneider draws on many notions of

female identity that have been troubled by feminist scholars who dispute the validity of claims to an essential womanhood – such as an inherent tendency towards relationality.

More recently, researchers such as Diamond (2005) propose fluid stages for women which can include movement in and out of identities as one encounters varied life experiences. In a world where heterosexual orientations are the norm, the practice of ‘coming out’ also involves risk. Current understanding of lesbian ‘coming out processes’ have named gender expression as an important variable affecting lesbian adjustment. For example Lehavot and colleagues’ recent (2011) online survey of 1300 lesbian and bisexual identified women found gender expression played an important role in that a more butch/masculine gender expression was associated with greater sexual minority related victimization (e.g., workplace and school discrimination, prejudice events), whereas a more femme/feminine gender expression was associated with greater internalised homophobia and concealment.

Lehavot (2011) attempts to take into account the double-edged nature of lesbians’ ‘coming out’ through notions of victimisation and stress. Nonetheless, it remains that much of the research on lesbians ‘coming out process’ has been focused on the complex and varied ways in which women ‘come out’ and associations with their individual health and wellbeing or ‘adjustment’, and not on the heteronormative discursive environment which produces and identifies lesbians as different – requiring them to ‘come out’.

A New Zealand study has shed light on discourses of the healthy lesbian, focusing on women in their 30s and 40s recruited via a community group. Macbride-Stewart (2007b) described how discourses around healthy lesbians can work to render the period prior to ‘coming out’ as ‘unhealthy’ by default. The not-out lesbian is conceived of as psychologically immature and “not yet having come to a full realisation of herself” (MacBride-Stewart, 2007b, p. 436). MacBride-Stewart comments that participants tended to draw on notions of inherently happy and healthy ‘out’ lesbians (MacBride-Stewart, 2007b). In essence, discourses of the ‘healthy lesbian as an out lesbian’ can seem to invalidate, or render invisible the experiences of those who, for whatever reasons, do not always achieve the kind of health implied by reference to internal personal growth journeys and a ‘coming out’ imperative (MacBride-Stewart, 2007b; Rasmussen, 2004).

3.4.1. Girl interrupted: ‘coming out’ and young lesbian health

Developmental psychological discourses construct contemporary lesbian youth as more open, and as ‘coming out’ at younger ages than in prior cohorts of youth. As a result, young lesbian ‘coming out processes’ are held to intersect with a difficult “developmental period characterised by concerns with self-consciousness, conformity and peer regulation” (Russell & Fish, 2016, p. 26). “[Young lesbians] may feel isolated as they struggle to maintain a healthy developmental trajectory in an environment that is dismissive, hostile, or openly rejecting of their sexual orientation” (Coker, Austin, & Schuster, 2010, p. 457).

A disrupted ‘transition to adulthood’ is held to produce adult LGBT health disparities (recent examples include: Fish & Pasley, 2015; Needham, 2012; Ueno, 2010). For young LGBT persons it is posited that health problems can interfere with or complicate the ‘developmental tasks’ that they face, e.g. separating from family and making decisions, preparing for self-support and the world of adult work; and developing personal values (Dibble & Robertson, 2010). Contemporary health literature paints a picture of young LGBT who are constituted as a “vulnerable subpopulation of adolescents in which particular vigilance in health promotion and disease prevention is required” (Chaplic & Allen, 2013, p. 99).

Concealment or not ‘coming out’ is framed as an especially common ‘coping strategy’ among LGB adolescents (Hetrick & Martin, 1987; Safren & Pantalone, 2006), and studies suggest that concealment is also common in adulthood. Concealment of an LGB identity is held to come with costs such as lower relationship satisfaction in same-sex couples (Mohr & Fassinger, 2006), fewer job promotions and more negative job attitudes (Ragins, Singh, & Cornwell, 2007), as well as distress and suicidality (Morris, Waldo, & Rothblum, 2001). Experimental work has also found that heterosexual and homosexual individuals asked to conceal their sexual orientation perform significantly worse on cognitive and physical tasks when compared to those who were not asked to conceal their sexualities (Critcher & Ferguson, 2011). The effects of concealment are discussed as having a negative effect on lesbian health and wellbeing through social isolation and stress experienced as a result (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Kelleher, 2009; Scourfield, Roen, & McDermott, 2008).

The health literature identifies ‘protective factors’ for young lesbians that prevent concealment, e.g.: family connectedness, peer social support and school safety. The health benefits of ‘coming out’ to a supportive person and alignment with a minority community are connected in the literature to the provision and availability of appropriate social support which counters negative societal messages and enhances positive self-concept (e.g., Ragins, 2004, McNair et al, 2005). ‘Coming out’ is held in the literature to be stressful for LGB youth but also associated with positive mental health, especially in the long run (Russell & Fish 2016). Dimensions of the ‘coming out process’ have also been seen as particularly helpful in understanding and intervening in health-related behaviours of young LGBT. For example, the concept of ‘internalised homophobia’ has been related directly to engagement in unprotected sex (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001).

3.4.2. ‘Coming out’ in clinical care

Dyson (2007) has shown in the Australian context that a dominant discourse of lesbian invisibility in the health system has been derived from a broader construction of ‘coming out’ and the well-adjusted ‘out’ lesbian. The most recent clinical care guide focusing on lesbian health was titled *Lesbian Health 101: A Clinician’s Guide* (Dibble & Robertson, 2010). The authors argue that the health care environment must support diversity and acceptance of different sexual orientations, eliminating all “dismissive or judgemental interactions at the front desk and in the exam room”, so that lesbians are not discouraged from identifying themselves, seeking care, and returning for follow up screening or visits (Dibble & Robertson, 2010, p. xix).

‘Coming out’ to health care professionals has been a common theme in lesbian clinical care research and the health benefits and risks of disclosure (e.g. Boehmer & Case, 2004; Jordan & Deluty, 1998). There is New Zealand research suggesting that when lesbians attend clinics they may not discuss health relevant information connected with their sexuality, through fear of negative reaction and impact on quality of care (Saphira & Glover, 2001). Access issues for lesbians have been found to include financial barriers to visiting health services (Saphira & Glover, 2000); and the impact of negative past experiences within health services, including negative provider attitudes and the impact of disclosure of lesbian identity on the quality of care received, on subsequent service use (Hunt & Fish, 2008; Saphira & Glover, 2000, 2001).

The notion that ‘coming out’ produces lesbian health can be seen among lesbian and bisexual women who report engaging in strategies like ‘paying attention to subtle cues’ to decide whether their practitioner is likely to be judgemental or aware of lesbian health needs (Klitzman & Greenberg, 2002; McNair, 2009). Lesbians may also go to great lengths to locate an ‘accepting practitioner’ to ensuring continuity of their care (Eliason & Schope, 2001; Heath & Mulligan, 2007). In advice for GPs, McNair and others discuss how a sensitive practice environment could facilitate lesbian disclosure by displaying a small rainbow sign, having lesbian specific patient materials, and staff and forms that always use inclusive language (Heath & Mulligan, 2007; McNair, 2009). Knowledge of the ways in which health issues impact lesbians differently is of equal importance to ensuring the practice communicates openness.

A focus on sensitive environments and communicating concern, respect and openness and understanding of lesbian health issues, is discussed as particularly important in facilitating disclosure of sexual orientation for lesbian adolescent patients (Lorde-Rollins, 2010). “Broaching sensitive issues tells the adolescent she has permission to discuss them” (Lorde-Rollins, 2010, p. 29). However, the assumption that encouraging gay practitioners and patients to ‘come out’ will eliminate prejudice, and improve quality of care, is problematic in the context of heteronormativity (Semp, 2006). A GP’s focus on getting young lesbians to tell the ‘truth’ about their “sexual developmental milestones, social support [and] parental reactions” (Savin-Williams, cited in Lorde-Rollins, 2010, p. 29), does little to address this context.

3.5. The lesbian menace

Lesbians have also been identified as a menace to the feminist movement and society. In 1971, academic Ngahuia Te Awekotuku stood up at the first New Zealand National Women’s Liberation conference, and identified herself as a lesbian. In doing so she reportedly stated that she “defied the concept of submission to the inimitable cock” (Craccum, 1971, p. 6). Conditions of existence for the lesbian menace can be seen in women’s education and economic independence as well as the weakening of the patriarchal family structure (Hyman, 1995; Laurie, 2003). In 1971, women's liberation activists took part in the Auckland Centennial Parade. In a mock funeral procession they carried a coffin, for what they identified as repressive Victorian values and ended up at the statue of Queen Victoria in Albert Park (Cook, 2011). In early 1972, Gay Liberation groups sprang up in Auckland, Wellington and Christchurch, after Te Awekotuku was

denied a visitor's permit to the USA on the grounds that she was homosexual. Other groups formed throughout New Zealand in the next few years (Laurie, 2012). This emergence of the lesbian menace had a dual positioning within the feminist and gay movements, and also defined itself against the practices of discretion and secrecy that guided kamp life.

Feminist and gay liberation discourses entered into the 'truth games' constructing lesbianism and lesbian health and wellbeing at this time. The feminist text *Our Bodies Our Selves* (OBOS), produced in the US by the Boston Women's Collective in 1973, was a text for the circulation of women's and lesbian health discourses in New Zealand. In 1973, a new edition of OBOS was released which included the ground-breaking chapter, "In Amerika, They Call Us Dykes". It was an unabashedly positive portrayal of lesbianism in relation to health, for example:

To me dyke is positive; it means a strong, independent Lesbian who can take care of herself... [it has] stronger political implications than "activist" [and signifies] woman-identified culture, identity, pride and strength (Boston Women's Health Book Collective, 1973, p. 73).

3.5.1. Feminist experiential authority

The 1970s saw the emergence of women's health discourses attempting to refuse medicine's power over women's lives, by emphasising women's right to full knowledge and choice over their bodies and by extension, their medical care (Coney, 1993a). This was seen as taking power away from the oppressive patriarchal medical system (Else, 1993). The medical system cast women in powerless roles in relation to predominantly male doctors and withheld medical knowledge from them for their own good. In this climate women sought to "raise their consciousness" of health issues such as sexuality, reproduction and self-care (H. Clark, 1993, p. 53).

'Consciousness raising' became a key technique of feminists working for societal change (Coney, 1993b). Consciousness raising deployed an experiential authority in contesting 'the truth' of women's health. Feminist discourses re-valued subjective and experiential health and wellbeing knowledge, producing and holding this knowledge as equal in worth to medical and scientific knowledge. Embodied subjective knowledge of health accessible in women's experiences and stories, could therefore become a basis on which actions and political goals could rest, as opposed to scientific knowledge or social theory.

In this way lesbian women were also granted an experiential authority by virtue of their experiences of health and wellbeing issues. Speaking with experiential authority was engaging in particular kind of knowledge production in opposition to the dominant scientific rationality (J. Clifford, 1983). Around the same time, some lesbians in New Zealand clearly began to resist the need for assimilation, privacy and discretion, that were a part of the kamp discourses, providing the basis for more visible and lesbian identifies of the 1970s (Laurie, 2012).

3.5.2. Lesbian visibility as a political practice

Taking up a lesbian identity could be a statement of gay-identification, woman-identification and the personal practice of the politics of the women's movement. One could 'come out', and one could also be 'outed', as a political practice of lesbian community. New Zealand MP Marilyn Waring was 'outed' in 1976 in extensive coverage by the tabloid newspaper *Truth*. Both before and after her 'outing', Waring was criticised by lesbians for her reluctance to put her body and public career on the line in the interests of supporting lesbian community pride and wellbeing (e.g. D. Jones, 1986). Waring's experience showed how both concealing and revealing one's identity could be considered fraught with dangers for lesbian women's individual and community health and wellbeing.

Lesbian feminist politics emphasised visibility, pride and promoting lesbianism, that 'any woman can be a lesbian' and that lesbianism is a positive choice for women (Laurie, 2009). The notion of a critical mass of lesbian visibility was linked to health and wellbeing as explicated in a lesbian health guide thus:

If we are kept invisible in our cities and communities, our social activities will be limited to the night and usually to the bar. It is only when we make it safe to have the strength to come out in large numbers and become VISIBLE that our activities as strong healthy women can be seen (O'Donnell, 1979, p. 87).

Visible lesbian identity could now be positioned as a source of health working against the negative influences of society. At this time, lesbianism could also be constructed as healthier than heterosexuality for women, because of the revolutionary path away from the societal oppression perpetrated by men it represented e.g. "Hostility toward your oppressor is healthy... it seems to me that in a male-dominated society, Lesbianism is a sign of mental health" (Shelley, 1970, p. 346). One of the very first publications dedicated

entirely to lesbian health, published in 1979 by the Santa Cruz Women's Health Centre (O'Donnell, 1979), was emphatically titled *Lesbian Health Matters!* It included a feminist explication of the ways in which a medical system, conceptualised as both patriarchal and heterosexist was seen to be working against lesbian health. Society was identified as affecting the health of lesbians in pervasive and negative ways. Analysis of patriarchy and heterosexist oppression in lesbian feminist terms produced the sickness of society as the key issue for lesbian health and wellbeing. It became possible to ask, for example: "can heterosexuality be a free choice when we are taught such a deep fear of loving women?" (Boston Women's Health Book Collective, 1973, p. 122).

Laurie established an early lesbian liberation group called "Sisters for Homophile Equality" (SHE) in 1973. SHE was introduced in *The Circle* (a SHE publication) as "a non-profit organisation, founded to aid the New Zealand lesbian to determine her place within the gay movement, the women's movement, and her relationship to society as a whole" (Laurie, 1973, p. 2). SHE had a distinctly more radical and feminist agenda than can be seen in the kamp practices of lesbian discretion. SHE highlighted lesbian issues emerging within both the gay and the women's movements such that "We would however agree with Martha Shelley's statement in the U.S.A., that: "In a society where men oppress women, to be a lesbian is a sign of mental health." And Jill Johnson's comment in New York that "all women are lesbian, except those that don't know they are yet"" (Laurie, 1973, p. 2).

Laurie (1990) has described how possibilities for lesbians in New Zealand broadened from 'kamp girls' to also include 'political dykes'. In the history of subjectivities, identity terms can be seen as attempts to differentiate from those gone before and as constituted by discourse. Laurie described the importance of resources published overseas, e.g. by the DOB, to the early liberation movements in New Zealand (Laurie, 1990). Julia Stanley, a member of the U.S DOB lesbian group, discussed some of the new political identity terms that became available:

To come out of the closet now has a political meaning; the phrase refers to the assumption of one's identity as a positive thing, something to be yelled in the streets, rather than hidden and whispered about behind closed doors... To be a dyke or a faggot refers to one's political identity as a gay activist (Stanley, 1974, p. 391).

A redefinition of 'coming out' can be seen, away from psychological discourses of individual wellbeing, towards a political practice of radical lesbian visibility. In this passage the construction of the radical lesbian identity position 'committed to revolution' is evident. Feminists, such as Charlotte Bunch (1975), Adrienne Rich (1980) and Monique Wittig (1992), linked practices and institutions of heterosexuality to the perpetuation of gendered divisions and male appropriation of women's productive and reproductive capacities. Rich (1980) developed the concept of 'compulsory heterosexuality' to theorise how institutionalized, normative heterosexuality regulates those kept within its boundaries as well as marginalizing and sanctioning those outside them. In the U.S in the 1960s, radical lesbian women struggled to be a visible part of organised feminism. The National Organization of Women's President, Betty Friedan, fought to keep what she referred to as "the lavender menace" out of her campaign for women's rights. NOW delegates in the U.S reversed this position in 1971 when they decreed that lesbian issues were a legitimate concern for feminism.

Radical lesbian identity claimed a certain kind of recognition from society, as a distinct, valid and political identity position. Hiding one's lesbianism could be constructed as collusion with the oppressive patriarchal and heterocentric systems. This link between visibility and politics was contested by *kamp* practices of discretion, where it was continually maintained that visibility and safety/wellbeing were not often coexistent and that a subculture protected from public visibility could operate more freely and involve and benefit more women. It is noted by some authors that a political visibility imperative has always been contested in the behaviour of individual lesbians - some isolate themselves from lesbian subculture, many resist publicly identifying themselves, and most lesbians 'pass' under the radar within heterosexual culture at some times in their daily lives (Gallo, 2006; Tully, 1995).

3.6. The lesbian juvenile delinquent

A 'delinquent' is defined as a typically young person, who is characterised by a tendency to commit crime. 'Delinquent' can also be used to mean 'failing in one's duty' (English Oxford Living Dictionary, 2016c). Young lesbians have been constructed as delinquents who commit crimes against the norms of society and for 'healthy life'. Norms for a healthy life have been produced by both moral and developmental psychological discourses, which have shifted over time.

3.6.1. The emergence of adolescence

Key to the construction of lesbian delinquents is the notion of adolescence or of being a young person who is not a child, but not yet an adult. ‘Adolescence’ or young adulthood, as a distinct stage of human development is a historically contingent notion that has emerged as a result of particular conditions of possibility (Kohli & Meyer, 1986; Youniss, 1983). The separation of adolescence from adulthood can be detected in the establishment of a separate juvenile court system in New Zealand in 1925. It can also be seen in the emergence of a distinct youth market for leisure, evident in the rapid growth of dance halls and young men's clubs at this time (Yska, 1993). The notion of adolescence as a ‘transition to adulthood’, fraught with pitfalls, can be detected in sociological and psychological literature in the 1940s, through which population surveys and clinical studies produced “various aspects of the life of adolescents... relative to the needs of adolescents, [particularly] the development of attitudes, heterosexuality, and youth problems today and tomorrow” (Garrison, 1946, p. 12). Educators, social workers, and other advocates of the young, became convinced that adolescents needed time, support and active intervention if necessary, to develop the intellectual and emotional capacities position themselves as ‘adult’ (Burman, 2007).

From a Foucauldian perspective, youth and the young person can also be identified as emerging alongside interest in the population health and development as key to human survival. Kohli and Meyer (1986) link the notion of ‘adolescence’ to a growing institutionalisation of the life course beginning in the 19th Century assisted by the welfare state intervention in population life. Normative life events (such as schooling, work, marriage) have produced, “a modern life course regime” (Kohli & Meyer, 1986, p. 146). Some conditions of possibility for the life stages to emerge as a particular focal point for thought can be identified in New Zealand. For example, New Zealand’s 1938 Social Security Act introduced the notion of the state looking after citizens from the ‘cradle to the grave’. Such systems created important spaces for childhood, adolescence, adulthood and old age – and their respective wellbeing issues – to come into being. Psychological theory, (particularly developmental psychology), has operated to define, refine and standardise life stage positions that young people take up and are assessed against (Burman, 2007).

Developmental psychological discourses can be linked to the needs and processes of capitalism as well as to heteronormativity. For example, “*A Sociological View of the*

Youth Problem” located youth difficulties in the areas of: (1) economic adjustment, (2) moral adjustment, and (3) marital adjustment (Landis, 1941, p. 738). Young people’s acceptability (and conversely their ‘delinquency’) have been represented by their labour power and by their ability to enter into marriage. In New Zealand and internationally this has traditionally meant the ability to earn a self-sustaining income, and a sense of self-mastery over one’s (hetero)sexual and emotional life (Brickell, 2013a; Burman, 2007). Role transitions that have typically been identified with the achievement of adult status are: finishing education, entering the workforce, maintaining financial independence and parenthood (Youniss, 1983).

Arnett (2000) is credited with bringing a particular focus in developmental psychology on ‘emerging adulthood’ as a distinct modern phenomenon. Arnett (2007) delineated an ‘emerging adulthood’ period, between 18 to 24 years, as characterised by ‘exploration’ in relationships/sexuality and the self as well as professional career. He argued that the ‘transition to adulthood’ is now a much longer process than it was in earlier historical periods, when young people were positioned as soldiers, parents and workers much sooner. Arnett (1997) showed that young people (18-28) endorsed and emphasised criteria for adulthood as individualism including the ability to ‘accept responsibility for the consequences of your actions’, ‘decide on own beliefs and values independently of parents or other influences’, and ‘establish a relationship with parents as an equal adult’. In contrast, role transitions typically associated with adulthood, such as marriage, and parenthood, were rejected as criteria for adulthood. The results suggest that young people in contemporary American society may position their ‘transition to adulthood’ in increasingly intangible, gradual, psychological, and individualistic terms.

Economic factors, lowered government assistance and a more precarious job market, are conditions of possibility for ‘emerging adulthood’. Côté (2014) contends that the notion of ‘emerging adulthood’ ignores the social and economic conditions that produce the phenomenon of a prolonged search for adulthood. In New Zealand in 2013 the median income among women aged 20-24 years was \$392 per week (\$408 for men) an amount unlikely to enable self-sufficiency or support a family (Statistics New Zealand, 2013). Incomes in this age group have remained static for the last 10 years. Psychological narratives romanticise the healthfulness of ‘exploration’, ‘free choice’ and ‘postponing commitments’ within a particular life stage, obscuring the way that opportunities young

people can take up during their transition to adulthood continue to be subject to limitations produced by social class (Côté, 2000), and I would add gender and sexuality.

Discourses of heterosexuality are bound up in positioning young women as ‘young’ or ‘emerging’ adults. Deviations from all current conceptions of normal ‘adulthood’ or the ‘transition to adulthood’ can be thought of as a kind of delinquency that developmental psychology seeks to identify, minimise and correct. For example, a common perspective in the construction of ‘emerging’ or ‘young adulthood’, is that this represents the peak age for many health risk behaviours society tries to discourage such as binge drinking, illegal drug use and risky sexual behaviour. Hendry and Kloep (2007) contest the concept of ‘emerging adulthood’ as promoting ‘unhealthy’ extension of a period of experimentation and exploration that has negative social implications. This characterisation of exploration as unhealthy for young people constructs ‘normal’ adult sexuality as stable and fixed. Truth games are in operation even within developmental psychology, where there is some contention as to whether ‘emerging adulthood’ now constitutes a normal stage of human development as part of a ‘transition to adulthood’ (see Arnett, 2006, 2007; Côté, 2014; Hendry & Kloep, 2007).

Psychological theories have constructed normative adult status through heterosexuality within our culture and held that development towards this occurs through instinct, social learning, dynamic interaction with environments and people (Burman, 2007). What is considered ‘healthy’ for young adulthood can be loosely defined as whatever enables the best fit into or preparation for current notions of adulthood. In a Foucauldian sense, we can see these processes linking in with governmentality, where what constitutes ‘development’ is commensurate with coming to see oneself as a particular moral subject of one’s own actions. This obscures the mechanisms through which young people are produced as normatively heterosexual. The notion of adolescence has been taken up by truth games in social science and a body of theory and knowledge on ‘the adolescent’ has emerged. As part of this shift, young lesbian sexuality has been explicitly problematised in New Zealand.

3.6.1. Lesbian juvenile delinquents

‘Juvenile delinquency’ has been constructed as a category of thought and research in New Zealand universities since the 1920s (Brickell, 2013a). Brickell (2013a) analysed case files and studies on ‘juvenile delinquency’, which highlight how youth sexuality was

problematised by wardens, doctors, psychologists and researchers in New Zealand. Young lesbian adolescents became visible and were problematised in this space created by moral discourses and developmental psychology. Brickell (2013b) has suggested that social scientific knowledge production of the teenager/adolescent in New Zealand in the 1940s and 1950s, “provided a means by which to develop and popularise social scientific work” (p. 58). A professional knowledge of youth and young people was created which surveilled, produced, and moulded a much more delineable youth generation (in comparison to generations gone before) (Brickell, 2013a, 2013b).

The 1950s represented a period of intense media and public concern with young women and their sexuality particularly (M. King, 2003). A New Zealand Government Special Committee on Moral Delinquency in Children and Adolescents was convened which reported in 1954 (commonly referred to as the Mazengarb report). Within the Mazengarb Report (1954), moral discourses, positioning young females as sexual gatekeepers, were articulated against a developmental approach to young people’s sexuality as normal sexual experimentation. Young women’s sexual practices and desires were constructed as a matter of juvenile delinquency/rebellion, originating in poor parenting, that placed the cohesion of society at risk.

The Mazengarb inquiry and report coincided with the Parker-Hulme murder case, where suspected lesbian girls Parker and Hulme were found guilty of the murder of Parker’s mother. Glamuzina and Laurie (1991) argue that the Parker-Hulme case had a significant effect on lesbians in New Zealand, especially before the mid-1970s.

This [effect on lesbians] happened several ways: by associating lesbianism with violent death, criminality and insanity the case reinforced anti-lesbian attitudes; as well it helped to construct new forms of anti-lesbianism. (Glamuzina, 1991, p. 165).

These new forms of anti-lesbian discourse produced increased attention and surveillance directed of young women’s friendships and relationships by families, schools and wider society. This attention and surveillance has formed part of the ways in which lesbianism has been regulated in New Zealand despite a lack of explicit criminalisation (Laurie, 2003). The “incitement to discourse” (Foucault, 1978, p. 17) that the Parker Hulme case produced, is held to have created a fear of being positioned as similar to Parker and Hulme among New Zealand lesbians (Glamuzina, 1991).

Brickell (2007) argued that in New Zealand during the 1970s, contest over young people's sexuality became concentrated around the notion of sex education. This reflected wider struggles over tradition and progress, social order and social reconstitution. At this time many New Zealanders and groups believed that sex education was the responsibility of parents who should instruct their children in 'basic moral values' including 'self-control before marriage' (Weir, 2001). Due to the strength of such moral conservative discourses of sexuality, merely raising issues of sexuality in young people could be taken as evidence of grave moral depravity (Diorio, 1981). Young people's sexuality was explicated as different from that of adults, whether positioned as 'delinquent' rebellion in need of restraint, or a critical stage of emotional and social 'exploration'. "That these contestations were played out over young people's sexuality was not incidental. Instead, their bodies and pleasures were critical ... Young people were the bearers of a new age... still at a formative stage ideologically. In a political sense, the young formed a crucial constituency" (Brickell, 2007, p. 401).

Lesbians in sexuality education

The significance to the women's health movement of what young women are taught about sexuality was acknowledged by the Select Committee on Women's Rights (1975). The Committee supported helping young people "understand more about their personal and social growth, appreciate the consequences of the decisions they make regarding their personal relationships, show concern for others; and appreciate the value of social justice and self-respect" (Department of Education submission supported in Select Committee on Women's Rights, 1975, p. 54). No explicit mention of lesbians was made.

Hoping to find a way forward through contested moral conservative, developmental and feminist views, the new Labour Government received the 1973 Ross Report. This report suggested that relationships, abortion, changing gender roles, masturbation, the ethical implications of contraception as well as the 'social implications of homosexuality' be discussed in classrooms. Public protest resulted and its recommendations were not implemented (J. Clark, 2001). A Royal Commission report advocated school-based sex education, but only via discussion of 'human relationships', social responsibility and the centrality of the 'traditional family' to the maintenance of social stability (New Zealand Royal Commission of Inquiry, 1977). The third government committee report (the Johnson Report), was published the same year and argued that morality and spirituality

were more important than sexual behaviour and should be stressed in education (Committee on Health and Social Education cited in Brickell, 2007, p. 309).

The Johnson and Ross reports did advocate for sex education in schools. They did so in the context of 'human development' and 'social and emotional relationships' drawing on psychological discourses of child development. Diorio (1981) has commented that given a moral conservative context in New Zealand, "advocacy of sex education of any kind in schools often is taken to be a "liberal" position", when in reality "Such advocacy can mask an uncritical commitment to orthodox sexual attitudes" (p. 225-6). Placing sexuality education within the context of 'personal relationships' and 'social responsibility' can be seen as instilling heteronormativity into sexual relations as a form of social control. Reference to the 'traditional family' and the 'stability of the family' identified the proper expression of sexuality as within heterosexual marriage. Learning how to develop and practice responsible and mature sexuality meant eschewing promiscuity, in favour of 'loving and caring' relationships. This produced a powerful hetero-familial imperative for young people. "Sex [was] to be a family affair, and sex education [was] to aim at socialising children into conventional family living" (Diorio, 1981, p. 227).

Sexuality education thus entered into anatomopolitics, disciplining bodies and behaviours at the level of individual children, in the interests of preserving social stability. As the New Zealand Department of Education (1970) stated baldly in the paper *Health – Suggestions for Health Education in Primary Schools*: each child "needs to learn to control and direct his sex drives in socially acceptable ways (New Zealand Department of Education, 1970, cited in Diorio, 1981, p. 225). Young lesbian subjects could be produced as delinquent, outside of the parameters of normal and healthy adolescence.

3.7. Subjects of heteronormativity

A significant body of sociological literature constructs young lesbians as subjects of 'heteronormativity'. Heteronormativity is comprised of discourses which reinforce certain presumptions related to sex, gender and desire: That there are only two sexes, that biological sex, gender performance and sexual desire are linked, that is it 'normal' or 'natural' for different sexes to be attracted to one another, that these attractions may be publically displayed and celebrated, and that social institutions such as marriage are appropriately organised around these pairs (Butler, 1990). Heteronormativity is the discursive systems and practices which produce heterosexuality as the norm. Everyday

spaces and interactions can be seen as infused with heterosexual assumptions, practises, expressions and implied values (Valentine, 1993; Willis, 2009). Heteronormativity is held to constitute a pervasive cultural milieu (Semp, 2006). Jackson (2006) argues that Rich's (1980) concept of 'compulsory heterosexuality' could be seen as a forerunner of heteronormativity. Heteronormativity also has roots in queer and poststructural approaches which theorise how homosexuality gains its coherence in relation to heterosexuality, and the impact of regimes of normative heterosexuality on possible identities and subjectivities. Butler (1990) emphasised heteronormativity as both phallogocentrism (or the privileged male viewpoint on social meaning) and compulsory heterosexuality which are regimes of power/discourse that impact on women's lives.

As subjects of heteronormativity, the literature holds that lesbians are subjected to heteronormative marginalisation, exclusion, violence and victimisation. The heteronormative context can be seen to represent a health risk for women who do not fit the hetero norm. Heteronormativity also constructs subject positions for heterosexual people. For example, among heterosexuals, what tends to be valorized as 'normative' is a very particular intimate relationship form founded on traditional gender arrangements and lifelong monogamy (Seidman, 2005). Heteronormativity constructs and legitimises practices and positions that can be taken up to regulate and oppose lesbian identities and existence. In relation to health and wellbeing, there is a growing body of literature suggesting that an analysis of heteronormativity - or the ways in which heterosexual and gender normative relationships, histories and meaning making is/are naturalised, rewarded and enforced in everyday life - is vital in producing any understanding of the subjective experiences of lesbian women (e.g. Daley, 2003, 2008; Kitinger, 2005). Heteronormativity is held to produce a silence around, or the (de)valuing of talk about, a relationship between young lesbian identity and health and wellbeing such that:

By listening to queer-identified youths' discourses of queerness, and asking youth how to extend the range of their own narratives, it becomes possible to also identify areas of inquiry that have not been actively linked to queer identity (i.e., "normal" topics like physical health or disordered eating) or that have been considered "too weird" (such as self-development) to include in a LGBTQ [lesbian, gay bisexual, transgender, queer] research agenda (Welle, Fuller, Mauk, & Clatts, 2006, p. 56)

Heteronormativity is the practices which produce systematic and institutionalised devaluing of some sexual and gender identities and not others. It is these practices and

processes that research into heteronormativity recognises as problematic. For example, in New Zealand, Semp's (2006) study highlighted 'homonegative' discourses surrounding male homosexuality and mental health and the impact of these discourses on quality of care in public mental health services. Semp also shed light on how heteronormativity and a mainstream medical model, which tends to focus on symptoms and pathology within individuals (rather than a social justice or systemic approach), can work together. These dominant discourses tend to play down the ways in which social marginalisation and oppression can actually be involved in producing the phenomena we view as 'mental health' and 'mental illness'. Rivers and D'Augelli (2001) note that many experiences considered 'the norm' for young LGBT persons are experiences of heteronormative subjectification, such as: being made to feel different, being rejected or treated differently by one's family. Constructing lesbian health and wellbeing through the concept of heteronormativity draws attention to these broader social conditions which constrain lesbian health and wellbeing.

A small body of research has examined the possibilities for young lesbians dealing with their desire when it is constructed through heteronormative discourse as negative or dangerous. For example, Ussher and Mooney-Somers (2000) interviewed eight young lesbians (17-24 years) who were members of a non-violent direct action Lesbian Avengers group in London. In dealing with homonegative positioning as 'other', perverted and dangerous, participants were able to take up a strong positioning of the 'lesbian outsider' and 'cultural critic', as well as embracing personal transformation through lesbianism, in addition to using concealment as a way to stay safe.

3.7.1. Harassment, violence and discrimination against lesbians

Research originating from a positivist tradition of knowledge production has documented the effects of heteronormative positioning, as disproportionate harassment, violence against and victimisation of lesbians as compared to heterosexual women. For example, Hughes, Szalacha et al. (2010), reported that 78% of bisexual and 66% of exclusively lesbian women reported lifetime sexual victimization (i.e., including childhood and adult sexual victimization), compared to 38% of exclusively heterosexual women. Bernhard (2000) conducted a study to explore whether there were differences in the violence experienced by lesbian and heterosexual women. Significantly more lesbians (51%) than heterosexual women (33%) had experienced nonsexual physical violence, and there was

no difference between the groups in the prevalence of sexual violence (lesbian 54%, heterosexual 44%).

Lesbian health research has pointed to the heteronormativity inherent in lesbian women's experiences of harassment discrimination and violence. For example, in 1992, the *Great, Late Lesbian and Bisexual Women's Discrimination* survey was conducted in New Zealand (Rankine, 2001). Findings showed that more than three-quarters of women had been verbally abused in public spaces with comments indicating that holding hands or expressing affection to another woman, or disinterest in men's advances, were the triggers. Rankine (2001) held that these findings provide support for the notion that "public abuse and violence is one way in which lesbians are punished for their sexual autonomy from men" (p. 136).

3.7.1. The school as a site of heteronormative subjugation

In 1994, Quinlivan noted a paucity of research on lesbian student's experiences and commented that:

The limited and fragmented nature of the material in New Zealand reflects a worldwide trend. The heterosexual focus of western society has resulted in the construction of lesbians and gay men as a marginalised group and this has increased their invisibility. In addition, women generally, feminists have argued, have been silenced in the education system (Quinlivan, 1994, p. 1).

Since that time more research has emerged dealing with lesbians' experiences in secondary schools in New Zealand and internationally. This research shows how heteronormativity operates in schools, where lesbian identities and interests tend to be silenced, and students' need for affirmation of and information ignored (e.g. Hillier, Harrison, & Dempsey, 1999; Quinlivan, 1996, 1999; Quinlivan & Town, 1999; Vincent & Ballard, 1997).

A key area where heteronormative positioning of young lesbians (and other sexual minorities) has been explored, is in peer violence victimisation. A recent systematic review showed that peer victimisation (specifically bullying in schools), has in fact received most of the research attention in relation to the marginalisation of LGBT adolescents (Collier, van Beusekom, Bos, & Sandfort, 2013). School environments are spaces where heteronormative discourses come into play and are enforced in the rituals, and interactions between students and teachers and the curriculum (Chesir-Teran, 2003). Heteronormativity drives harassment and bullying of students deemed to be stepping

outside of gender or sexuality norms, and permeates the gender and sexual relations that are displayed in classrooms among peer groups and through extracurricular activities (Eder & Parker, 1987; Nayak & Kehily, 1996; Wilkinson & Pearson, 2009).

Aotearoa/New Zealand's students experience relatively high rates of bullying compared to young people in other Western countries (Carroll-Lind, 2009; Raskauskas, Gregory, Harvey, Rifshana, & Evans, 2010). Findings from the New Zealand Youth '07 school survey of the health and wellbeing of (n=9107), showed that a small proportion indicated they were attracted to the same sex (0.9%, n=73), or both sexes (3.3%, n=270). Same/both sex attracted students were less likely than their opposite-sex attracted counterparts to report liking school, feeling part of their school and that adults at their school cared about them. Proportionally three times as many same/both-sex attracted students were bullied weekly at school compared to opposite-sex attracted students. More than twice as many had not gone to school because they were afraid someone would hurt or bother them. A third of SSA students felt they had been bullied because they were gay (c.f. 6% of OSA students) (Rossen, Lucassen, Denny, & Robinson, 2009). The researchers noted no meaningful changes in relation to how safe LGBT students felt or in rates of bullying/victimisation between the similar surveys conducted in 2001 and 2007.

Lynne Hillier has lead three major national surveys of Australian youth with a focus on sexuality in 1998, 2004 and 2010). Hillier's school-based research suggests Australian same-sex-attracted youth are also exposed to high levels of homophobic abuse (Hillier et al., 1998; Hillier, Turner, & Mitchell, 2005). The most recent survey conducted in 2010, indicated 46% of these young people experienced regular verbal abuse, and 15% physical abuse (Hillier et al., 2010). In 2004, most of this abuse took place at school (74%) or on the street (45%) (Hillier, 2010). In this research young LGBT people who experienced abuse felt less safe, were more likely to self-harm, attempt suicide and abuse drugs (Hillier, 2010). Hillier (2010) noted that the young same-sex-attracted women who experienced this abuse also broke the most gender rules around young women's health behaviours: e.g. they had higher drug use than young men, were sexually active earlier, less likely to disclose their sexuality to others and to receive support when they did disclose, and as likely to self-harm and attempt suicide. Rankine (2001) linked "restrictive constructions of female sexuality in which same-sex love is invisible" to a lack of diversity in school environments caused by "The current creation of education markets in

New Zealand... [which] is tending to ghettoise disadvantaged racial and socioeconomic populations into certain areas and schools” (p. 136).

Research examining lesbian school experiences in New Zealand has tended to originate from a paradigm of problematizing the institutionalised dominance of heterosexuality (Nairn & Smith, 2003). This approach can be contrasted with rights based arguments for ‘acceptance’ and ‘tolerance’ within heterosexual systems – e.g. the notion that every child has the right to feel safe regardless of their sexual orientation, ethnicity, gender etc. I argue that this sets the New Zealand literature apart from international studies of bullying in schools. Allen’s more recent (2005) work on young people, sexuality and education in New Zealand has not included queer youth perspectives directly. However, Allen’s work on the heterosexualisation of educational space has important implications for young lesbians. Allen positions herself alongside other New Zealand researchers such as Quinlivan and Town (Quinlivan & Town, 1999; Town, 1999) who argue that heterosexuality is ‘the problem’ rather than homosexuality, and that if heterosexuality was not taken for granted as ‘the norm’, other sexualities might not be devalued as ‘abnormal’.

3.7.2. Intervening into heteronormative school environments

New Zealand government sanctioned intervention into school environments has been produced by discourses of inclusivity and a student’s right to safety, rather than challenging the dominance of heteronormativity. These have been focused on comprehensive sex education and a reduction in bullying behaviours. Interventions into the school environment have been designed to promote awareness of ‘LGBT issues’ and ‘whole school safety’ such as the gay-straight alliance model. Such policy has been developed in Australasia (often drawing on U.S research) in a way that has not yet been implemented widely in U.S schools to date.

In New Zealand, Burford and colleagues (2013) noted that bullying and anti-social behaviour is being challenged by schools, policy-makers and community members. The New Zealand education sector has developed a Positive Behaviour for Learning (PB4L) policy framework (Ministry of Education, 2015a). PB4L provides a range of evidence-based programmes and initiatives to support parents and families, teachers, schools and early childhood centres to improve the behaviour of children and young people. PB4L School-Wide moves away from focusing on the ‘bully’ themselves (which attributes

negative behaviour to the psychology or personality of the individual student) to developing a school climate and culture that can prevent bullying behaviours. While PB4L identifies ‘problem behaviour’ such as bullying, racism, sexism, and social exclusion in general terms there is no specific challenge of bullying produced by heteronormativity and how to reduce this heteronormative culture in schools. However, heteronormativity has a long and powerful history in the church, psy- sciences and the law. In producing normative sexuality as private and intimate it makes it much harder for teachers and students to challenge such behaviours (Hillier, 2010).

There is a continuation of the problematisation of young people’s knowledge of sexuality in New Zealand. Issues include: consent and coercion; the heterosexualisation of young people, particularly girls; the effects of pornography on young people’s understanding of sexuality and relationships; and examining the bias that opposite sex relationships are normal (Quinlivan, 2006; Gavey, 2012; McGlashan, 2013). Government policy states that sexuality education in New Zealand schools supports ‘diversity’, questioning gender stereotypes and assumptions about sexuality as well as the ‘rights’ of those who identify as lesbian, gay, bisexual, transgender, intersex, and other sexual and gender identities. However it holds that approaches to sexuality education may differ according to school character, community, and location (Ministry of Education, 2015b). It would seem that this policy provides some guidelines around inclusive sexuality education, from a rights based perspective, but that the content of programmes is left up to the discretion of individual schools in consultation with their communities and heteronormative school culture is not addressed. Despite clear messages about inclusiveness and the unacceptability of school violence and victimisation, Hillier (2010) asserted that schools and teachers require a combination of anti-heteronormative policy, practice, curricula and community engagement to be able to provide effective leadership and direction. Though school based workshops on sexuality and gender diversity have been developed and implemented in some schools by queer support groups (e.g. Burford et al., 2013), there is little evidence of this kind of comprehensive approach to supporting young lesbians’ education in New Zealand.

Young lesbians can be positioned as subjects of heteronormativity, locating responsibility for producing their wellbeing within the schools and communities in which they live. There is tension in the lesbian health literature between such discourses of systemic wellbeing, and discourses which produce lesbians as subjects of health risk.

3.8. Risky subjects of population health disparity

A definition of ‘risky’ in English is: full of the possibility of danger, failure, or loss. Synonyms include: fraught with danger, high-risk, unsafe, exposed, defenceless, and precarious (English Oxford Living Dictionary, 2016d). Discourses of risk and population health have constituted a field of knowledge entering in to truth games regarding young lesbian health and wellbeing. For example, in 2010 the United States Department of Health National Institutes of Health (NIH) indicated concern for the health status of LGBT populations in relation to nationwide health-promotion and disease-prevention goals. The Institute of Medicine (IOM) (2011) drew on empirical knowledge production of the ‘health status’ of lesbian, gay, bisexual, and transgender people as part of distinct population groups each with its own specific health needs. The IOM encouraged researchers to produce more scientific and empirical knowledge of the ‘health disparities’ and corresponding ‘needs’ of LGBT populations. In seeking to further the evidence base for LGBT health issues, the IOM report held that research on LGBT health issues should be informed by one or more of four conceptual perspectives: minority stress, life course, intersectionality and social ecology (Institute of Medicine Committee, 2011).

The psychological theory of ‘minority stress’ (Meyer, 1995, 2003) has emerged and gained the currency to provide a foundational framework for theorising all sexual minority health (LGBT), within a health disparities framework (Institute of Medicine Committee, 2011). The literature posits that lesbians are at risk for poor health because they must manage/process unique stressors that are related to being in a ‘sexual minority’ population. Minority stress theory defines three stress processes from distal to proximal: First, objective external stressors including structural discrimination and interpersonal victimisation/prejudice; Second, one’s expectations that victimisation or rejection will occur and corresponding vigilance; and third, internalisation of negative societal beliefs (internalised homophobia) (Meyer, 2003). Extensions of this work have focused on how intrapersonal processes such as appraisals, coping and emotion regulation might mediate the links between experiences of minority stress and psychopathology (Hatzenbuehler, 2009).

A life-course perspective holds that “cohort and age differences influence health needs. Longitudinal studies and studies that analyse data with respect to different age groups are needed to gain a better understanding of LGBT health” (Institute of Medicine Committee,

2011, p. 7). Intersectional perspectives ensure that sexual or gender minority status can be only one of many factors (racial, ethnic, socioeconomic and geographic) that diversely influence the lives and health of individuals. A social ecological perspective maintains that “an individual’s health is affected by community and social circumstances. LGBT health research should consider both the individual and the various contexts, including interpersonal relationships, in which the individual lives.” (Institute of Medicine Committee, 2011, p. 7). These perspectives enter into social scientific truth games seeking to produce more and more accurate conceptualisation and modelling of the ‘factors’ and ‘variables’ producing lesbian ‘health disparities’.

The inclusion of sexuality measures in major population based studies in the U.S (e.g. the National Longitudinal Study of Adolescent to Adult Health), has produced overwhelming evidence of health disparities among LGBT adults, including elevated rates of depression (Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran & Mays, 2009), anxiety disorders (Cochran & Mays, 2009), post-traumatic stress disorder (Hatzenbuehler, Keyes, & Hasin, 2009), alcohol use and abuse (Burgard, Cochran, & Mays, 2005), suicidality and psychiatric comorbidity (Cochran et al, 2003). Suggested priority areas for lesbian specific health research, based on a recent survey of 345 lesbian health researchers and practitioners in the U.S, were: depression, quality of life, internalised homophobia, hate crimes, homophobia, resilience, aging, alcohol abuse, weight management, the coming out process, intimate partner violence, smoking prevention/cessation, parenting, cancer, youth and social support (Dibble & Robertson, 2010). Researchers suggest that within each of these health issues, lesbian populations may have different issues or needs to a population of heterosexual women (Dibble & Robertson, 2010; O’Hanlan, Dibble, Hagan, & Davids, 2004).

The LGBT health research agenda above, shows reliance on positivist knowledge production in relation to health issues (e.g. longitudinal studies, disaggregation of population statistics). The construction of ‘incidence’ of disease in lesbian ‘populations’ has produced lesbians as subjects of discourses of risk:

A more general health issue may become a lesbian health issue when the incidence of that health problem is shown to be higher in a lesbian population than in the general population... It is always the case that these differences in health status arise from the impact of societal homophobia and heterosexism on individual

lesbians or from differences in sexual and lifestyle practises (Myers & Lavender, 1997, p. 5).

New Zealand research has similarly positioned lesbians as risky subjects in demonstrating that compared to the heterosexual population, sexual orientation minorities experience: higher rates of self-harm and suicide, physical and verbal assault, bullying and victimisation, depression, alcohol, tobacco and other drug use, as well as more workplace and educational discrimination including impediments to career progression (Associate Minister of Health, 2006; Henrickson, 2008; Ministry of Social Development, 2006). Researchers and policy-makers have sought to quantify the issues affecting populations, defined by sexual orientation and to develop measures to adequately address the health and social needs of these groups in New Zealand (Adams, Dickinson, & Asiasiga, 2012; Statistics New Zealand, 2010). They have identified and lamented that there is little New Zealand population data available on sexual orientation due to the omission of sexual orientation as an area of inquiry in national surveys.

A base of evidence has developed that indicates young LGBT persons are particularly at risk for health behaviours and outcomes such as violence and victimisation, suicidality and self-harm, substance use and risky sexual behaviour (recent reviews of this literature include Coker et al., 2010; Collier et al., 2013; Russell & Fish, 2016). Health-related indicators have been developed to investigate young LGBT health including: depressive symptoms, stress and substance use (Lindley et al, 2012). In a population health framework, consensus of a scientific community has been organised around prevalence of issues, risk and protective factors connecting being adolescent (approximately age 14-21 years) and lesbian with predominantly psychological functioning. In this body of research, adolescence is held to be a critical period for mental health because many disorders show their onset during and directly following what is regarded as this key developmental period (Kessler et al., 2005).

In this section I present a brief discussion of the main health issues that this body of research and truth game has identified in relation to young LGBT, to position young lesbians as ‘risky subjects’ of health disparity.

3.8.1. Mental health

The mental health of young adult and mid-life non-heterosexual women, has been of concern in the literature since the late 1990s. For example, a 1999 mental health survey

of 561 lesbians in New Zealand, found that 80% had used mental health services, 53% had contemplated suicide and 20% had attempted suicide (Welch, Collings, & Howden-Chapman, 2000). Among sexual minority females in the U.S, young women 18-35 years are regarded as a subgroup of women who are especially vulnerable to depression, anxiety and substance abuse (Boyle & Omoto, 2014). Women's higher rates of depression and anxiety relative to men (theorised as a result of biological factors, high rates of abuse, gender based discrimination and other psychosocial stressors) is discussed as placing Australian young sexual minority women at particular risk (McNair, Kavanagh, Agius, & Tong, 2005).

In response to their 'at risk' construction, there is a body of lesbian mental health literature which focuses on documenting and facilitate 'coping behaviours' and 'coping skills' among sexual minority female youth. The literature holds that young lesbians must learn to cope with negative messages about women and sexual minorities in order to develop of a 'healthy sexual identity'. For example, Pendragon (2010) noted key systemic challenges faced by a group of 15 lesbian youth in the U.S, e.g. isolation, lack of access to knowledge and role models, hearing negative societal views, harassment, violence and the fear of violence. The authors classed as 'avoidance tactics', behaviours such as delaying or hiding their lesbian visibility or lesbian practices to keep safe in the context of heterosexually dominated society. They concluded that successful lesbian coping comprised individualised active strategies of identity management: finding support, getting information, using this to "confront heterosexism in their families and communities and create a more supportive environment for themselves" (Pendragon, 2010, pp. 13-14).

Positioned as an advice paper for clinicians, a review of the factors enhancing 'adaptive coping' for young lesbian included "positive self-esteem, a good sense of self-efficacy, self-understanding and a healthy philosophy of life" (Kulkin, 2006, p. 100). In discussing the research into lesbian coping, the reviewer drew on some contestable gendered narratives. For example, the notion that "females tend towards emotional coping strategies... tend to be relational and therefore most often deal with problems through nurturing strategies" (Kulkin, 2006, p. 100) is produced as fact without comment or discussion. Similarly comments such as "Examples of adaptive coping strategies, used by females in general as well as lesbians, include relaxation techniques, crying, calling someone close and going to therapy" (Kulkin, 2006). Constructions of 'adaptive' and

‘maladaptive’ lesbian coping highlight are some of the differences and tensions within lesbian health research between approaches that draw on feminist critique of gender and individualising discourses and those which do not. I believe this also demonstrates what Dyson (2007) refers to as a lack of explicit theorising that has been characteristic of much lesbian health research. The coping and resilience literatures in relation to lesbian youth suicide have been critiqued from a poststructural perspective. A discussion of young lesbian coping in rural communities identified that heteronormative discourses of rural female development (birth, marriage, children, death) produce the threat of expulsion and pressure from the community to conform (Cohn & Hastings, 2010). Discourses of risk and coping can also be seen to link in with professionalising discourses of lesbian health and wellbeing, such that mental health experts are positioned as managers of the conditions for young people’s emotional wellbeing, potentially disempowering families and communities (Fullagar, 2005).

3.8.2. Suicidality

Population health studies consistently show that non-heterosexual youth report higher rates of emotional distress, mood and anxiety disorder, self-harm and suicidality when compared to heterosexual youth, and assert that compromised mental health is the “fundamental predictor” of these disparities (Russell & Fish 2016, p 5). In New Zealand there is robust evidence that non-heterosexual youth populations are more at risk of suicide and mental health problems than the heterosexual population (D’augelli, 2002; Fergusson, Horwood, & Beautrais, 1999; Fergusson, Horwood, Ridder, & Beautrais, 2005). For example, using a population-based approach, a longitudinal study of a large New Zealand birth cohort found that at age 21, those who identified as LGB were six times more likely than those who identified as heterosexual to report one or more lifetime suicide attempts (Fergusson et al., 1999). When interviewed again at age 25, LGB individuals in this cohort reported a significantly higher rate of suicide attempts since age 21 than did heterosexual respondents (Fergusson et al., 2005). Recently released Youth 07 data collected in high schools, stated that most same sex attracted youth (male and female) reported feeling ‘happy’ and ‘supported by friends and/or family’. Yet these young people were also three times as likely to exhibit depressive symptoms and half had deliberately self-harmed in the last year – figures more than double that reported by heterosexual youth (Rossen et al., 2009). Lesbian youth are held to "warrant special vigilance" in relation to suicide risk and depression (Dibble & Robertson, 2010, p39). This field of knowledge has produced ‘risk factors’ for suicidality including: coming out

at a young age, peer harassment (bullying), parental rejection and conflict at home due to coming out, and gay-related stress caused by victimisation (Russell, 2005).

Since research has pointed to mental health issues and corresponding suicide risk for young LGB (e.g. Rotheram-Borus et al 1994; Rosario et al, 1996), a body of psychological research has directed attention to the “processes at work in the lives of individual sexual minority youth” that produce suicide and self-harm behaviours in some youth and not others (Russell, 2005, p9). Savin-Williams (e.g. 2001) has promoted an increasing focus on differences between LGB young people (e.g. stage of development, gender typicality, psychosocial abilities and social grouping). In his view, “to propose that gay youth are at risk for suicide distorts the truth because clearly not all gay youths are at risk; some are and some are not and the important question is to distinguish between these two – which sexual-minority youths are at risk?” (Savin-Williams, 2001, p. 7).

The issue of determining which lesbians are at risk legitimises screening tools that identify and produce ‘risky individuals’ so that they can be intervened upon. One study found that students not exclusively attracted to the opposite sex were more likely to report having seen a health professional for an emotional worry, leading the authors to conclude that in New Zealand: “There is a vital need to ensure primary care and mental health services have the capacity and capability to screen and provide appropriate responsive care for youth who are attracted to the same or both sexes” (Lucassen et al., 2011, p. 376). Such screening practices are also advocated in New Zealand schools who are required to have nurse staff who actively screen and refer students for mental health and sexuality issues using the HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) tool (Ministry of Health, 2014). Screening practices of population health discourses can be seen to further individualise lesbians and produce them as ‘risky subjects’.

3.8.3. Substance use

Population health research also positions young lesbians having higher uptake of substance use behaviours that are injurious to health, such as alcohol abuse and smoking (Dibble & Robertson, 2010; Hunter, Rosario, & Rotheram-Borus, 1993; Kaminski, 2000; Myers & Lavender, 1997; Rosario M, Hunter J, & M, 1994). For example, in New Zealand, analysis of the Health Behaviours Survey data showed significantly higher use of alcohol, tobacco and illicit drugs among lesbian, gay and bisexual (LGB) compared

with heterosexual populations. LGB people were nearly four times as likely to have used amphetamines on a regular basis in the previous 12 months; more than four times as likely to have used LSD over the last year; and more than three times as likely to have regularly used Ecstasy over the previous year (Pega & Coupe, 2007). These disparities were particularly notable for lesbian women with regard to illicit drug use.

Lesbians are produced as ‘stressed smokers and drinkers’. For example, D’Augelli and Hersberger (1993) studied 194 lesbian, gay, and bisexual youth aged 21 and younger who attended programs in 14 community centers in the U.S, to determine the personal challenges they face due to their sexual orientation and their responses to these stresses. These authors found that initially, substance use may serve to reduce internal suppression of homosexual behaviour and feelings, however as time goes on the use of alcohol and drugs may become abusive – magnifying depression, isolation, poor self-esteem and increasing chances of suicidal ideation. A large Australian national study of young women was published showing that ‘mainly heterosexual’, ‘bisexual’ and ‘lesbian’ young women report higher stress, poorer mental health as well as 3-4 times the levels of at-risk and binge drinking and illicit drug use compared to heterosexual women (Hughes et al., 2010). The literature positions stressed young substance abusing lesbians as a growing problem. Studies do not always investigate how ‘stress’ societally produced or even related to sexual orientation (e.g. Hughes et al., 2010). A positioning of young lesbians as stressed substance abusers again produced their health within problematic frameworks of ‘adapting’ and ‘maladaptive’ coping styles, individualising their health and obscuring the ways in which it is socially produced by homophobia and heterosexism.

3.8.1. Sexual health

Risky sexual behaviours are held to put LGBT youth at high risk for HIV/AIDS, other STDs, and unintended pregnancy (Coker et al., 2010). In the United States, half of all new HIV infections each year occur in people who are under the age of 25 years (Rosenberg, Biggar, & Goedert, 1994). In addition to injection drug users, men who have sex with men are still positioned as at the highest risk for HIV occurring through unprotected sex. Of the 109 people infected with HIV in New Zealand in 2015, 88, or 81%, were gay and bisexual men. While gay and bisexual men account for only approximately 2.5% of New Zealand's population, they are consistently over-represented in HIV diagnoses (New Zealand AIDS Foundation, 2016).

The relationship between young women's sexual orientation and sexual health has also been characterised as one of risk (Saewyc, Bearinger, Blum, & Resnick, 1999). Lesbian and bisexual women are therefore positioned as having unrecognised specific sexual health information needs including the need for information about transmission and prevention of sexually transmissible infections (STIs) between women, contraceptive and conception advice, and support regarding any abuse experiences (McNair, 2009). In relation to unprotected sex, LGB young women have been found to be at twice the risk of unintended pregnancy of their heterosexual peers (e.g. Blake et al, 2001). Lesbian youth who also have opposite sex partners have been found to be at increased risk of both acquiring HIV and of falling pregnant (Rosario M et al., 1994). In addition research suggests that lesbian women may have a higher prevalence of childhood sexual abuse (Austin, Roberts, Corliss, & Molnar, 2008), and are at least as likely to experience nonconsenting sexual violence as heterosexual women (Hughes, Johnson, & Wilsnack, 2001; Roberts, 2001). Young lesbian women's sexual development is therefore highly problematised from a women's health perspective.

Sexual health, in a women's health framework is more than just preventing the spread of STIs, it also "encompasses the need for information to promote the enjoyment of sex and access to services for discussing sexual difficulties" (Myers & Lavender, 1997, p. 8). Women's health activists have emphasised how for some lesbians, this may mean access to "information about lesbian sexual practices and safe sex; groups for learning assertiveness skills in negotiating sexual encounters; or information on creating safe spaces for exploring sexuality and sensuality" (Myers & Lavender, 1997). Lesbians are produced as in need of sexual health information, services and support around sexual violence.

'At risk' discourses have enabled lesbians to be seen as subjects of minority stress rather than inherently pathological or deviant. It is this context in which LGBT identity has been identified as a risk factor for youth suicide and other health issues in New Zealand (e.g. Associate Minister of Health, 2006; Ministry of Youth Development, 2015). Using language which positions sexuality and gender diverse young people as problematic in relation to health and wellbeing has resulted in some additional resourcing to support and assist these young people (e.g. Ministry of Youth Development, 2015).

In addition, the discourse of risk may have drawbacks for young lesbians. Labelling people at risk can be experienced as disempowering, limiting of options; obscures the recognition of every person's unique capabilities and strengths (c.f. strength based approaches). For example, at-risk approaches can fail to engage with the complex interests, pleasures, curiosities and strengths of sexuality and gender diverse young people (Driver, 2008; Savin-Williams, 2005), and their connections to, and participation in, wider sexuality and gender diverse communities including high levels of volunteerism (Rossen et al., 2009).

3.9. Conclusion

Using a poststructural lens, I have shown that different subject positions for young lesbian health and wellbeing have been brought into being in the literature at different times and in different contexts. In light of the complex development of contested notions of lesbian sexuality, health and wellbeing, I have made visible the production of multiple 'truths' of young lesbian health. The entry of dominant population health discourses utilising the scientific method into truth games has authorised medical professionals and psychologists to create 'grids of specification' (Foucault, 1972) for young lesbian health. These are based on 'risk and protective factors' which divide young lesbians into those who are 'at risk' and those who are not. Much recent research focuses on school-aged lesbians and can be linked to the dominance of developmental psychological and biomedical constructions of LGB identity as emerging and becoming known more or less with the onset of puberty. Eve Sedgwick touched on this issue what she wrote that:

The ability of anyone in the culture to support and honour gay kids may depend on an ability to name them as such, notwithstanding that many gay adults may never have been gay kids and some gay kids may not turn into gay adults (Sedgwick, 1990, p10).

Processes of psychological and public health subjectivation operated to obscure the positioning of lesbians as subjects of heteronormativity and patriarchy, which continues to marginalise, coerce, devalue, and constrain their health and wellbeing.

New Zealand is regarded as a liberal environment, where recognition of the rights, status and wellbeing of LGBT people has occurred relatively early on the international stage. I have suggested that lesbian identity, health and wellbeing and being a young person have been contested phenomena, and have therefore troubled the notion of straightforward

‘progress’ in relation to lesbian wellbeing. This review of the literature suggests that young lesbian women in New Zealand may be able to draw on a range of competing discourses to make sense of themselves and their health today. No studies of the discursive situation of health for young lesbian women have been carried out in New Zealand to date. Further explication of the discursive situation of young lesbian women in New Zealand is therefore needed to shed light on the ways in which possibilities for lesbian health are enabled and constrained for young women today.

CHAPTER FOUR: THE EARLY 70S – *BROADSHEET* MAGAZINE 1972-1974

In this chapter I briefly sketch the situation of 1970s feminism and women's health activism identified as conditions of possibility for the emergence of *Broadsheet* magazine in New Zealand at this time. Following this, I explicate the discourses of sexuality, health and wellbeing I identify as present in relation to lesbian women in *Broadsheet* issues from the early 1970s that I selected for analysis. In particular, I focus on the lesbian subject positions and practices that were enabled and constrained by discourses operating in the *Broadsheet* space.

4.1. The emergence of 1970s feminism in New Zealand

Dalziel (1993) argues that "it was not until the 1970s that women's politics became the politics of fundamental social change" (p. 55). The prosperity of the 1960s brought about some shifts in the social fabric of New Zealand. The contraceptive pill gave women some control over their fertility for the first time, and many more women (including married women) were entering paid employment. Ideas about social change were also beginning to be imported from overseas (M. King, 2003). In the U.S, the civil rights movement had pushed expansion of the discourses of 'personhood' to people of colour, and the citizenship bound up in this notion including civil liberties, due process, equal protection of the laws, and freedom from discrimination. The women's movement and discourses of feminism coalesced with this civil rights thinking and drew attention to the situation of women. Feminists argued for the full inclusion and participation of women in all aspects of society. Hitting New Zealand shores in the early 1970s, these ideas allowed women to claim that New Zealand women had not yet been 'liberated'. Women began to demand a radical restructuring of gender relations (Dalziel, 1993).

Women began to organise to pressure government and to engage with the public as a visible constituency. Women's groups produced research on the position of women and sought to demonstrate that the representation of women would bring about political advantage to those in power (M. Shields, 1993). Women's liberation groups such as the National Organisation for Women (NOW) and the Women's Liberation Front emerged. The Women's Electoral Lobby became the voice of a more radical feminism, identifying that the disproportionate social power held by men perpetuated an oppressive system that would not be changed by increasing women's representation alone. Structural change was required (M. Shields, 1993). The Women's Liberation Front Club was formed in 1970 by

students at Victoria University, aiming to promote women's rights and re-evaluate women's entire role in society (Dalziel, 1993). The radical position and fervour of this new feminism was exemplified in a manifesto of women's liberation published by the Auckland University student magazine *Craccum* in 1972, declaring that:

The Women's Movement promises to affect radically the life of virtually everyone...overturn the basic premises upon which rest stereotype notions about family and the roles of men and women, fallacies concerning masculinity and femininity, and the economic division of labour into paid work and home making (Craccum 1972, cited in Dalziel, 1993, p. 64).

More than equality of status and treatment, women demanded equality of opportunity and results (Dalziel, 1993). By 1973 the new women's movement in New Zealand was strong enough to hold the first United Women's Convention. It involved predominantly white, middle class women and was yet to encounter much diversity and dissent (Coney, 1993b). The overall character of 1970s feminism in New Zealand was one of new purpose and dynamism in women's political activity.

4.2. The feminist women's health movement in New Zealand

A feminist women's health movement emerged alongside feminist ideas of the late 1960s and 1970s in New Zealand. It grew out of dissatisfaction with a dominant biomedical discourse on health and healing that was seen as instituted and enforced in medical practice to the detriment of women's wellbeing (Bunkle, 1988). It identified women in powerless roles in relation to predominantly male doctors who withheld medical knowledge from them 'for their own good'. It was responsible for creating a general climate of activism and consciousness-raising around the notion of gender as a social determinant of health and wellbeing (Coney, 1993a, 1993b). Internationally, women's health discourses rejected medicine's power over women's lives by emphasising women's right to full knowledge and choice over their bodies and by extension their medical care. I have discussed in Chapter Three how the feminist text *Our Bodies Our Selves* (OBOS), produced by the Boston Women's Collective in 1973, enabled the circulation of women's health discourses on an international stage. Feminist medical professionals and community members collected and shared information about women's health to inform the health practices of other women (Coney, 1993a).

Coney (2016) asserted that women's health activism emerged to challenge the culture of sexism in gynaecology particularly. It grew out of vital alliances between community

groups of women and organisations such as universities and non-governmental bodies (e.g. the Cancer Society). The New Zealand government, grappling with issues of women's status, equal pay, abortion rights and violence against women, began to respond to the visibility of a constituency of women who wanted change in terms of women's health and wellbeing (Hyman, 2010; Simon-Kumar, 2015). Women pushed for 'rights' they saw as extended to men by default, to be upheld for women by law and local custom. For example, the rights to bodily integrity and autonomy; to be free from sexual violence; to vote; to hold public office; to equity in family law; to work; to equal pay; to have reproductive rights; and to have access to education. The notion of women's rights differed from broader notions of human rights through claims of an inherent historical and traditional bias against the exercise of rights by women and girls, in favour of men and boys. The government created the Committee on Women, and the 1973 Select Committee on Women's Rights to try to engage with women's ideas and demands. and formed the Human Rights Commission in 1977. The Ministry of Women's Affairs was formed in 1984 to actively represent women's interests and contribute a feminist policy analysis.

Taken together, the context for lesbian health in New Zealand at this time was one of emerging women's health activism, which formed particular conditions of possibility for feminist lesbian health discourses. Moral conservative discourses of women's health and wellbeing were contested by more liberal thinking. Feminism sought to open up opportunities for women to determine the course of their lives in ways that were not restricted by gender roles as wives and mothers. At the same time a male-dominated medical culture was being contested by feminist discourses which sought to empower women with knowledge of their own health.

I now turn to examine the subject positions, discourses and power relations I identified as operating in *Broadsheet* at this time.

4.3. Subjects of female sex drive

The first explicit discussions of sexuality I identified in *Broadsheet* occurred in Issue 14 published in October 1973. Articles drew on sex research and empiricism to construct a natural biological sexual drive in women. The notion of women's sex drive was drawn on to refute dominant constructions of women as passive and asexual creatures. This was perceived as limiting and repressive. For example:

*In her extraordinary study, entitled *The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory*, Dr Mary Jane Sherfey... has undertaken a vast integrative effort, which explains female sexuality in terms of physiology, anatomy, comparative embryology, endocrinology, gynaecology, palaeontology, evolutionary biology, population genetics, primatology, and ethology – not to mention anthropology and psychiatry, the central foci upon which the rest converge. She concludes that – potentially – women may well have an insatiable sex drive, like the sex drive of certain female primates who have an anatomy like ours (Seaman, 1973, p. 11, *Broadsheet*).*

In these articles, a sexological discourse constructed sexuality as an innate and biological human phenomenon that could be isolated and studied through empirical research. Tiefer (2000) outlined key features of a sexological discourse in her article on the social construction and social effects of sex research. In this discourse, sexuality is located as a biopsychological phenomenon, situated within bodies, affected by hormones. This encompassed the notion that the expression of sexual attraction/impulse/desire/drive through sexual activities is 'healthy'. Tiefer (2000) argued that the 'science' of female sexuality is not simply a mirror held up to 'nature' but constitutes a "distinct perspective on sexual life that privileged biological and psychological factors while making universal claims about sexuality" (p. 80). Tiefer (2000) described the scientific construction of sexuality as linked to 'sex experts' such as Masters and Johnson (and Dr Mary Jane Sherfey invoked in the *Broadsheet* excerpt above). These experts were perceived as authoritative through their connection to the discipline of science and the clinical, reliable and valid research-based context this invokes.

The 'science' of sexuality was drawn on in a *Broadsheet* issue to produce women as legitimate sexual subjects. It operated to identify and critique a 'sexual double standard' in society whereby women are socially discouraged from experiencing sexuality, and to emphasize committed relationships instead, while men are produced as sexual experts (Gavey, 2005). It legitimised women's sexual pleasure for its own sake and to resist a construction of women's sexuality as necessarily different from men's:

*For years we've been told by magazines, books, problem columns, medical textbooks, our doctors and our mothers than men are "different" from women – they have greater "needs", (and implicitly it's our duty to meet these "needs")... How can you have a satisfactory relationship with men when they're always on top – in and out of bed? (Coney, 1973, p. 2, *Broadsheet*).*

Broadsheet acted as a space where possibilities for female subjectivity could expand. Women could claim attributes such as sensuality, and advocate for the satisfaction of their particular sexual ‘needs’. Emphasis on sexuality as a biological bodily based phenomenon, genital activity, and possible differences in its manifestation in men and women were central to the sexological model (Teifer, 2000). Such conventional understandings of sexuality are embedded in cultural assumptions about sex and sexuality and the way these understandings are expressed in language – for example, in sexological discourse as “needs” and “drives” (Gavey, 2005, p. 79).

As the dominant sexological model produces a particular construction of sexuality, sex was held as an expression of individual identity, intimacy and love of the kind that is healthy for ‘satisfactory relationships’ and individuals. A scientific notion of sexuality was taken up in *Broadsheet* to argue for the sexual liberation of women, whose natural ‘sexual capacity’ had been suppressed. The separation of (hetero)sexuality from reproductive function and compulsory family life would be necessary for women’s equality as a whole. Part of this strategy employed was to resist a construction of female sexuality as passive and synonymous with fertility and motherhood. For example, an article in *Broadsheet* concluded hopefully that:

As the women as mother becomes obsolete [through scientific and feminist advances and test tube babies], perhaps packs of ravenously sexy, rapacious women will roam the world... for now it is still problem enough convincing our husbands and lovers that we have sexual appetites, too, which may have a different rhythm from theirs but which are every bit as urgent (Seaman, 1973, p. 12, Broadsheet).

Foucault rejected what he termed the ‘repressive hypothesis’, or the common sense notion that in Western society, a natural and essential human sexuality is often repressed e.g. through Victorian values from the 17th to the mid-20th century. He argued instead, that this hypothesis is an illusion that obscures the way that power works through sexuality (Foucault, 1978). He contended that discourses on sexuality proliferate, and these discourses construct what we think of as sexuality. It was when sex experts began to examine sexuality in a scientific manner, classifying different types of sexuality and encouraging people to confess their sexual feelings and actions, all in the desire to learn the ‘truth’ of sex, that discourse constructed “a core of natural sexuality, varying in incidence and power, no doubt as a result of chance historical factors, the weight of moral

and physical repression, the patterns of kinship, and so on, but nevertheless basically unchanging in biological and psychological essence” (Weeks, 2002, p. 30).

The deployment of the sexological discourse in these early issues of *Broadsheet* coalesced with heteronormative discourses to construct all women as innately heterosexual. Sex research, as drawn on in *Broadsheet*, helped to produce particular ‘truths’ about the universality of human experience, biology, health, the body and sex differences. Heterosexual sex was seen as a universal and natural force and a product of evolution – this ensured heterosexual impulses remained the most normal and natural kind of sexuality:

...nature has placed the female, to some extent, at the mercy of the male because the female... cannot secure her satisfaction without at the same time providing some pleasure for the male; she needs his erect penis for her orgasm; to ensure this she must please him or erection will not occur (Bozinovitch, 1973, p. 8, Broadsheet).

That a sexological discourse of sexuality dominated discussion of sexuality within issues of *Broadsheet* from the early 1970s, meant that bio-evolutionary theory infused understandings of sex as essentially reproductive, in order to create a particular heteronormative understanding of ‘normal’ sex: as coitus and as heterosexual.

4.3.1. The lesbian as ‘natural variant’

Beginning with Kinsey in the 1940s and 1950s, scientists investigated sexuality from psychological and medical points of view. They explored sexuality in this particular scientific and empirical way, counting particular behaviours establishing ‘common experience’ in terms of attraction and behaviour, and therefore produced a particular understanding of normal sexuality. For example, the Kinsey Sexual Ratings Scale (Kinsey, Pomeroy, & Martin, 1948) examined sexual history interviews to place people onto a continuum from 0 (exclusively heterosexual with no homosexual behaviour) to 6 (exclusively homosexual with no heterosexual behaviour). Scientific technologies, e.g. statistical thinking and tools of measurement, have come to define ‘best practise’ in seeking to improve the collective human existence (Hacking, 1991). These technologies took on the power and authority to define and create normal healthy states, processes such as birth, and behaviours, bodies and persons performed under the aegis of sexuality (Wittig, 1992). Foucault argued that biological and social sciences became effective tools for constituting human reality along a common, governable, trajectory. That sexuality

came to be seen as a biologically inscribed aspect of essential humanity was a key part of this strategy (Foucault, 1978).

Nonetheless, scientific research, which documented the prevalence of homosexual behaviour among the general public (outside of psychiatric and medical institutions), also became a means to challenge the medical construction of female homosexuality as deviance and illness. Lesbianism could be seen as a 'natural variation' on sexuality, produced as innate desire driven by a particular biological essence. The Gay Liberation University Manifesto, published in *Broadsheet* in 1973, picks up on these key elements that were enabled by a sexological discourse:

We are not going to be treated as sick, disturbed or perverted. Scientific evidence supports our claim - research has shown homosexuality is both natural and common... Society's anti-gay prejudices force thousands of us into hiding (Gay Liberation University, 1973, p. i, Broadsheet).

The sexological discourse produced positions of naturally occurring (heterosexuality) and minority (homosexuality) sexualities. This knowledge positioned lesbians as natural and not pathological. It is notable that Kinsey expected his research on sexuality to be used as evidence of the flexibility of sexual behaviour and attraction, and not its essential nature (Kinsey et al., 1948). Although the Kinsey scale was developed to describe a person's homo/hetero balance of sexual experience/responses at a given time, it was taken up in *Broadsheet* to legitimise the existence of a small minority of persons who were exclusively homosexual in behaviour and attraction. Dodge and colleagues (2008) note that the phenomenon of bisexuality has received much less attention in scholarship than homosexual identities from Kinsey onwards, reflecting sexology's propensity to medicalise and essentialise sexualities. In this way early issues of *Broadsheet* I reviewed did not engage with or discuss a 'vast range of human relationships', but instead constructed women's relationships as generally heterosexual.

4.4. Knowing subjects of liberal feminism

Within a liberal feminist discourse, I identify the position of the 'knowing' and 'liberated' woman, and her counterpart, the 'ignorant' or 'repressed' woman as subject positions available for women to take up or have imposed on them at this time. This discourse operated in relation to sexuality and health and wellbeing. For example, it coalesced with the sexological discourse of innate female sexual drive. The liberated woman was in touch with her innate sexuality, knowing her body and the science of her sexual response and

how to protect herself from pregnancy and sexually transmitted diseases. The sexological discourse on natural sexuality helped set up these positions for women to be either ‘in the know’ (sexually liberated) or ‘in the dark’ (repressed). This was a binary construction in which ‘liberation’ and ‘repression’ were seen as opposites, and ‘knowledge’ unproblematically associated with ‘health and wellbeing’. Being in touch with one’s own sexuality and health, and having the confidence to express one’s needs was seen as part of women reclaiming control over their bodies and lives.

...while I am actively involved in working against sexist advertising and stereotyped school literature... I am also vitally interested in my own sexuality. Surely it is necessary for a woman’s complete awareness that her consciousness be raised in this area too... I intend to cultivate in [my daughter] a full appreciation of the sexual side of her nature and of that way that women are here too oppressed. Ms Jelich [who opposed the discussion of sex in Broadsheet] seems to suffer from the old double standard hang up... I also appeal to her not to condemn as perverts those sisters who are striving for complete liberation (Fenwick, 1974, p. 3, Broadsheet).

The writer of the letter to the *Broadsheet* editor, quoted above makes reference to her daughter’s sexuality as “natural” but also able to be “cultivated” (Fenwick, 1974, p. 3, *Broadsheet*). In *Broadsheet*, liberal discourses constructed struggle for young women’s sexual and health knowledge as part of the women’s movement.

The liberal feminist discourse of health and wellbeing produced health knowledge and ‘empowered subjects’. Empowerment meant having access to the tools and knowledge necessary to be an independent, individual rational choosing person in relation to one’s sexuality, health, wellbeing and health care. It meant having the means to make informed choices about the way that women live their lives. Examples of the way the liberal feminist health discourse was drawn on in *Broadsheet* include constructions of ‘true liberation’, and working towards complete independence as key to wellbeing:

No one can reach true liberation in our society, but everyone, including housewives, can work towards it, and their lives must be better for trying... assess your own role... work outside the home... retrain... become independent... watch yourself (Coney, 1972b, p. 8, Broadsheet).

There was a high premium on choice in this discourse – as Tong (1998) succinctly describes, “the rational, autonomous, independent, self-determining, isolated, separated, unique person being able to think, do and be whatever he or she deems worthy.” (p. 39).

If women wanted to be healthy they must try to be individuals with “individual autonomy over how their bodies look, how they use them, [including] how they express their sexuality and control reproduction” (Coney, 1993a, p. 242).

4.4.1. Young women’s (hetero)sexual knowledge

The liberal feminist discourse sought to produce ‘informed young women’ who practice a responsible sexuality and protect their sexual health. In *Broadsheet*, a liberal feminist discourse constructed young women as particularly in need of more knowledge and education about their sexuality to inform their choices:

The starry-eyed union of young love which seems so unlikely to lead to anything as earthy as a baby is rather different from the promiscuous sexual behaviour which will pretty certainly lead to venereal disease; yet ignorance and lack of awareness are probably the chief villains here too, and not some vague ‘breakdown in community standards’... We have got to make quite sure that the kids know, first, exactly what they are about both physically and emotionally when it comes to sex and... how to avoid the worst physical consequences (Else, 1972b, p. 1, Broadsheet).

A liberal feminist discourse produced sexual knowledge, coming to ‘awareness’ of one’s biopsychological sexual nature, as important for the development and protection of women’s wellbeing. In the extract above, the ‘starry-eyed’ union and sex that takes place, is held to be heterosexual with pregnancy and disease the ‘worst physical’ consequences that could eventuate. The liberal discourse produced young women’s heterosexuality as acceptable in opposition to their moral and conservative positioning of their sexual activity as a ‘breakdown in community standards’. Young women should develop knowledge about contraception, abortion and sexual health so as to protect themselves from the potential harms of sexuality to their health and wellbeing as women.

The notion of producing informed young women linked in with the sexological discourse of sexuality. Heterosexual practices were constructed as inevitable as a result of innate curiosity driven by young women’s hormones. Given this natural fact, they should be equipped to protect themselves from pregnancy and diseases. Withholding such information was discussed as anti-scientific - backward and ineffective – with reference made to the hysteria and ‘moral panic’ surrounding young people’s sex in New Zealand in the 1950s. In *Broadsheet* in the 1970s, it appeared that liberal and developmental discourses entered in to truth games constructing the exploration of (hetero)sexuality during youth as ‘normal’ – opposing moral discourses emphasising self-control.

...when positive measures, such as comprehensive and effective sex education programmes, are suggested, the muddle-headed morality of a past age – ‘keep them ignorant and keep them pure’ - reasserts itself. So girls and boys remain in appalling ignorance and at appalling risk, because they simply do not get hold of the fact that even one brief act of completed intercourse can result in pregnancy... despite any number of threats and warnings, vague of specific ‘young people’ will continue to make love as they see fit (Else, 1972b, p. 1, Broadsheet).

‘Ignorant’ subjects who do not practice protected sex, were produced as unhealthy subjects at heightened risk in relation to pregnancy specifically. A focus on sex education for young people cannot be separated from the liberal feminist focus on abortion as a key women’s health issue, enabling women who have sex with men to decide if, when and how they would have children:

What has to be got across is the conviction that, whatever the label one gives to school-age sexual intercourse, it is unquestionably immoral to engage in it without taking effective precautions against pregnancy (Else, 1972b, p. 1, Broadsheet).

In *Broadsheet* magazine, young women were held to be key players in the future of feminist ideals who should be produced as ‘knowing’ and ‘liberated’ in the relation to their (hetero)sexuality. Women’s groups held seminars for school children and handed out pamphlets outside schools. ‘Knowhow’ groups were established with counsellors providing information about preventing pregnancy and abortion, particularly to young women over the telephone (Coney, 1993a).

Educating the public will need an enormous change of attitude on the part of government and local bodies. Meanwhile women get pregnant. They must not be made to bear children they don’t want (Fraser, 1972, p. 6, Broadsheet).

The centrality of contraception and abortion to the production of ‘knowing subject’ of women’s health, constrained the recognition of other women’s health issues with links to sexuality, such as lesbian health and wellbeing.

4.4.1. The knowledgeable gynaecological healthcare consumer

The liberal feminist discourse of health and wellbeing constructed a particular relationship between women and mainly gynaecological health professionals, whereby women can and should assert themselves as knowledgeable in order to be taken seriously in the doctor/patient encounter. There were two instances in *Broadsheet* which

demonstrate the empowered knowledgeable health care consumer particularly well, the published experiences of a woman who had had an abortion, and a woman who had experienced treatment for breast cancer:

When I saw him [gynecologist] I explained that I had seen a film of an aspiration abortion... I wanted to have it done by vacuum aspiration... under a local anaesthetic. He was most reluctant to do this as he felt it would be too painful and distressing. I felt equally strongly that I wanted to know what was happening, I was not being masochistic and that I would be prepared for the discomfort. Eventually he agreed... all other women he had seen had not had the knowledge I had and were extremely afraid (KLG, 1974, p. 11, Broadsheet).

In her account, this woman reports in depth knowledge of the side effects of various contraceptive options. She describes examining her cervix to ascertain the likelihood of her pregnancy early, assertively navigating the medical testing procedures. She is articulate, managing to challenge her doctor and effectively choose the kind of abortion procedure she preferred: aspiration abortion under local anaesthetic. This empowered position could disrupt the hierarchical doctor-patient relationship:

...society and the medical profession encourage a sense of mystery with regard to a woman's genitals. I had always felt a sense of guilt and ignorance in asking for routine vaginal examinations and when refused (as they often are) would feel a mixture of relief and intense anger... Now, because I can have a fair idea of what is happening re: my body, I feel justified in demanding good medical care from doctors, rather than begging for it as so many women do – being afraid of being labelled neurotic... By making regular examinations of oneself and observing normal changes, it is possible to pick up what causes such problems... (Broadsheet Collective, 1973, p. 8, Broadsheet).

The liberal feminist discourse also, in constructing 'empowered women', attributed to them a certain amount of responsibility for managing their health and preventing their illness. This responsibility played out at the level of anatomopolitics: the politics of the individual body, where women were encouraged in *Broadsheet* to discipline themselves in relation to health in order to become healthy liberated women and to actively recruit doctors into preventive screening and health management. In doing so, it can be argued that a liberal feminist discourse of health created ripeness for biopolitical technologies of health promotion and public policy in that it produced empowered self-responsible women.

Self-education was posited as necessary to be able to legitimately and persuasively ‘demand’ a certain kind of care from doctors in this account. The woman speaking here differentiates her empowered and knowledgeable self from those unenviable women who ‘beg’ doctors for examination and information, and who hesitate to ask questions or seem too involved in their own health because they are ‘afraid of being labelled neurotic’:

I know that every female in my family in the past 10 years has died of cancer... DON'T TRY TO PUT ME OFF... I examine myself regularly in fact better than my doctor as I knew my breasts very well...I'm no expert but I did know the facts I needed to face if the time came...if you have a mother, or grandmother, or aunt whose had cancer of the breast – or elsewhere, don't be stupid and shrug it off... And don't let a doctor shrug you off. They'll try. Don't let them. Be an intelligent woman. Be informed! (Simmons, 1975, p. 18, Broadsheet).

Perhaps more forceful still, the woman who does not engage in self-examination, chooses to remain uninformed or is not in a position to challenge doctors’ practices and advice is unfathomable – just ‘stupid’. In discussion of the harm IUD anti-fertility technology has caused women, *Broadsheet* advised women to be active, be aware, check themselves monthly, have smears and consider removal of the device if not having regular heterosexual sex.

The empowered knowledgeable female healthcare consumer engaged in practices of self-education and self-help, taking back key techniques (such as cervical examination) from the medical profession. These practices, of self-education and self-surveillance (screening), can be seen as examples of what Foucault described as technologies of self – i.e. the resources of knowledge that people have at their disposal to employ in carrying out their self-transformation (A. Allen, 2008). Technologies of self are techniques women can use to attain an ideal form of healthy womanhood – a woman who is liberated, knows her own body and is not afraid of examining and articulating intimate things.

About 70 women have come to learn about self-help. They have used the literature and film resources at the Centre to learn more about their bodies and to begin to demystify the reproductive system and medical care in general. Many women have learned the techniques of self-examination and pelvic examination. They have gone away with a plastic speculum and some greater confidence as consumers of health care.” (Leichardt Women's Health Centre, 1975, p. 40, Broadsheet)

In *Broadsheet*, women were invited to become informed, active and responsible subjects of their own health and wellbeing. Coney (1993a, p. 242) has argued that it is due to the

dominance of the biomedical discourse of health that “For much of the twentieth century, ‘women’s health’ has been largely synonymous with ‘maternal health’ to governments, health system officials and many women’s groups”. A focus on gynaecological and reproductive women’s health emerged in the context of women’s struggle for access to abortion services. This positioned knowledgeable subjects of gynaecological health as heterosexual women, obscuring health issues for lesbian women.

4.4.1. Lesbian subjects of liberal sexual preference

Liberal feminist discourse held that sexual identities were up to individual women to come to ‘know’ and explore. Women should have the choice to engage in the kind of sexuality that felt right for them personally. The range of options available could include non-procreative heterosexuality, active desiring sexuality, as well as forms of lesbianism and bisexuality. That sexual behaviour was constructed as a personal choice with reference to innate sexological sexuality, was significant for lesbian women, because it limited the positioning of lesbian identity in the women’s movement to one of acceptance, rather than challenge:

I just can’t see why [Sharon Alston] called [the notion that] “what you do in your own bedroom is your own business” – “this subtle form of rejection”. Surely that is exactly the attitude to gays which the [Gay] Manifesto demands that New Zealand adopt... Acceptance is acceptance, not “subtle rejection”, and short of us all becoming actively bi-sexual, what else does she want from her non-gay sisters?... What we all do in the bedroom can then, hopefully, begin to return to being our own business (Else, 1973, p. 4, Broadsheet).

In the extract above, what constitutes lesbian sexuality is constructed as a sexual orientation producing what one does ‘in the bedroom’. It is the practice of genital sensual contact in private between women. The writer in the above extract makes a clear definition between lesbians who are oriented towards these practices and ‘non-gay sisters’ who are not and could never be. The liberal feminist discourse reinforced an individual, and personal understanding of sexuality. An issue emerged as to the method of expression of women’s ‘true’ sexual nature in the context of a social situation characterised by women’s inequality with men. This set up a fundamental conflict between women’s sexual ‘potential’ and a culture seen as oppressive and patriarchal, a disconnect which seems to have created space for another discourse to emerge – the radical feminist discourse. I discuss this discourse in the next section.

I suggest that in *Broadsheet* magazine, a liberal feminist discourse limited healthy sexuality to the breakdown of gender stereotypes and the quest for equality in heterosexual relationships. This had the effect of marginalising lesbian women and their issues within the women's movement in New Zealand. Because heterosexuality was assumed as the position of most women, within liberal feminist discourse relating to men was articulated as a key feminist project for change:

The politics of reaction which are currently rampant in the Movement lead to a belief that a woman's strength is equivalent to the distance she maintains between herself and men... By extending the tactic of separatism to exclude all possibility of relating with men and implicitly questioning the commitment of women who attempt such relationships, radical feminists are refusing to deal with an area crucial to the developing feminist world view of the majority of women (Casswell, 1975, p. 29, Broadsheet).

An 'area crucial to the developing feminist world view', women must work at achieving equality in all spaces with men (e.g. sexual and intimate relations, division of housework, childcare, through to the ability to take up interests outside the home). A liberal feminism argued against any essential difference between male and female sexuality. As Echols summarised, male sexuality should not be produced as exclusively "driven, irresponsible, genitally oriented and potentially lethal" and female sexuality as intrinsically "muted, diffuse, interpersonally-oriented and benign" (Echols, 1984, cited in Tong, 1998, p. 59). In achieving change through the feminist movement:

We must all be strong enough to examine the 'cruel and conquering' in the sexual behaviour of our bedfellows. To examine also our responses in terms of the myth of submission... As long as women continue to respond to men by desiring them when they force submission then we don't allow them to see their manhood defined in any other terms (Casswell, 1975, p. 29).

Liberal feminist discourse in *Broadsheet* at this time advocated breaking down restrictive gender stereotypes as the key to sexual liberation. This involved each implicitly heterosexual partner negotiating assertively to achieve sexual satisfaction in the way that they define.

Health policy documents at this time also seemed to pick up a liberal feminist discourse to advocate for or perceive a society in which both sexes are becoming more alike or are 'crossing over' into roles or traits that embody the 'best' of both gender stereotypes. The Commission of Inquiry into Equal Pay between men and women in New Zealand (1971),

concurred with the Department of Health's recommendation that society educate both girls and boys to enable them to take a full place in society and in the workforce and also, even more importantly, to understand their responsibilities in marriage and parenthood. Thus, women needed to gain more interests in paid employment or politics, while men became more familial oriented. The healthiest persons seemed to be those showing the strengths of both sexes: 'masculine' competence and 'feminine' nurturance.

The liberal focus on the rational individual who 'chooses' health has been critiqued by Foucault as well as by feminist philosophers (e.g. Jaggar & Young, 1998). An overemphasis on 'liberty', tends to downplay the ways in which human beings are connected to each other – for survival as in a child and carer relationship, and/or community support to reduce the burden of everyday living on the individual (Jaggar & Young, 1998). Foucault argued that discourses have produced an autonomous personhood that deserves to be 'freed' in particular ways (e.g. via taking responsibility for one's wellbeing and life course) so that population health and manageability is assured (Rose, 1999). How this is achieved is by moulding human behaviour and reducing its variability, so that populations can be more effectively and efficiently governed towards health. Black feminist scholars have also taken issue with liberal feminist subjectivity – arguing that the 'liberated woman' represents a new standard to live up to that does not make sense in the context of working class women's lives and in collective culture (Jaggar & Young, 1998).

As it played out in the *Broadsheet* data I examined, liberal feminism took informed choice for women as a key point of departure for health and wellbeing. It picked up issues of women's access to health information and empowerment in this domain. In this context abortion emerged as a critical health issue for women. As the Select Committee on Women's Rights (1975) reported:

The concept of family planning is fundamental to the status of women in that its availability widens the area in which women may exercise choice in relation to the alternatives open to them (p. 82).

As such, I argue that liberal feminist discourse worked to produce a dominant heterosexual position in relation to health and wellbeing in *Broadsheet* at this time. The health issues that were seen as key to the women's movement were women's right to abortion (and other means of fertility control) and discrimination against women

(particularly in employment) (Coney, 1993a). These were health issues connected to the goal for women to have a voice and choice over the course of their lives. I identify an absence of lesbian sexuality in relation to health, which effectively silenced issues that lesbians faced in relation to health at this time.

That wellbeing is cast as an individual ‘pursuit’ is emblematic of liberal thinking. Lesbian women were not explicitly identified as potential beneficiaries of equal pay provisions – this policy identified the mental health needs of married women, and the survival needs of single women and women with dependent families. Liberal policy promoting equal pay, and the redistribution of some economic wealth from men to women, had important implications for lesbian women however. Alison Laurie, in her historical work on pre-1970 lesbian life in New Zealand has identified women’s economic independence as one of the conditions of possibility for women identifying and living as lesbian post 1970. Many lesbian women were involved in the movement for equal pay in New Zealand in the 1970s in cognisance of the possibilities for lesbian existence afforded by independence (Laurie, 2003).

A liberal health discourse opened up opportunities for women to become independent, informed/empowered – to have access to economic security and health information so that they could make choices in their lives. A focus on women’s reproductive role (as the key choice-limiter in the health field) restricted visibility of the social determinants of lesbian health. This meant that lesbian health issues were largely invisible in *Broadsheet* at this time.

4.5. Radical political lesbian subjects

In 1973 it was reported in *Broadsheet* that Sharon Alston stood up at a women’s liberation seminar, identified herself as lesbian, and gave a speech:

Sharon Alston attacked “straight liberals” for offering at best condescension and sympathy to female homosexuals and at worst avoiding them. She pointed out that civility [to lesbians] won’t be an invitation to an attack in the ladies’ loo and that what Gay Liberation was interested in were human rights and not mere tolerance (Lloyd, 1973, p. 7, Broadsheet).

Alston positioned herself within a radical feminist discourse to critique liberal feminist containment of lesbian issues within the notion of ‘tolerance’, which effectively restricted the visibility and discussion of lesbian health and wellbeing within the women’s

movement. Coming to the fore in early issues of *Broadsheet* in the 1970s, radical feminist discourse constructed alternative political lesbian subjects critiquing the assumption of a rigid separation between the private and the public spheres of life (immortalised in the catch cry “the personal is political”). Christine Dann (1986) noted that 1973 brought a new kind of specialisation to work in the women’s movement, e.g. work on issues such as rape, abortion and lesbian discrimination. Radical feminist discourse created space for groups to focus on lesbian issues that they could relate to personally.

From the radical feminist discourse could be seen to flow a positioning of sexuality as socially constructed and enforced in ways that benefit men, damage women’s relationships with each other, and their own self-concept:

Many women will elect to either become celibate or lesbian in order to break the chains of sex domination which surround our lives. This is a perfectly valid reaction to the constant ‘put downs’ that women face (Casswell, 1975, p. 2, Broadsheet).

This radical feminist discourse identified heterosexuality with “chains of sex domination”. In *Broadsheet*, writers questioned, “How can heterosexual feminists maintain sexual relationships with males and stay sane?” given that “sexual behaviour is political” (Casswell, 1975, p. 28, *Broadsheet*). In this discourse, heterosexuality could never be a straightforward choice based on innate orientation and/or desire, but was a regulated and enforced state of mind and body which worked to support the subordinate status of women to men. What this discourse constructed as oppressed was much more than sexual identity, and desire, per se – it was women as a group or whole.

Why separate from men?... [to] learn the myriad ways in which women are put down... to learn to like each other; we have to discover an essential relationship which we have been taught to deny... women have been in competition not cooperation... We can rationalise and we can explain individual cases, but no analysis of the structural position of women can reveal anything but psychological oppression (J. Thompson, 1975, p. 6, Broadsheet).

The radical feminist discourse constructed heterosexuality as an oppressive ideology rendering it unnatural via a Marxist notion of false consciousness. False consciousness, outlined by Karl Marx in relation to capitalism, was the thesis that material and institutional processes in capitalist society are misleading to the proletariat as a result of ideological control which the proletariat either do not know they are under or disregard

(Eyerman, 1981). In this way, heterosexuality was seen as part of the “psychological oppression” that women suffer from as referred to in the excerpt above. Radical feminists took up these ideas to explain how patriarchy can be seen as the primary structure of oppression for women. Like capitalism, patriarchy requires an ideology (of heterosexuality) that seduces women into participating in their own oppression. Heterosexuality was seen as a political regime requiring the submission and appropriation of women by men and constructing the gender categories in ways that are compatible with this system. Every person’s cultural understanding about sexuality has absorbed this dominant/submissive dichotomy, making it extremely difficult for women to experience a sexuality with men that is free of this dynamic.

4.5.1. Lesbian subjects of compulsory heterosexuality

In *Broadsheet*, a radical feminist discourse beginning to explicate heterosexuality as enshrined in institutions (marriage, church, state), social structures (monogamy, the family, community life) and social conditioning (sex roles and socialisation). Adrienne Rich (1980) argued that society both fashions and makes heterosexuality compulsory. Rich suggested that heterosexuality, like motherhood, needed to be recognised and studied as a political institution that supports and maintains unequal gendered power relations. Heterosexuality was seen as a political institution that represented a “pervasive cluster of forces, ranging from physical brutality to control of consciousness... within which women have been convinced that marriage, and sexual orientation towards men, are inevitable, even if unsatisfying or oppressive components of their lives.” (Rich, 1980, p. 640).

This institutionalised heterosexuality was identified as operating to make women believe, from childhood, that relating to men sexually is innate, inevitable and natural. Radical feminist discourse held that the social construction of sexuality under patriarchy produced men as dominant and in control of sex, with women as submissive, being flexible and conforming to idealised pornographic views of women as always available (Tong, 1998). All women are assessed against this social construction, no matter how far removed it is from their individual reality. Within the radical feminist discourse, heterosexuality was identified as an institution of male domination and female subordination implicated in health and wellbeing issues such as sexual harassment, rape and other violence against women. The sexual domination that radical feminists identified constituted what society

regarded as normal relationships between men and women, and was considered unhealthy for all women.

Radical feminist discourse identified heterosexuality as intrinsically flawed. Mary Varnham discussed the issue of relationships with men in New Zealand 1970s feminist circles, noting how “some of the early women’s liberationists have pointed out that women live on more intimate terms with their oppressors than any other oppressed group in history,” and “as feminism progressed, heterosexual women found it harder to ignore their own ideological inconsistency and lesbians were able to claim the moral high ground.” (Varnham, 1993, p. 107). In the space opened by this radical assertion and way of thinking, lesbianism was discussed in *Broadsheet* as performing an important role in achieving women’s personal freedom from oppression and wider social change:

‘Lesbian Nation’, subtitled The Feminist Solution, is the ‘evolving political reactionary consciousness’ of an oppressed lesbian struggling from ‘that awful life of having to choose between being a criminal or going straight’ to ‘legitimising ourselves as criminals’ and eventually exploding into the feminist movement with the solution... Jill Johnson advocates that the only true feminist is a lesbian. She pulls the rug out from under the women who want to reform society by achieving equality with men in male institutions... Every feminist must read this book to understand what the separatists are all about (Cole, 1975, p. 31, Broadsheet).

Within radical feminist discourse lesbianism could not be reduced to a mere sexual identity, behaviour, or kind of relationship. These quotes above exemplify a very different underpinning of lesbianism: as a political and deeply feminist practice of resistance to patriarchy. The notion of Lesbian Nation, articulated by Jill Johnson (1974), offered a life of radical rebellion and feminist empowerment. Drawing on this framework lesbianism took on significance far beyond the individual – becoming a ‘total lifestyle’ situated within the feminist movement. Indeed, arguments were referred to in *Broadsheet* that lesbianism could and should be actively promoted as a political strategy to be taken up by women in the struggle against patriarchal oppression. The Gay Feminist Collective (1974) argued in *Broadsheet* that: “We feel it is valid to call oneself a lesbian prior to any homosexual (sexual) experience... women in this society... should be made aware of the validity of lesbian relationships” (p. 17).

Lesbianism is a total lifestyle that is valid in itself, not simply a matter of a sexual union... lesbians are women who survive without men emotionally, financially...

who battle day by day to show that women are valid human beings, not just appendages (Casswell, 1975, p. 28, Broadsheet).

Within the radical feminist discourse, a practice of separatism held out an antidote to all of the altruism that women had been afflicted with since time immemorial – their lives as ‘appendages’ to men. Lesbianism was imbued with a countercultural connotation so potent that women could be drawn to it by ideology rather than by desire. Lesbian separatism and heterosexual surveillance were discursive practises of radical feminism that emerged to challenge the meaning and norms of womanhood, heterosexual femininity and female emotional and sexual dependency on men. Zita (1998) holds that radical feminist discourse operated to “expand the meaning of ‘lesbian’ beyond genital sexuality” (p. 310) and produce lesbianism as “prima facie resistance to male dominance” (p. 312).

Foucault holds that a proposition such as that lesbianism is a powerful feminist practice, must fulfil some complex conditions before it can be admitted to a discursive order (such as feminism). It must be "in the true", that is, within what are recognised as the delimits of an area of knowledge (Foucault, 2008b). For example, within the discourse of radical feminism, a particular patriarchal oppression (where men as a group hold power over women as a group) is assumed. The positive political significance of lesbianism for women’s resistance emerges from this framework. In this way, radical feminist discourses entered into truth games over the significance of lesbianism for the women’s liberation movement as a whole. For a brief time in the 1970s, they achieved a dominant position within feminism, positioning women who engaged in relationships with men, as colluding in women’s oppression and as less than authentic feminists.

Strong comments made by gay women upset and angered straight women some of whom felt so alienated that they left [the conference Women 74]. This antagonism centred around the feeling of some gay women that no woman can be truly feminist if she lives in a heterosexual relationship, or has any emotional relationships with men. To me as a heterosexual feminist this is a demand for me to deny myself which I am unprepared to accept. To me feminism is a freedom from male attitudes...a movement to give women choice (J. Thompson, 1975, p. 2, Broadsheet).

It is clear from the *Broadsheet* excerpt above that this positioning was extremely challenging and could be experienced as acutely distressing by heterosexual feminists,

who constructed their sexuality in terms of the innate sexological discourse in which a rejection of heterosexuality was ‘a demand for me to deny myself’.

Foucault (1983b) cautions us against viewing the kind of power that flows through discourse, and positions subjects, as merely oppressive in nature. Although a radical feminist discourse of sexuality was certainly experienced as oppressive by women who did not construct their sexuality in this way, it also offered positions and ways of being to women who had not previously had the opportunity to think of themselves and their sexuality in terms that did not situate it as innate and fixed in nature. Within this radical discourse I argue, that practices of separatism (women living and socialising more or less exclusively and communally with other women) and lesbian sexual pleasure became more available for a wider group of women to consider engaging in.

In deconstructing heterosexuality as culturally produced, radical feminist discourse powerfully introduced the notion of a lesbian female sexuality free from these constraints. As something other than heterosexuality and evolutionary/biological determinism lesbianism offered a particular strategic position for any woman to take up in relation to both sexuality and/or feminism. This kernel of essential lesbianism constructed was persuasive for a time. Feminist theorists, such as Rubin (1984), have held that radical feminist notions extended into a lesbian feminist way of life which proscribed a politically correct lesbian life and held women in a gendered dynamic of essential womanhood. I am sympathetic with Zita’s suggestion “that a careful reading of radical feminist philosophical writings reveals a commitment to a strategic essentialism that was effectively deployed to organise female oppositional practices and communities” (Zita, 1998, p. 311). At this time radical concepts of cultural feminism, separatism and lesbianism came together to create particular lesbian space and possibilities.

4.5.2. Discursive contest within the women’s movement in New Zealand

Particular events with links to radical lesbianism were catalysts for deep division within the New Zealand women’s movement. These were the 1978 Radical Feminist Caucus, a lesbian boycott (split) from *Broadsheet* magazine, and the 1979 United Women’s Convention in Hamilton (Coney, 1993c). In these early issues of *Broadsheet*, I identified the precursors to these events in an exhortation for lesbians to be seen to be different – to interpret their issues in the context of their own lives that may differ from the lives of heterosexual women. In *Broadsheet* at this time, lesbians began to challenge the

public/private dimensions of sexuality as they came to see themselves as a politicised interest group with rights to self-determination and difference.

Radical lesbianism was hotly resisted by liberal feminist and scientific discourses of sexuality at this time – e.g. perceived as ‘insulting’ to women working towards educating and forming equal relationships with men:

The editorial [previously published in Broadsheet] takes the view that any woman who doesn't feel anger towards men has either lived a sheltered life without experiencing "oppression" (is this even possible?), or is an Auntie Tom who has to be nice to men to get on in a man's world. These are specious arguments – in fact, insulting to intelligent women... [separatism] is only a temporary personal solution to a lifetime problem (Church, 1973, p. 1, Broadsheet).

The first lesbian themed cover of *Broadsheet* magazine appeared in 1973; however, the practises of lesbian sexuality and its meaning in women's lives were not discussed in depth in the magazine at this time. I would suggest that this reflected a fundamental reluctance by the liberal feminist majority to take up lesbian issues as part of a mainstream feminist focus and to see sexual orientation as a feminist issue. Sedgwick (1990, p. 1) distinguished between “minoritizing” and “universalizing” accounts of sexuality. Minoritising accounts hold that issues of homosexuality (e.g. the construction of homosexuals as ‘other’) are of concern to a minority of people who are homosexual. Universalising discourses construct issues of the division between homo/hetero sexuality as relevant to all people. In these early issues of *Broadsheet*, rupture emerged between those who constructed lesbian sexuality within the minoritising terms of liberal feminism and sexological discourse, and those women who championed the relevance of lesbianism to helping transform the gendered status quo.

The liberal feminist discourse of sexuality refuted the notion that lesbianism could provide a strategic position from which to view/analyse the patriarchal power in play in heterosexuality. Further, radical lesbians were charged with disrupting the movement for women's equality and wellbeing. Agitation for visibility of lesbian issues was cast as a “male trap”, incoherent, and as a “misdirected minority” who were “tearing at” fellow feminists:

[There is an] innate hostility of any oppressed people - tearing at each other is painful, but it is after all safer than tearing at the real enemy... to me the Gay/straight split has the potential to destroy the women's movement, sisterhood

and feminism, since to me it echoes all that is most hateful in the oppressing system (Calvert, 1975, p. 2, Broadsheet).

This positioning in New Zealand reflected earlier international struggles over the ‘lesbian menace’ (discussed in Chapter Three). My analysis of *Broadsheet* shows that in early 1970s New Zealand, this struggle over the place of lesbianism in the women’s movement was only just emerging.

4.6. Women as patients

Issue 17 of *Broadsheet* magazine published in March 1974, took women’s health as its major topic. This issue contained an article titled, “The Indictment”, which showed the force with which the biomedical discourse and the medical institutions and professionals it imbued with power were operating in relation to women at this time:

We have been treated like children, neurotics and idiots. We have not been listened to, nor have we been given explanations. We have been given prescriptions. Drugs, injections, incisions and stiches. We have been told our pain is imaginary when we could feel it in our guts. We have suffered... We have been forced to bear children we did not want. We have been in the power of men... We have been refused abortions when we were too old and tired to bear more... We have had to beg and plead, and pretend we were mad to get sterilisations and abortions. We have been judged by men... We have not been listened to. We have had enough. We are starting to fight back” (Broadsheet Collective, 1974, p. 4, Broadsheet)

Foucault argued that women have been systematically produced by biomedical discourse in ways that are intertwined with the health and wellbeing of families and through families, populations (Rabinow & Rose, 2006). Mothers became agents, extending the reach of medical authorities by enacting the medical system’s instructions for hygiene and good health in their families and communities (Foucault, 1978). Mothers were also charged with greater responsibility for the population, as birth rates and the quality of future generations came to be seen as a national resource to be capitalised on. Foucault’s theorisation of medicine as a discursive practice, focused attention on the ways in which the biomedical discourse (as represented in official texts, medical notes, etc.) both subjects and subjugates women as patients.

In *Broadsheet*, women related their experiences of being positioned as patients within biomedical discourse. Bunkle (1988, p. xv) described biomedical discourse as producing

a 'sickness industry' with revered 'rockstar' doctors in complete control of the definition and practice of women's health care. This notion was described in *Broadsheet*:

"Our subservience is reinforced by our ignorance, and our ignorance is enforced. Nurses are taught not to question, not to challenge. "The doctors knows best". He is the shaman, in touch with the forbidden, mystically complex world of Science which we have been taught is beyond our grasp" (Ghrenreich & English, 1974, p. 6, Broadsheet)

Such positioning enabled doctors to refuse to provide information about a woman's health condition. A stark example was the removal of a woman's breast without her prior knowledge or consent: the amazing heartlessness of taking a woman in for a biopsy and telling her that she may or may not wake up without her breast (Broadsheet Collective, 1975, p. 14, Broadsheet).

As Miller and Rose (1990) phrased it, medical experts played a powerful role in "shaping conduct not through compulsion but through the power of truth, the potency of rationality and the alluring promises of effectivity" (p. 19). Biomedical discourse, by investing health professionals with access to the 'truth' about medical care, produced them as best placed to make decisions regarding women's health. Controversies surrounding medical practices and knowledge about where consensus among medical experts may be forming or diverging could be denied to women as beyond their level of comprehension. Key examples of this practice were brought to light in *Broadsheet* in the early 1970s e.g. the links between synthetic oestrogen proscribed to prevent miscarriage and vaginal cancer, and the damage to women's bodies caused by Dalkon shields and IUD devices, and the way that medical intervention in birth reduced the quality of women's experience of giving birth:

We have been used as guinea pigs to test contraceptives whose workings were unknown... We have been given incompetent, uninformed, outdated advice and treatment... Our uteruses have been traumatised and perforated by unskilled doctors using outmoded methods... We have had our wombs taken out unnecessarily. We have had our breasts removed unnecessarily. We have suffered (Broadsheet Collective, 1974, p. 4, Broadsheet).

Medicalisation was the way that biomedical discourse tended to "present a consonant vision of a world in which individuals' lives are profoundly experienced and understood through the discourses and practices of medicine and its allied professions" (Lupton,

1997, p. 94). Biomedical discourse which constructed the phenomenon of birth as unnatural and full of risk, and therefore requiring medical intervention, was outlined in detail in *Broadsheet*, so as to be deconstructed. It was held that medical knowledge had taken over and overridden women's and midwives' knowledge of birth and birthing practices. For example, the practice of women giving birth lying in a bed was seen as produced by a medical system interested in obtaining a more convenient surveillance point for doctors rather than women's comfort. Key parts of the indictment of the medical model revolved women's experience of birth:

We have been forced to have our babies in factory-like maternity hospitals. We have been shaved, purged, drugged, induced, cut, stitched and forced into unnatural positions when bearing our children. We have been denied the reassurance of our husbands, lovers and friends during childbirth (Broadsheet Collective, 1974, p. 4, Broadsheet).

My friends were refused entry while they broke my waters... once set on course the great hospital production line cannot, it seems, alter (Baggins, 1975, p. 23, Broadsheet).

The biomedical discourse and 'the great hospital production line', played a key role in the monitoring, administration and surveillance of populations of women and their bodies. This disciplinary form of power was brought sharply into view in *Broadsheet* at this time "as a facilitating capacity or resource, a means of bringing into being the subjects 'doctor' and 'patient' and the phenomenon of the patient's 'illness'" (Lupton, 1997, p. 99) in ways that were seen to be disempowering and harmful for women.

4.6.1. Sick lesbians

Broadsheet provided evidence of the pathologisation of lesbian women by the biomedical discourse and its medical and psychiatric institutions at this time. This pathologisation was discussed in reference to a visit to New Zealand by Sue Wills, who was active in the Women's and Gay movements in Sydney:

In Australia, doctors are using several experimental techniques on homosexuals – aversion therapy, psychosurgery and chemical castration... Dr McConaghy... has tried several different methods of conditioning using both electric shocks and nausea producing drugs... with twenty years of academic background at stake, he's not likely to give up... [He said] One girl who came after treatment went to him because she didn't want to be a lesbian after the bad break-up of a love affair (Dowling, 1974, p. 7, Broadsheet).

The biomedical discourse constructed healthy women as heterosexual, because through the sexological discourse, it essentialised women's natural drives towards men, marriage and procreation. In *Broadsheet* it was stated that, "Many young women have been told that their homosexuality is just a phase they are going through and that marriage will cure them" and "the female role is such that if the woman is lesbian, it is seen as seeking a substitute because she is unable to get married". This was because "Medical attitudes have permeated society so that lesbians are generally considered to be aggressive, loud, masculinised, unattractive" in nature (Dowling, 1974, p. 7, *Broadsheet*). Thus lesbians could be positioned as sick, immature women suffering from their homosexuality, and in need of treatment.

I have discussed in Chapter Three, how Laurie (2003) has provided evidence that practices of electro-shock therapy and talking therapy were carried out on lesbians in New Zealand in psychiatric institutions into the 1970s. The American Psychiatric Association (APA) only removed homosexuality from its official Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. Even when the diagnosis of homosexuality was deleted in 1973, the APA still did not embrace a model of homosexuality as normal (Bayer, 1987; Drescher, 1998). In recognition of the significant biomedical opposition to the normality of homosexuality, the APA produced the DSM-II diagnosis of Sexual Orientation Disturbance (SOD). Individuals who were comfortable with their homosexuality were no longer considered mentally ill. However, those men and women who were judged to be in conflict with their sexual orientation were still considered to have a potentially treatable mental disorder (SOD). My analysis of *Broadsheet* shows that biomedical constructions of lesbianism as sickness were in circulation in relation to lesbians in early 1970s New Zealand.

4.7. Subjects of feminist holistic health

Broadsheet magazine also created a space for what I have termed a feminist holistic discourse of health and wellbeing. This discourse was invoked in opposition to the biomedical discursive practices that were seen to be monopolising and limiting the conceptualisation and treatment of women's health issues. In the feminist holistic discourse, health was seen as a broad concept involving individual mental and physical wellbeing intertwined with the social, economic and environmental situation in which people find themselves.

Women's Liberation is a movement for human equality, a movement aimed to liberate women from the deeply imbedded image of their own inferiority. It is a movement aimed to liberate women from narrow, limiting social roles, so that women in New Zealand can grow up facing an open future with many and varied opportunities for development and fulfilment... It is a movement aimed to improve the health and quality of life of men, women and children in New Zealand. We see this as possible only through the improvement of the position of women in our society (Auckland Women's Liberation Group, 1972, p. 2, Broadsheet).

The feminist holistic discourse of health, incorporated social justice as part of what constitutes health and wellbeing. These notions can be linked to the World Health Organisation's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organisation, 1948, p. 100). This definition has not been amended since it served as a powerful statement against the eugenic-biomedical movement that had culminated in practices such as forced sterilisation and genocide in the 1930s and 1940s. Within this discourse, health and wellbeing could be seen as products of societal issues and systems such as gender inequality and marginalisation.

The feminist holistic discourse was taken up in *Broadsheet* to argue that gender constructs and gendered systems are particularly important in relation to women's health and wellbeing. This discourse resisted psychological and medical approaches to health and wellbeing that focussed on the individual (and internal processes) at the expense of a full appreciation of her social context:

Only more horrific than the overt forces of violence are the hidden, subtle forms of violations against women... To be able to affirm oppression a woman must first become aware that her malaise, and general low level of satisfaction cannot be solved by individual "therapy", and is not in fact a condition of her making. It must be understood as situational violence, emotional and physical, both active and passive... The powerlessness of women manifests itself in many ways, but nowhere does it have more consequences than within the family. This powerlessness is caused by physical, economic and social forces and often in ways not generally recognised (J. Thompson, 1974, p. 2, Broadsheet).

Through a holistic health discourse, women's inequality in society was able to be constituted as a situational violence and oppression with political causes that had material effects on health and wellbeing. Feminists drew on the holistic health discourse to resist biomedical notions of health in order to attempt to place gender as a social determinant of health on the state's health and wellbeing agenda.

Women's place in the family was highlighted as a key site of women's oppression and ill-health. The functioning of family in society was held to privilege men's wellbeing over women's:

Married women...are worse off, mentally and physically, than their unmarried sisters, and the rate of attempted suicide among housewives is nine times as high as that for any other occupational group. The reason for this difference is that the male is the most important member of the family in society's eyes, because he earns money, and therefore his health is important...she has no status at all, and this shows in the state of her mental and physical health... Since the wife probably consumes better in a state of chronic dissatisfaction with her life it is in the economy's interest to keep her like this (Else, 1972a, p. 7, Broadsheet).

This feminist holistic discourse constructed as normal such events and processes in women's lives which a biomedical approach produced as pathological or in need of medical monitoring and intervention (e.g. birthing, menopause, aging, death). It held that a biomedicine framework alone was not an effective way in which to consider health or to structure a health system. Interventions on women's health and wellbeing must therefore look beyond the medical system and address the structural position of women in society.

In *Broadsheet* it was stated that the purpose of women's liberation was changing the fundamental conditions under which women live their lives in order to improve their wellbeing. This key statement of feminist holistic women's health discourse also drew on socialist feminist thinking to link women's health to power, economy, and capitalism: to their oppression as women. For example, in the extract above, the family unit is held to be an economic facilitator that functions for the benefit of men and the state, rather than for women. Prue Hyman (2001) has summed up how broader systems of economic inequality impact on lesbian women's wellbeing thus:

Gender, race, class, and sexuality are all largely economic issues, with white, upper-class, heterosexual men having greater control over power and resources. Patriarchy and capitalism have been based on gender, class and race divisions of labour in heterosexual households and the paid labour force. The restriction of women to low-paid jobs promoted and even necessitated heterosexual partnership as an institution (p. 123).

As conceived in the feminist holistic discourse, medical knowledge (dealing primarily with disease) could be demoted to just part of an array of technologies that could be taken

up for women's health. This discourse challenged biomedicine's power, constructing it as human technology, fallible and subject to issues of social justice, including biases against women and minorities that are identified in wider society. This holistic health discourse challenged doctors' and medical professions' claim to sole knowledge/power in relation to women's health. Feminist health workers at this time looked back in history at the ways that women have been constructed in different ways (in relation to prevailing health discourse of different periods) which have had major effects on women's lives (e.g. healers, witches, midwives, 'old wives') (Bunkle, 1988). This feminist holistic health discourse constructed women's healing power and knowledge as having been suppressed by the church, state and biomedical institutions over time. The medical system, because it saw women through the lens of dominant societal values (e.g. as low status, predominantly wives and mothers) was seen as a powerful instrument of social control whose totality must be resisted in the interests of women's health.

4.7.1. Experiential authority and political consciousness

The feminist holistic health discourse sought to broaden the elements considered important in relation to health to include social change. It warranted the use of a key feminist organising technique: the small 'consciousness raising' group. In these groups, women could share and re-constitute their individual experiences of health and wellbeing as connected to political issues and systems. The holistic discourse offered women an experiential authority in and knowledge of health - by trusting and valuing what they felt and by using their own and others' experiences:

It is not to be doubted that consciousness raising is one of the most important and productive aspects of the Women's Movement...The feminist consciousness is what grows out of the awareness of the oppression of women. Defeating our conditioning, which has denied us the right to develop into self-respecting independent human beings is a difficult process. More difficult perhaps than changing male conditioning which will eventually follow the changing attitudes of women to their environments. If all women can come to full awareness of the extent of the financial, legal, social and personal oppression which exists all around them and fight against it, the male dominated society will capitulate (Cole, 1974, p. 2, Broadsheet).

Women wrote about their experience of consciousness raising groups, as helping to "clean out your head", "release and redirect your anger", "understand other women and "discover that your personal problem is not only yours" (Coney, 1972a, p. 5, Broadsheet). Women described feelings of wellbeing, relief, release and understanding. Some emphasized that the groups were not therapeutic in a curative and problem-solving sense

but provided support and an important feeling of solidarity that was vital to their emerging political identity. Crucially, women could become their own health and wellbeing experts, particularly through discussing issues of health, and wellbeing with each other.

The feminist holistic health discourse offered women the opportunity to see themselves as part of a movement for women's health and wellbeing opposing oppression perpetuated through male dominated medical institutions. This discourse arguably politicised the doctor/patient relationship – where doctors were positioned as powerful representatives of the male-dominated medical system (and quite likely to be blinkered by the power they wield).

4.7.2. Lesbian subjects of heterosexist oppression

An expansion of the notion of health and wellbeing to include such issues as sexism and women's social and economic oppression, created space for lesbians to begin to position themselves as subject to additional oppression as women and as lesbian. Alston (1973, p. 5, *Broadsheet*) argued that:

As [lesbian] women we have suffered similar and often the same oppression as our heterosexual sisters. I argued that gay women are not subjected to exactly the same oppression as heterosexual women... and this still stands as a valid reason for allowing the lesbian to express herself and her problems in terms of her own lifestyle... Reality is that gay women have internalised much of the garbage written about them... They lead a false and self-destructive life because they have to lie and put up a façade.

Drawing on the holistic health discourse, lesbian women could highlight the impacts of homophobic and heterosexist society, 'the garbage' written about them, on their health and wellbeing, rather than locating difficulties as originating within themselves.

While possibilities existed for the discussion of lesbian issues on their own terms, lesbian health and wellbeing issues were actually discussed in few *Broadsheet* articles at this time. I suggest, that contest over the place of lesbianism in the women's movement took centre stage. Liberal discourses of sexual preference (located within the individual) marginalised consideration of lesbian health "in terms of her own [lesbian] lifestyle". Thinking back to this time, Christine Bird (1991) asserted that she "experienced oppression in three forms: as a woman, as working class, and as a lesbian. [Only] The first two forms, at the time and place I experienced them, had a herstory and theoretical basis that could give some support to the oppressed". Excepting Issue 10 (*The Pride*

issue), most articles that referred to lesbianism in issues of *Broadsheet* I examined from the early 1970s discussed the role of lesbianism in the women's movement or provided brief reports of lesbian gatherings or events (such as the establishment of Sisters for Homophile Equality S.H.E, gay pride week, and the first lesbian conference in Wellington in 1974). I identify a silence on issues of heterosexist discrimination as health and wellbeing issues within *Broadsheet* at this time.

4.8. Conclusion

In the early 1970s issues of *Broadsheet* that I examined, women positioned themselves as subjects of a female sex drive, and as 'knowing subjects' who rejected moral and biomedical notions of women's bodies and (hetero)sexuality as mysterious or shameful. Possibilities for lesbians existed as 'natural variants' of normative heterosexuality, and as subjects of liberal notions of 'sexual preference'. The discourses of sexology and liberal feminism coalesced to produce heterosexual women's health and wellbeing experiences as the norm. Contest over the place of lesbianism in the women's movement and liberal discourses of sexual preference constrained consideration of lesbian health and wellbeing issues.

Broadsheet was also an important space for competing discourses such as radical feminism to circulate and be taken up in women's lives. Radical lesbian discourse problematised and denaturalised heterosexuality as an institution, identifying its links to the oppression of all women. Lesbianism was produced as a way of life, a lived feminism, that was inclusive of but far broader than engaging in sexual relationships with women. This discourse created space for lesbian community development and for a wider range of women to consider focusing largely or exclusively on their relationships with other women, a political lesbianism. Through radical feminist discourse, compulsory heterosexuality could be articulated as a women's health issue.

The indictment of the biomedical system by feminist holistic health discourses operating in *Broadsheet* at this time produced women's health and wellbeing as socially and politically determined. Overall, in my reading of *Broadsheet* in the early 1970s, the dominance of liberal notions tended to produce women's health issues in a heterosexual framework as reproductive choice and sexist discrimination, to the exclusion of lesbian health issues (e.g. homophobia, heterosexism). Feminist holistic notions were also taken

up to position lesbians as doubly oppressed by patriarchal and heterosexist systems and practices. This was a position from which lesbians could argue that the feminist movement should take more notice of wellbeing issues for lesbians that align with (e.g. equal pay) and are different from those of heterosexual women (e.g. homophobia and heterosexist discrimination).

Although the lesbian health and wellbeing issues of compulsory heterosexuality and heterosexist discrimination became visible in the *Broadsheet* issues, sexological and liberal feminist discourses operated to constrain and neutralise these challenges, and to perpetuate heteronormativity.

CHAPTER FIVE: THE MID 1980S – DEBATE AROUND THE TIME OF HOMOSEXUAL LAW REFORM

5.1. Introduction

This chapter focusses on the discourses of sexuality, health and wellbeing that were available to lesbian women during the mid-1980s period of Homosexual Law Reform (HLR) 1985-1986, as evidenced in parliamentary debate and *Broadsheet* magazine. It was at this time that a partially successful attempt was made to reform the law that was operating in relation to homosexual people in New Zealand. Fran Wilde's Homosexual Law Reform Bill proposal had two parts - one part amended the Crimes Act 1961 to decriminalise male homosexuality. Specifically, consenting sexual behaviour between males and anal intercourse between any persons would no longer be a crime, unless conducted with minors. Penalties for sexual activity with boys under the age of 16 would range from 7 to 14 years' imprisonment – this was raised in line with penalties for sexual activity with girls under 16.

The second part of the Bill was different. It aimed to provide anti-discrimination law protections for lesbians and gay men by amending the Human Rights Commission Act 1977. Part Two rendered it unlawful to discriminate against a person based on their sexual orientation in circumstances where it was at the time unlawful to discriminate on the grounds of sex (namely: employment and employment/firm partnerships, professional registration, education, access to public places and facilities, the provision of goods and services and housing). The first part of the Bill passed narrowly (49 Ayes to 44 Noes) into law on 9 July 1986, the second part was defeated.

Gay and lesbian activist groups, feminists, trade unionists and groups of heterosexual sympathisers supported the Homosexual Law Reform Bill and contributed to a public campaign for its passage (Guy, 2002; Laurie, 2004). The campaign for HLR operated against a mobilisation of conservative Christian/moral rights groups (Guy, 2002). Janiewski (2007) discusses the membership of conservative groups as “surging” in New Zealand in the 1980s. She argues this occurred in response to gains in women's reproductive autonomy, and in particular to oppose the Labour Government's ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The explosive and emotive public debate surrounding HLR brought issues of sexuality and health and wellbeing to the fore. In this chapter I discuss some of the conditions of possibility for such a debate to occur in New Zealand in which lesbian women took an active part, particularly in relation to Part Two of the Bill (the human rights aspect). After briefly considering the historical context for HLR in the 1980s, I then describe the discourses of sexuality, health and wellbeing I have identified in two data strands from the HLR time period 1985-1986 – New Zealand Parliamentary Debates (*Hansard*), and *Broadsheet* magazine. Work discussing HLR in New Zealand tends to explicate the discourses constructing gay men since it was their sex that was subject to the most criminal sanction (e.g. Guy, 2002; McCreanor, 1996). My particular concern in this chapter is to tease out the impacts, effects and possibilities for lesbian women and their health and wellbeing within the discourses I identify as operating in the *Hansard* and *Broadsheet* spaces at this time.

5.2. The prohibition of lesbianism in New Zealand

Sex between adult women has never been legally prohibited in New Zealand, though the 1961 Crimes Act brought in new criminal sanctions for women over 21 who ‘indecently assaulted’ girls under the age of 16. Laurie (2003) has argued that pre-1970s lesbian life was effectively constrained by economic and medical/psychiatric technologies of power through which discourses on gender and women’s sexuality became known. I discussed in Chapter Three how these discourses produced ‘sick’ and ‘delinquent’ lesbians who could be legitimately excluded from employment and housing and in many cases forcibly ‘treated’ within psychiatric and medical institutions.

Part Two of the Bill was struck down in 1986 and never passed into law³. This Part in seeking to confer recognition of human rights and protection from discrimination for all homosexual people, was of particular relevance to lesbian women. The anti-homosexual discourse which circulated in the HLR debates reportedly galvanised lesbian activism and support for the campaign (Laurie, 2004). Laurie argues that a united front produced for the campaign obscured differences in opinion among lesbian supporters of the campaign. These differences are not commonly discussed in historical reviews, e.g.:

³ Inclusion of anti-discrimination law in the Human Rights legislation of this country did not take place until the Human Rights Act 1993. Civil Union relationship recognition and now Marriage Equality were much later developments (achieved in the Civil Union Act 2004, and the Marriage Definition of Marriage Amendment Act 2013).

Some lesbian separatists opposed working with gay men because of their sexism and misogyny, while some radical feminist lesbians thought the bill was reformist and assimilationist, and that Part 2 would simply accommodate us within patriarchal society (Laurie, 2004, p. 22).

Lesbian campaigners seemed to unite around the notion of gay and lesbian visibility “in the face of a campaign intended to silence us... right wing attacks meant the focus must move from law reform and parliament to public education and visibility” (Laurie, 2004, p. 22). Contest and tension between political expediency and constructions of social justice suggest a range of discursive tensions, interactions, constraints and possibilities operating at this time.

In parliament in the mid-1980s, MPs debated the worth of each part of the Bill. The debate as recorded in *Hansard* was a space where MPs drew on discursive resources to construct and support their positions for or against Part One and Part Two of the Bill. *Broadsheet* magazine provided another space where discourse could operate. I now turn to explicate the discourses of sexuality, health and wellbeing I have located in *Hansard* and issues of *Broadsheet* magazine during the debate leading up to HLR 1985-1986.

5.3. The emergence of HIV/AIDS in New Zealand

The first New Zealand case of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) was identified in 1984, three years after the disease was identified in the U.S. Due to its early association with gay men in the USA, AIDS was first given the name "gay-related immune deficiency", or GRID, by the scientific community. The syndrome was later and more neutrally renamed AIDS, but the link between male homosexuality and AIDS had become firmly established as a product of epidemiologic knowledge production by the time the first case reached New Zealand (Litchenstein, 1996).

As a result, many New Zealanders experienced a state of moral panic around the implications and meanings of AIDS (Ware, 2011). AIDS discourses have contested the identification of ‘risk populations’ rather than ‘risk factors’. For example, the scientific community stated that "AIDS is not a disease linked to the homosexual condition... and never has been. Viruses, even in 1984, cannot recognize their homosexual victims as such, and no one in biology has ever regarded such a thing as conceivable." (Leibovitch cited in Litchenstein, 1996, p. 120). Nonetheless, the deployment of AIDS discourses in New

Zealand has tended to frame sexual practices and subjectivities in terms of 'moral culpability' and/or 'sexual abnormality' (Litchenstein, 1996). The emergence of HIV/AIDS in New Zealand in the 1980s constitutes a condition of possibility for the articulation of discourses on homosexuality and health at this time.

5.4. Moral subjects

A moral discourse drew on Christian religious notions and the authority of the Bible to construct particular ways of being, such as homosexuality, as against God and the right order of society. It constructed homosexuality as an immoral practice, in the sense of being against ideas about the best way to live together as a society. It could also render particular practices, such as abortion, as anathema to the health and wellbeing of society. In this section I outline how the discourse of moral right was deployed in both *Hansard* and in *Broadsheet* magazine, with a focus on the implications of the positions created by this discourse for lesbian women.

The strength of the moral discourse in public circulation was evident in *Hansard*. It entered into games of truth by drawing on authoritative speaking positions: The Church and scripture.

My words are few and my message is abundantly clear. I have a deep and sincere belief that what is written in the Bible is the right and proper way to conduct and discipline one's life, irrespective of whether or not one has religious inclinations. Christian teaching is explicit on the matter of sodomy and personal behaviour... Homosexuality is not only an unnatural act but also a very dangerous one (Wallbank, 1985, p. 3530, Hansard).

In *Hansard*, the moral discourse operated to construct homosexual acts between men as fundamentally disruptive to society. They were not only 'unnatural' but were also 'dangerous'. Homosexual practices were the result of a lack of internalisation of proper biblical and moral teachings, and were therefore seen as socially influenced and not biologically determined. By disciplining themselves and being disciplined in matters of 'personal behaviour' by such institutions as the church, their families and society as a whole, individuals would find the right path.

In *Broadsheet*, the moral discourse was visible as a powerful force operating to contest not just HLR, but also liberal feminist goals around women's choice:

If the right wing manages to amend the bill or prevent it from passing, this will increase their attack on other hard-won choices for women. Abortion, sex education in schools, non-sexist books and resources, married women's right to work, and non-nuclear families are all being attacked by right wing groups at the moment (Rankine, 1985b, p. 11, Broadsheet).

A key difference in the deployment of the moral discourse in *Hansard* and in *Broadsheet* was that the homosexual subject positions and practises constructed in *Hansard* were overwhelmingly male, producing a silence on lesbian morality. *Broadsheet* provided a space and opportunity for the effects of the moral discourse on women and lesbians to be articulated and examined.

5.4.1. 'Moral guardians' and 'female victims'

The subjects of the moral discourse produced in *Hansard* were exclusively male. A key one was the 'predatory gay man'. Overlaid with a male sex drive discourse (Hollway, 1984a) which positioned men as constantly seeking sex, men practising homosexuality would seek to corrupt other men and even young boys. That homosexual behaviour was constructed as a learned phenomenon formed a key part of this subjectivity, positioning men as a promiscuous corrupting influence on other men and the young.

More young people will undoubtedly be locked into a homosexual existence...young people, especially young males, are locked into the kind of society we expose them to as young boys – becoming young men, and trying to find their sexuality. Because of the nature of male sexuality many get distracted and end up with the gay community. For many it is an absolute tragedy (Knapp, 1985, p. 8062, Hansard).

In *Hansard*, women were predominantly constructed as the victims of predatory men (via legalised anal intercourse and the possibility that homosexual husbands could infect them with AIDS). MP Winston Peters (1986, p. 2817, Hansard) stated that he was "astounded by the number of women who support the Bill. In my view the Bill is anti-women because it makes them irrelevant".

The moral discourse clearly held that the state and its representatives play a key role in guiding the moral development of citizens, society and the nation as a whole.

"The house has a responsibility to protect and promote family life. I am concerned that if the Bill succeeds the next step by the militant gay rights movement will be to press for... "gay" marriages between consenting adults, and following from that, the adoption of children..." (Braybrooke, 1985, p. 3525, Hansard)

This allowed MPs speaking in the debate to take on a righteous position of ‘moral guardian’ and to be seen to be acting in the interests of society by restricting homosexuality. It constructed the legalisation of homosexual acts between men as a slippery slope towards full acceptance of homosexuality in a society conceived of in heteronormative terms (comprised of married couples with children). ‘Family life’ (marriage and parenting) and homosexuality were produced as mutually exclusive.

5.4.2. Immoral lesbians

Although ostensibly focussed on the regulation and disciplining of male homosexuality, the moral discourse was so strong in *Hansard*, that it is difficult to conceive of lesbian women remaining unaffected by it. In contrast to the silence on women’s issues in *Hansard*, *Broadsheet* enabled articulation of the way the moral discourse positioned certain women, such as lesbians and feminists, as ‘immoral’ and therefore deserving of practices of rejection, marginalisation and/or attempted salvation.

[MP Keith] Hay and his supporters made it clear that homosexual law reform is only one item on a list of right wing targets. “From now on we’re going to have a look at the whole moral state of New Zealand” he said. When feminists spoke, his supporters chanted “murderers of unborn babies” at them (Rankine, 1985a, p. 5, Broadsheet).

The moral discourse vehemently opposed the validity and acceptability of all homosexuality in society as anathema to God and civilisation. Church practices such as confession, counselling, and community engagement were enacted to guide all people towards heterosexual marriage and to bring homosexual sinners back into the fold. The notion of ‘love the sinner, hate the sin’ was repeatedly invoked in *Hansard* to justify attempts to rehabilitate people into a Christian and/or moral code and heterosexuality. This demonization of homosexual people is what Laurie (2004) suggests lay at the heart of lesbians beginning to rally in support of the Bill. *Broadsheet* evidenced the effects that being positioned by the moral discourse had on lesbians:

Keith Hay (ex-Roskill mayor and benefactor of gleaming neon cross on Mt Roskill) [is giving the] reasons why he has started a petition against the Homosexual Law Reform Bill. [I] start reading with a sneer that turns into a knot in my stomach. I feel through me the vitriolic hate, homophobia, lies and myths. Not just against a piece of legislation, against all of us, homosexual men and lesbians. With that one-eyed thinking what about other minority powerless groups – who would be next? (Fitchett, 1986)

Lesbians could be positioned as against wilfully going against God and society. The position of moral (rather than biological) weakness, produced the possibility of salvation and change (Guy, 2002). The adoption of right heterosexual behaviour and true heterosexual personhood could be achieved with full cooperation with the church and society. Foucault (1977) defined discipline as a mechanism of power which regulates the behaviour of individuals in the social body. The practises of confession and moral education constructed by the moral discourse can be seen as disciplinary techniques which sought to make homosexual acts known, separate them out as undesirable and amenable to change, and set about changing and monitoring an individuals' homosexual behaviour. Acceptance was attainable only by following the teachings of Christ, the churches, and moral leaders in the community:

Members heard at the Committee stage that homosexuals cannot change – once a homosexual always a homosexual. There is no evidence to support that view. It is similar to the Victorian view that once one was an alcoholic one was always an alcoholic (Banks, 1986, p. 2812, Hansard).

The impact of the denial of a place in society for lesbian women would be annihilation of possibilities for lesbian lives and communities, described as intolerable: “I know how easy it would be to put all [lesbians] right back there, with the no-communication and the no-visibility, and a relentless search that only finds you four others” (Laurie, 1985b, p. 31, Broadsheet).

5.5. Subjects against nature

In *Hansard*, a biomedical discourse also constructed homosexuality as overwhelmingly male in nature, and almost fully represented by the ‘unnatural’ act of sodomy.

The Bill is about abnormal sex between males. It is about sodomy...All I know is that if the good Lord wanted us to procreate the race through the rear he would have put the womb down there (N. Jones, 1985, p. 3522, Hansard).

The biomedical discourse constructed homosexuality as the ‘biological absurdity’ of sex between men. It drew on evolutionary notions of ‘normal’ sex as that which is capable of ‘creating life’. In Chapter Three I discussed how Foucault has argued that the pathological construction of sexuality was created along with the notion of the homosexual and heterosexual persons in the later 18th century. From Foucault’s historical perspective, notions of state and population beginning in the 16th century can be linked to the

prohibition of non-procreative sexuality and the production of a particular kind of heteronormative world (Foucault, 1978).

I am concerned that there are real physiological and psychological problems because of the practice of homosexuality in this country and other countries. We need deeper research and more thorough knowledge of the matter.”(Young, 1986, p. 2818, Hansard).

Biomedical notions were drawn on to produce homosexuality as non-procreative. Feminist social researchers studying heterosexuality have also shed light on the ways in which ‘normal sexuality’ for women has been constructed through biomedical notions of fertility (e.g. Gavey, 2005; Hollway, 1984b; Tiefer, 2000). A biologically driven model of sexuality holds that men have the ‘drive’ needed to be the progenitors of population and culture and that women engage in sex in order to secure a baby and a male protector (Hollway, 1984b). Without male protection, lesbians could be positioned as against the ‘natural family’.

5.5.1. Sick, dirty and perverted lesbians

In *Broadsheet*, the exclusive biomedical positioning of homosexual men and the anal sex act in the HLR debate was noticed:

... as I listen to the [HLR] parliamentary debate, male speaker after male speaker seems obsessed with ‘sodomy’. One male MP even brought photographs of vaginas and rectums into the house to prove anal intercourse was ‘risky’ (unhealthy) but the vagina was ‘just made’ for penetration. [In terms of] What a ‘lesbian’ is...(i.e. relating to other women), the word did not pass the lips of any MP (of those I heard) speaking on the Homosexual Law Reform Bill (Fitchett, 1985, p. 7, Broadsheet).

Though lesbians were invisible in the mainstream debate, *Broadsheet* allowed lesbians to articulate the effects of a biomedical discourse, which also constructed them: “...widespread homophobia was not just directed at gay men, but at lesbians as well. All of a sudden we were sick, dirty and perverted” (Munro, 1986, p. 42, Broadsheet).

I have described in Chapter Three how within New Zealand there was evidence of the medical and psychiatric treatment of lesbians, including stories of those who were patients and those who worked in the health system, as well as from others who feared forced hospitalisation and treatment (Laurie, 2003). Within *Broadsheet*, pathologisation of any form of homosexuality was held to affect all other forms by association. Therefore,

societal sanctioning of male homosexuality supported the framework of dysfunction through which lesbianism could be viewed by the public at that time.

5.6. Beyond the public health purview

The public health discourse operated across both *Broadsheet* and *Hansard*, to construct the environment of criminalisation as preventing the prevention, identification and treatment of AIDS among gay men. This discourse sought to produce homosexual men as more visible, identifiable, and apparent to be intervened upon. The public health discourse constructed the ‘visible gay man’ as key to the effective management and improvement of their own sexual health and the health of the population at large.

The first and most effective method of control is to abolish or restrict promiscuity amongst homosexuals... Second, if that result is unachievable, the use of a sheath is recommended to act as a physical barrier to prevent the transference of infected cells... The prospect of control appears to be remote at present... [it is hoped that] with the passage of the Bill and the decriminalisation of the act more people will make themselves available for counselling. It is the only hope felt... the prospect of the development of a cure or prophylactic vaccine to AIDS seems remote at present.” (Gerard Wall, 1985, p. 3527, Hansard)

The public health discourse held that in order for prevention efforts to be successful, gay men should be encouraged to “come forward to identify themselves” so as to be educated (in ways to protect themselves and others), diagnosed and treated. Risk to the population health could then be effectively managed: through triggering behaviour modification among the target group members. The public health discourse drew on medical knowledge and expertise to enter into truth games constituting links between health and homosexuality: “It is essential that AIDS is not approached with the same fear and ignorance. Effective public education is imperative and gay men must be able to participate in the education process” (Lesbian Coalition, 1985, p. 8, *Broadsheet*).

Foucault (1991) discusses governmentality as about the mobilization of social subjects through political strategies which are aimed at the ‘conduct of conduct’. Public health policy and promotion are biopolitical strategies which work to activate and encourage people’s self-governing capacity, to enact healthy choices in the name of their freedom (Rose, 1999). For example, in the extract from *Hansard* above, gay men must be changed into responsible subjects who are less promiscuous, use condoms and present promptly for treatment. As a biopolitical technology, the public health discourse tasked the state with helping to create these social subjects who protect both their own and the public’s

health and wellbeing. MPs in Hansard invoked this public health positioning of their role as part of the state:

In the present environment it is impossible to divorce consideration of the Bill from the great public concern that we in the House share about the spread of the disease, AIDS. Optimistic noises have been made from the medical administrative circles about steps being taken to control the disorder.” (Gerard Wall, 1985, p. 2527, Hansard)

Lupton (1993) argues that discourses of public health risk have both political and moral functions. In relation to AIDS prevention campaigns specifically, “the moralistic approach to ‘deviant’ or ‘perverse’ sexual behaviours is disguised by appeal to the preservation of the public’s health” (Lupton, 1995, p. 116). The public health discourse therefore has the effect of exerting control over the population as well as individual physical bodies. Indeed, public health risk notions, as deployed in *Hansard*, teem with reference to mortality, morality and danger of gay male sexuality. Therefore, the public health discourse cannot be considered neutral on the subject of male subjectivity.

Operating in both *Hansard* and *Broadsheet*, the public health discourse constructed links between a male homosexuality subjectivity and population health and wellbeing risk. In this way, as it operated in *Hansard*, the public health discourse tended not to pathologise and stigmatise lesbians in relation to sexual health in the same way as was evident for gay men. In the U.K in 1986 Lord Halsbury, drawing on public health discourse, made a statement to the House of Lords that “Lesbians are not a problem... They do not indulge in disgusting and unnatural acts... They are not wildly promiscuous and they do not spread venereal disease” (Halsbury, cited in Guy, 2002, p. 13).

Although it did not explicitly pathologise them, I suggest that the public health discourse effectively marginalised lesbian women by constructing the connection between health and homosexuality as almost fully represented by the sexual health of gay men. This construction of health and wellbeing for non-heterosexual people as a predominantly male issue could also operate to restrict women’s access to the kind of sexual health information, education and services that were promoted as essential for homosexual men.

Remaining focused at the level of threat posed by gay men’s bodies and practices, the public health discourse did not identify broader discrimination as a public health issue.

Instead, this public health discourse remained focused on the implications of decriminalisation for the effective administration of projects aimed at gay men to protect the population from AIDS.

5.7. Liberal and liberated subjectivities

In *Hansard*, the liberal discourse constructed the dispassionate ‘rational person’ who is ‘disciplined of mind’ and able to set aside moral judgement in the interests of equality of treatment under the law. This personhood was characterised by a secular, non-judgemental, attitude towards homosexuality as an individual sexual preference that may not align with one’s own. The rational MP was the guardian of the public’s rights and freedoms - to their own views on homosexuality, with which they guide their own individual actions unimpeded by the state.

The Bill challenges us to put aside our prejudices and predispositions, and appeals to the rational side of each of us for some tolerance and acceptance of the sexual orientation and practices of others. I take the view that what consenting adults do in the private is none of my business, and it is not the business of the law of the land (H. Clark, 1985, p. 3528, Hansard).

The traditional liberal person was able to contrast themselves favourably with those on the ‘bigoted’ religious right as well as the militant gay ‘zealot’ fringe. This allowed a powerful position as the balanced ‘voice of reason’ to emerge.

...with the best of motives, the people who have sponsored the Bill may have asked for too much... There is no future for a society that is divided by zealots on the one side and bigots on the other side. New Zealand is a society that stresses tolerance... That the bill has asked for too much of the loaf and finished up with only half should be accepted as an honourable middle ground (Gair, 1986, p. 2811, Hansard).

This discourse also constructed the ‘responsible individual’. Each individual has the right to consent to sexual activities of their choosing. They are free to behave in the ways that they see fit and should not have others’ moral views imposed on them. In doing so however, they must also negotiate the consequences of their behaviour for themselves, as individuals – as it is their ‘lot’ in society:

Whatever the law might be, there will always be strong social attitude in opposition to homosexual behaviour, that is the burden and the lot of the homosexual in society, and the law cannot change it. Throughout our nation’s history there has been a strong tradition that the law shall not punish simply

because behaviour offends a moral that is accepted by society (Young, 1985, p. 3524, Hansard).

In *Broadsheet*, a feminist liberal analysis constructed a subjectivity for women that would enable them to practice choice in relation to sexuality. Homosexual law reform was produced as a feminist issue through the goal of enhancing the range of options for women for living and being in the world.

“Sexual pleasure should be our focus... Women have only just started to talk about their sexuality and the women’s movement should be encouraging this. As feminists we continually fight for increasing choices for women, not narrowing them” (Tsoulis, 1986, p. 36, Broadsheet).

5.7.1. Liberal lesbian women

Although *Hansard* focused exclusively on male homosexuals, in *Broadsheet* a liberal feminist discourse did open up opportunity for lesbian practices and subjectivities. Space for individual women to take up lesbian practices could be found in the notion that everyone had the right to act out their personal sexuality, in ways of their choosing, without interference from the state or society.

It is imperative that feminist and women’s rights groups work for the passing of this bill. The right to a choice in our sexuality has been one of the major feminist demands in Aotearoa since the early 1970s. While all the pressures on women are to be heterosexual, and lesbianism is shown as either sick or sinful, there is no possibility of freely choosing our sexuality (Rankine, 1985b, p. 11, Broadsheet)

In contrast to the operation of the liberal discourse in *Hansard*, feminist liberal discourse in *Broadsheet* was brought into contact and contest with radical feminist discourse. Liberal feminist discourse was taken up to challenge the notion that there could be a feminist model for sexuality:

It seems to me that in the sexual arena feminists have rejected one form of oppression – monogamous heterosexuality – and replaced it with another that we should all aspire to. “Prescriptivism” has crept in. We now have a sexual hierarchy... We are making judgements about what “correct” sexuality should be like... Statements like “penetration is equivalent to submission” or “heterosexual intercourse is pornographic” have the effect of silencing women who have different experiences... as Carol Vance observes, we should acknowledge the possibility that power inheres in sexuality rather than assume that power simply withers away in egalitarian relationships (Tsoulis, 1986, p. 36, Broadsheet).

Rather than the ‘prescriptivism’ identified in discourses such as radical feminism, liberal feminism held that individual sexual exploration would lead to liberation. In constructing ‘sexual exploration’, liberal feminist discourse continued to reify certain common sense notions of the expression of one’s personal sexuality as healthy.

In *Broadsheet*, the liberal feminist discourse focused on individual women and their sexual practices. It constructed the importance of upholding the rights of the individual woman to choose how to embody their sexuality. This individualising effect tended to prioritise individual women’s sexual pleasure and autonomy, over paying attention to the institutional dominance and violence in society such as heterosexism, and industries such as the sex industry. This was highly problematic for lesbians who identified the depiction of lesbians and black women in pornography as particularly fetishized, and as producing social and cultural norms that infuse women’s sexual experience. “The selective targeting of particular groups of women in pornography, such as lesbians and black women, is no coincidence” (Atmore, 1986, p. 41). Therefore, while the liberal discourse held open a space for lesbians as a valid minority sexual orientation, it shut down a view of women’s sexuality as infused with dominant heterosexual culture and values with implications for violence against lesbian women. As made explicit in a radical feminist position, many lesbians saw mainstream culture as heterosexual culture with important connections to women’s subordination.

Lesbian women’s concerns were limited by liberal feminist discourse to action that sought to increase the ability of all women to choose in the area of sexuality (i.e. greater gender equality, reproductive rights):

And we must not make a new set of rules to beat ourselves with, like we should masturbate, have orgasms, be non-monogamous (or monogamous, depending on who makes the list), not be jealous, not be dependent, not be “couply”, be out, and so on. May the idea of political correctness in personal relationships die forever! (Rosier, 1986b, p. 24, Broadsheet)

In the following section I consider the possibilities and constraints for lesbians that I identified within a radical feminist discourse of sexuality, that was operating in *Broadsheet*, but not in *Hansard*.

5.8. The radical feminist

I identified that a radical feminist discourse continued to operate in the 1980s issues of *Broadsheet* I examined. This discourse was not present at all in the *Hansard* record. It sought to question the institutions of marriage and the family as reinforcing heterosexuality and the oppression of lesbians and women: “Charlotte Bunch first made me think about heterosexuality as an institution. I agree that heterosexuality is compulsory. We’re not presented with other options, we’re presented with heterosexuality as normal so overwhelmingly we don’t see we haven’t a choice” (Coney, 1985, p. 36, *Broadsheet*). Radical feminist discourse constructed lesbianism as a way of life, and a practice of resistance to patriarchal values.

What lesbianism means is giving women primacy in your life - emotionally, sexually, personally, socially and politically. Being a dyke is not just a bedroom issue (K. Thompson, 1985, p. 45, Broadsheet).

I argue that this construction of lesbianism as a practice/culture was developed further in some articles within these 1980s issues of *Broadsheet*. In doing so this discourse continued to problematise heterosexuality as supportive of patriarchal society. Heteropatriarchy was identified as linked to compulsory motherhood and caring (through marriage) and emotional ties to men (through romance ideology). Radical feminist discourse continued to take men’s sexual oppression of women as a key point of departure in theory and action. In the previous discussion of the liberal feminist discourse I have alluded to the uptake of the radical feminist discourse by those feminists who argued against pornography as a part of “male power structures” “harmful to women and children” (Atmore, 1986, p. 42). In mid 1980s New Zealand radical feminist theory of sexuality based on the oppression of women by men continued to be articulated.

A *Broadsheet* article entitled “*Personal politics: Lesbian feminists and love*” drew on lesbian literature and conversation with lesbians in the New Zealand community. Radical feminist discourse positioned some lesbians as uniquely able to break new ground, establish new relationship forms and ways of living outside of the heterosexual structures of marriage and romance:

I think that we should not compare our ways of relating to each other to a heterosexual, patriarchal model. I’m into us redefining lust, loving and leaving! Deciding on new ways to be. I’d like to see more encouragement given to our individuality. The freedom to be what we are... Monogamy is just carrying on some of the worst aspects of heterosexual lifestyles...we reject many of the

ideas of “possessing” another person in the ways that marriage implies (Rosier, 1986b, pp. 21-22, Broadsheet)

Radical feminist discourse positioned all lesbian relationships as outside ‘the rules’ of society (monogamy, the ‘patriarchal model’). This supported a creativity in personal relationship making including the notions that lesbians could work out ways of relating to each other that allowed for differences to emerge in the kinds of relationship forms that suited the lesbians involved best. For example, “We are not lovers and never have been, but we share a home and commitment to an ongoing intimate friendship... [this relationship] has little recognition in the heterosexual or lesbian worlds” (Rosier, 1986b, p. 22). The radical feminist discourse recognised constraints on women contained within discourses of the heterosexual family and the marriage-like monogamous coupled relationship.

The radical feminist discourse could also position lesbians as having special knowledge and experience of the harmful structures in society which produce weighted power differentials between men and women and risk of violence (particularly against women), e.g.:

Being a lesbian... means knowing the world is not as it appears on the surface. You know what it's like to be a member of a minority group... Feeling excluded by the structure of language enabled me to identify with ethnic groups and sexist language. Ten years ago I would have said my lesbian self was personal, not political; that it made no difference. Now, I say yes, it makes a significant difference for the better in my teaching. Because I have a commitment to loving relationships with equals... My whole concept of power is sharing power, empowering others, not using power over others... They're right to oppose intimate, loving, non-hierarchical relationships, because they're profoundly subversive of an oppressive society (Gifford interviewed in Rankine, 1985c, p. 26, Broadsheet).

In the extract above, the speaker positions lesbians as best placed to practice non-hierarchical relationships and oppose ‘oppressive society’. Radical lesbians could form communities based around a return to nature and self-sufficiency: a lesbian economics (Hyman, 1995). Radical feminist discourse produced the notion that that women must create their own superior culture as an alternative to mass culture, and that the creation of such a culture is both an act of liberation and a goal of liberation. There was a commitment to the primacy of women in the context of this politics of social change. “Political lesbians... take the ancient act of woman-bonding beyond the sexual, the private, the

personal” (Cherrie & Anzaldúa, 1981, p. 134). The radical lesbian position was identifiable in producing and sustaining separatist communities or women-only spaces.

Women who choose to live as lesbian develop for themselves a lifestyle and culture... Lesbians seek women-oriented culture – music that celebrates being a woman, especially women loving women; art that uses imagery and explores issues that focus on women, novels about lesbian’s lives, collections of coming out stories... movies that have strong women characters... women-only dances (Rosier, 1986a, p. 30, Broadsheet).

Within this discourse heterosexuality became even more untenable. Radical lesbian subject positions entailed a choosing of women over men and a commitment to refuse sexual relationships with men. By claiming a position outside the dominant cultural and relational frameworks of marriage (oppressive legal ties to compulsory motherhood and caring) and heterosexuality (oppressive emotional ties to men), lesbians were constituted as free, non-hierarchical, committed to social change and able to put the needs of women and the feminist movement first. Lesbians could be positioned as essentially able to both identify and work against oppression: “We have an absolute commitment to our work, because we know we have to support ourselves for the rest of our lives; We are free agents because we don't have a husband whose work comes first” (Rankine, 1985d, p. 44). In this way the radical feminist discourse continued to problematise links between lesbian women and other feminists and women.

5.8.1. Radical lesbian truth

In relation to Foucault’s notions of power as a circulating force in society, the radical feminist discourse gave radical lesbians the power to speak a ‘truth’ about women’s sexuality. The radical feminist discourse could not conceive of women living fulfilling lives within mainstream culture identified as heterosexual. In doing so it continued to produce and sustain an alternative route to lesbianism – via a political commitment to radical feminism. It also opened up possibilities for the construction of alternative communities in which women could live their lives (e.g. women’s centres, women-only businesses) with important implications for women’s independence.

Ann Echols’ discussion of the rise of radical feminist ideas in the US notes that after 1975 a cultural feminism turned the attention of the women’s movement inwards (Echols, 1989). I argue that in the 1980s issues of *Broadsheet* I examined, a particular kind of feminist lifestyle was constructed by this radical discourse, and from this position direct

engagement with liberal feminist political struggle indeed became more difficult for lesbians who constructed their identities in this way. Because it held gender oppression (of which heterosexuality is a part) to be the primary threat to wellbeing in women's lives, the radical feminist discourse could restrict possibilities for intersectional-feminist collaboration on issues that troubled a universal category of 'woman' e.g. issues being articulated by Maori women and those who differed in other ways such as class. The radical feminist position was arguably available to select feminists (those without strong ties to men and primarily white middle class women who could achieve the economic independence and self-sufficiency required). Foucault argued that discourse both constrains and enables possibilities for thinking, being and doing in the world. *Broadsheet* enabled circulation and production of the radical feminist discourse in the 1980s which kept alive a critique of compulsory heterosexuality and practices of lesbian separatism and community-making.

5.9. Subjects of human rights

The human rights discourse drew on the modern notion, identified by Foucault (1978), that sexuality is an essential part of our individuality, nature and wellbeing as human beings. It coalesced with sexological positioning of homosexuality as 'natural variation' enriching the human species: "Homosexuality is part of the normal range of human sexual responses, as Kinsey's research in the United States 40 years ago bears out... [producing] evidence of its normality as one of a range of human experiences" (H. Clark, 1985, p. 3528, Hansard). It therefore positioned homosexuals as an identifiable, stable minority group of people to whom rights and protections must be guaranteed by the state.

It is always easier to ignore the very real human rights issue involved in denying a minority of the population its civil rights...I consider the Bill to be very much a human rights issue... It is unjust and unjustifiable to continue to oppress a large section of the population because of their sexual preferences (H. Clark, 1985, p. 3528, Hansard).

This discourse was present in *Hansard*, though it was far less dominant than moral and public health discourses. In *Broadsheet* magazine human rights discourses were brought to the fore to position lesbian women as subjects with human rights.

"While gay men are criminalised, discrimination and harassment of lesbians has the backing of the law. This is our fight... As the Human Rights Commission Act stands, we have no status at all. Sexual orientation has been specifically excluded from the Act; lesbians and gay men have no human rights. We can lose custody of

our children, be fired from our jobs, refused housing; we can be thrown out of pubs, cinemas, denied public transport, spat at and abused on the streets for nothing more than holding hands. LESBIANS AND GAYS HAVE EQUAL OBLIGATIONS IN THIS SOCIETY. WE MUST NOT BE DENIED EQUAL RIGHTS.”(Lesbian Coalition, 1985, p. 8, Broadsheet)

The legitimacy conferred on homosexuality by the sexological and human rights constructions shed light on the social implications of taking up such an identity, specifically: that there is heterosexist discrimination against homosexual people in society. In *Broadsheet*, discrimination that lesbians were experiencing in housing and employment situations and the provision of goods and services, as well as social rejection and stigmatisation was brought into focus. The deployment of the human rights discourse mobilised both lesbians and feminists in support of the HLR Bill – particularly the Part Two provisions to outlaw discrimination against lesbians. The human rights discourse produced possibilities for lesbians with ‘equal rights’ including state protection against discrimination. The ‘equal obligations’ to society contained within the notion of human rights proscribed particular subjectivities and relationship forms as acceptable, in ways that could constrain lesbian health and wellbeing.

5.9.1. State guardianship

The United Nations General Assembly (1948) asserted that all humans have the right to be free from violence, the right to work and the right to found a family. It stated that these rights should apply without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or ‘other status’. New Zealand legislature had endorsed state protection of human rights in the Human Rights Commission Act 1977 prohibiting discrimination in employment, housing and the provision of goods and services on the basis of sex, marital status or religious or ethical belief. Human rights discourse positioned sexual orientation, as constituting a protected ‘other status’ in alignment with the UN declaration.

I support the change that is required in the Human Rights Commission Act to protect the rights of homosexuals in employment... members should take courage so that we can get rid of this oppression and give people their long overdue rights as human beings.” (Northey, 1985, p. 3531, Hansard)

In this discourse the state was positioned as playing a key role in protecting the rights of all legitimate minority groups to fair treatment, enabling them to participate in society: e.g. in social and civic life, housing and employment.

In producing the practice of state intervention and protection, the human rights discourse coalesced with a discourse of community health and wellbeing constructed health as a matter for the government, the health sector (service providers), employers, the wider community and groups working together with individuals to produce health and wellbeing for all. *Broadsheet* drew on a community discourse of health and wellbeing to argue that “the politics of women’s lives [be] more carefully woven into examinations of health issues”, that health issues be considered from a “wider political perspective” including new and emerging recognition of “violence against women, food, new reproductive technologies, psychotherapy, and developing an international awareness” as women’s health issues (Calvert, 1985, p. 46). The community discourse was summed up well by the New Zealand Royal Commission on Social Policy which reported in 1988. This Commission drew on eighteen months of research and consultation with New Zealanders and identified three main tenets for wellbeing: voice, choice and safe prospect, such that:

...a uniquely New Zealand statement of the good society; is one in which one has a say and a chance to determine one’s own destiny, where there is opportunity to express a choice, but where in the end there is a sense of community responsibility and collective values that provide an environment of security (Royal Commission on Social Policy, 1988, cited in Kelsey, 1995, p. 324).

Within these discourses citizens have a right to demand protection and health care from the state. Rabinow and Rose (2006) observed how the discourses that produce our notions of a civil society and population administered by the state also contain within them the possibility of pushing “back against the controls exercised... in the name of claims to a ‘right’ to life, to one’s body, to health, to the satisfaction of one’s needs” (p. 196). The human rights notion of state protection was drawn on by MPs to support both Part One (decriminalisation of male homosexuality) and Part Two (human rights protection against discrimination on the basis of sexual orientation) of the Bill:

Our society, and others that suppress homosexual expression, do great psychological damage to those individual human beings who are orientated to homosexuality. One can imagine the trauma inflicted on people who are told throughout their lives that their behaviour is disgusting and filthy. It is important that we remove that stigma... (H. Clark, 1985, p. 3528, Hansard)

Foucault has discussed the marginalisation of gay subjects that these discourses opposed as a 'state of domination' which must be removed as part of struggle for gay and lesbian possibilities to exist. "Thus... liberation is sometimes the political or historical condition for a practice of freedom" (Foucault, 1997a, p. 283). The human rights discourse opened up the possibility for people to adopt legitimate acceptable identity positions in society. There was also strategic element to drawing on essentialism in the campaign for HLR because of the way the broader societal debate began to focus on the causes of homosexuality. "We needed to be cautious about statements which openly promoted lesbianism because they could be demonised by anti-Bill supporters as 'recruitment'" (Laurie, 2004, p. 28). Arguments of biological determinism were seen to be more convincing to the public and to MPs than more liberal notions of personal choice (Laurie, 2004).

The acceptable gay and lesbian subject positions evident in both *Hansard* and *Broadsheet* may have allowed more lesbian women the opportunity to conceive themselves stepping outside of pathological space in society and into acceptability, normality and social standing. The implications for their lives and relationships were clear – they could contribute to society on the same terms as heterosexual people and should be included in existing societal and familial networks without impediment.

5.9.2. Civil lesbians

Definitions of 'civil' include both "relating to ordinary citizens and their concerns", as well as "courteous and polite" (English Oxford Living Dictionary, 2016a). Lesbians were produced as 'civil' in both senses of the word through human rights discourses. This discourse tended to produce an essentialist understanding of sexuality (as innate, basically unchanging) as it constructed lesbians as a valid minority group with rights akin to those of ethnic minorities. Heteronormative constructions of 'acceptable homosexuality' as stable coupled arrangements, between people who have jobs and contribute to families and society effectively legitimated only certain understandings of sexuality (innate, fixed) and relationship forms (coupled, monogamous).

Our law works against the formation of stable relationships because stable relationships attract more attention from snooping neighbours who might alert the authorities. It is hoped that with decriminalisation, homosexuals will be able to form stable relationships with the sanction of the law." (H. Clark, 1985, p. 3528, Hansard)

In addition to being productive citizens, these individuals are also family oriented (meaning they are part of and contribute to heterosexual family networks) and are capable of long term secure relationships in the nature of heterosexual marriages and partnerships. This discourse, in promoting the virtues of gay and lesbian people in terms of heterosexual relationships, constructed against this position the less acceptable gay/lesbian person who can be more legitimately excluded from society. These people may be non-monogamous or promiscuous or un-coupled and they may not have functional family networks. They may not have stable jobs or a good education. They may not be the grocer, doctor or factory worker who fits so seamlessly into society that they could go unnoticed.

All homosexual people, like heterosexual people, are brought up in some kind of family. Most heterosexuals appreciate family life, as do most homosexuals... I venture to suggest that if all gay people were publically identified much surprise would be expressed. On learning that nice Mr Brown, the grocer, or Mr Smith, the doctor, or Mr Jones, who works down at the factory, was gay many people would be moved to comment: "What a surprise! He seems so normal (Wilde, 1985, p. 3518, Hansard).

The possibilities for acceptable subjectivities for lesbian women were arguably constrained by the human rights discourse as they were opened up in other ways. A human rights positioning was recognised as problematic by some lesbian feminists at the time (Laurie, 2004). The human rights discourse of lesbian sexuality marginalised a radical feminist discourse of lesbian ontology. Biological/essentialist positioning could pathologise radical feminist positions which considered non-monogamy and separatism as important practices of resistance to a society infused with male and heterosexual power. The wording chosen by the Lesbian Coalition in their "Answers to myths about the Bill" published in *Broadsheet* carefully avoided the issue "Can homosexuals be cured? Lesbianism and male homosexuality is NOT a sickness therefore there are no cures" (Lesbian Coalition, 1985, p. 8, *Broadsheet*).

The human rights discourse, could obscure issues related to the intersection of patriarchal systems and sexuality for lesbians as women, for whom being 'nice' and 'acceptable' were regarded as collusion with oppressive systems:

[Fran Wilde] wants the campaign to be "nice" She doesn't seem to like lesbians very much, meeting with us reluctantly at our request... Part A of the Bill will probably be passed at age 18 but not the human rights part, my MP's electoral secretary tells me. Idly I wonder what that will mean for lesbians? Marilyn Frye turns on a light. Lesbian women are invisible because they dare to see other

women, who are only meant to be the backdrops on the world's stage (Fitchett, 1986, p. 39, Broadsheet).

From a Foucauldian perspective, the particular forms of sexuality and intimate relationship legitimated by the human rights discourse constituted a biopolitics - shaping sexualities and relationships in ways considered productive and beneficial for society (Rabinow & Rose, 2006). Foucault noted these constraints when he said that “Liberation paves the way for new power relationships, which must be controlled by practices of freedom” (Foucault, 1997a, p. 284). Foucault’s cautioning on the ways in which ‘liberation’ also creates limits on the practices of freedom and development of ethos, I was reminded of Audre Lorde’s important speech delivered the same year in 1984: *The Master’s Tools Will Never Dismantle the Master’s House*. Lorde (2007, p. 110) questions: “What does it mean when the tools of a racist patriarchy are used to examine the fruits of that same patriarchy? It means that only the most narrow parameters of change are possible and allowable”. When lesbian issues are conceptualised and taken up in terms dictated by a universal position such as human rights, the nuance and multiplicity of elements within a struggle, such as that over lesbian health and wellbeing, can be lost.

5.10. Subjects of heterosexism

Where discussion of the implications of heterosexism for women’s health and wellbeing had been marginalised by liberal discourses in 1970s *Broadsheet* (Chapter Four), human rights discourses in the 1980s seem to have allowed a space for lesbian health discourse to enter in to truth games in relation to population health by constructing heterosexism as a systemic societal problem, in addition to sexism, affecting lesbian health and wellbeing. In the context of women’s health this discourse positioned lesbians as ‘twice othered’, as a threatened minority group, which produced health issues and constraints. This positioning linked with the notion of lesbians as ‘subjects of heteronormativity’ discussed in Chapter Two. This positioning was taken up to conceptualise issues such as women’s alcohol and drug use:

Women drink to be the same. To mute the differences, especially when we feel out of place, the way a lesbian or sexually abused woman can. Women drink to feel adult in a world that diminishes us. Women drink to get our sexuality going in a world where it’s being stamped on and twisted... Threatened minority groups have a high rate of alcohol use, women, lesbians and others... Alcohol abuse is a political as well as a personal issue. It is yet another agent to keep women silent, isolated and powerless (Huygens & Menzies, 1986).

The lesbian health discourse held that the institutions and social processes that had been identified as sexist in perpetuating discourses of gender that 'silence, isolate' and limit possibilities for women, also tend to perpetuate heterosexism and limit lesbian wellbeing. This heterosexism, in addition to more overt forms of homophobic abuse, marginalises lesbians and their health and wellbeing issues:

...when we are talking about homophobia, we are talking about that blend of all those things that works to keep homosexuals as a hidden (closeted) underclass of society, discriminated against, treated as deviants, sinners, maliciously perverted, sick and abnormal. From those of us who hate us most, we receive the messages that we should be cured or killed; from those who are liberal and tolerant, we receive the messages that we must be quiet and invisible... those people who do not call for our physical deaths but kill us bit by bit with their demands for our invisibility, for our public denial of who we are and how we live (Pharr, 1985, p. 34, Broadsheet).

A lack of explicit acknowledgement of heterosexism as a women's health issue was produced as akin to wilful blindness. Key to the lesbian health discourse was the notion that societal processes constituting lesbians as 'sick', or 'invisible' are detrimental to wellbeing for lesbians.

Years of guilt and oppression can make you physically and mentally ill... [lesbians have] been admitted to psychiatric wards in the wake of the homophobia surrounding the Homosexual Law Reform Bill. The continual barrage of anti-gay comments and lies had aggravated their conflict about being lesbian into deep depression." (BS131, page 44)

Constituted as subjects of heterosexism, lesbian women's health and wellbeing was intricately linked to their experiences of interpersonal and structural processes which devalued and pathologised their identities and practices.

5.10.1. Societal responsibility for the re-orientation of heterosexist systems

Broadsheet referenced the Boston Women's Health Collective publication *Our Bodies Our Selves*, updated in 1984, which facilitated circulation of the notion of community responsibility for health and wellbeing:

To a great extent what makes us healthy or unhealthy is how we are able to live our daily lives... some of these things are under our control as individuals. Many however are not, we can influence them only by working with others to bring changes... [we should] seek to distinguish carefully between what we can do as

individuals and social factors which we must change by working together (Boston Women's Health Book Collective, 1984, p. 3)

A workshop outline in *Broadsheet* encouraged heterosexuals to examine the privileges given to heterosexual women in society and work to dismantle both sexual and gender hierarchies (Pharr, 1985, *Broadsheet*). Communities should be encouraged to take responsibility for the health and wellbeing of their members:

... if stress is a crucial factor in why women continue to smoke... We need to work on ways of relieving the stress powerless people – women, people of colour, lesbian and working class – experience, by making it possible for them to reach resources and find their own power (Broadsheet Collective, 1986, p. 21, Broadsheet).

The lesbian health discourse offered lesbians the ability to claim an essentially healthy position and to advocate for institutional and societal change in the interests of their wellbeing: “In a society that at best renders them invisible and at worst shows them as sick or perverted, lesbians affirm themselves” (Rosier, 1986a, p. 30, *Broadsheet*).

The notion of heterosexism cast institutions (e.g. governments, hospitals, schools) as responsible for changing the privileging of heterosexual people, and heterosexist practices. In doing so it also gave lesbians a role in working to change them. Heterosexist medical institutions and cultures were held to causes lesbian ill-health by repressing and denying both the existence of lesbian staff and particular health issues for lesbian women. Rankine (1985d) interviewed six lesbian identified nurses about their experiences of the health care system. They constructed medical spaces as dominated by heterosexual people and meaning systems, and as actively excluding and keeping lesbians and lesbianism invisible.

The health system provides no support for lesbians working in it. Instead it forces them to hide, denies the special perceptions of lesbian and gay staff, and ignores the needs of lesbian and gay patients. It is not surprising that some nurses, especially those who identified as lesbian some years ago, end up in psychiatric wards (Rankine, 1985d, p. 45, Broadsheet).

A lesbian health discourse operating through *Broadsheet*, challenged the health system to include, respond to and protect its users. This discourse enabled a special position from which women could articulate their experiences of heterosexism, in relation to health and wellbeing. Women could claim a unique ability to articulate truths that those in more

powerful positions (policy makers, medical system managers) cannot have access to. Foucault (2011) discusses how discourse can enable a particular kind of truth telling: ‘parrhesia’, which involves the articulation of “what people’s blindness prevents them from seeing” in “the manifestation of a fundamental bond between the truth spoken and the thought of the person who spoke it” (p. 11) which challenges power.

Foucault (2007a) argues that since knowledge about the health of populations came to be linked to styles of power and procedures of state, it became seen as the duty of government to ensure the wellbeing of the population (Foucault, 2007). Within this framework it is possible for people to see and demand health as a right and legitimate part of their civil contract with their state (Osborne, 1997). Statements that ‘the public should be guaranteed access to basic health, education and income security’ continue to be re/produced. This has prevented government from removing itself completely from activities, particularly in health, education and income security. I argue that *Broadsheet* provided an important space where the lesbian and community health discourses could circulate and contest a narrowing of state responsibility in the area of women’s health.

5.11. Subjects of liberal economic responsibilisation

In the 1980s issues of *Broadsheet*, an emerging liberal economic discourse was identified and critiqued. Liberal economic individualism seemed to be operating in society to contest the notion of health and wellbeing as a product of the economic, political, and social structures in which people live. This discourse constructed the problem of how to produce population health and wellbeing through the notion of health resources which were becoming strained, limited and scare. It coalesced with biomedical and public health knowledge of how to maintain one’s physical health through exercise, diet and the restriction of behaviours such as smoking and drinking alcohol. It therefore presented a shifting of some of the responsibility for producing and maintaining health back on to the population as a pragmatic solution, thus:

... people only have a “right” to healthcare if they fulfil their part of a deal... which is seen as an obligation to care for themselves... The health review committee, set up by Health Minister Bassett, is to look at subsidies, the level of funding and whether a “clear philosophy” can be applied... The aim of the Commission is to come up with a “coherent and consistent set of values that must allow for and encourage the exercise of individual and community responsibility... Lange says that the new social policy must “avoid paternalism and the creation of attitudes of dependence” (Trainor, 1986, p. 23, Broadsheet).

This discourse was seen as linked to international movements towards economic liberalism, especially in the UK and the US, which encouraged a degree of ‘user pays’ and ‘means tested’ provision of health services. “The [British] social security bill [is] heralded with all the usual Tory doublespeak of “extending privatisation” and “personal independence” (Blaikie, 1986, p. 25, *Broadsheet*).

*Dr Ridley Smith, representing the General Practitioner Society in New Zealand, is calling for public hospitals to start charging for their services and for patient means testing. “Our view is that if you smoke your way into coronary artery disease you should pay for your surgery” (Trainor, 1986, p. 24, *Broadsheet*)*

This discourse produced a responsible citizenship that involved taking on responsibility for one’s own health and wellbeing for the benefit of the population. Within this discourse the state was not positioned as responsible for fulfilling the needs of its people in their entirety but “individuals, firms, organisations, localities, schools, parents, hospitals, housing estates must take on themselves – as ‘partners’ – a portion of the responsibility for their own well-being.” (Rose, 1999, p. 142). New Zealand Prime Minister David Lange was reported in *Broadsheet* to have said that “The responsibility of the government in relation to welfare... is to intervene to reduce disparities and denials of *opportunity*” (Trainor, 1986, p. 24 emphasis added). These kinds of statement position the individual as responsible for taking up opportunities to improve their wellbeing. The state empowers “entrepreneurial subjects of choice in their quest for self-realisation” (Rose, 1999, p. 142).

The lesbian health discourse was challenged by liberal economic framings of health, due to the focus on the individual. A key implication of the liberal economic discourse discussed in *Broadsheet*, was that it shut down discussion of women’s health as produced by their economic oppression under capitalism (as workers in the home or outside it) and heteropatriarchy (as women and as lesbian women):

*The fact is, through the inequalities of race, gender and class, people experience health in vastly different ways... Maori women have the highest lung cancer rate in the world... research has shown stress is more prevalent at the bottom of the work ladder than the top... living in a society dominated by white men who organise the world according to their own needs and the pull of profit is inherently sick making (Trainor, 1986, p. 24, *Broadsheet*).*

Kelsey (1995) has argued that a neoliberal economic politics emerged in New Zealand in the 1980s, which advocated a ‘rollback of the state’, placing emphasis on the operation

of free markets, privatisation and a reduction in government intervention. Nonetheless, Gauld (2001) argues that while neoliberal moves were made in health policy in the 1980s, health was not completely captured by this governmental rationality. Quiggin (2005) has similarly argued that though neoliberalism has been the dominant position in Australian economic policy since the late 1970s, it has had to compete with social democratic notions of community responsibility for health. I have shown that there were discourses available to lesbian women in the 1980s to challenge liberal economic thinking, by positioning them as subjects of heterosexism and human rights.

5.12. Conclusion

I have described the subject positions of sexuality, health and wellbeing I have identified in two surfaces of emergence from the period of Homosexual Law Reform 1985-1986: the records of New Zealand Parliamentary Debates (*Hansard*), and *Broadsheet* magazine. Other work has discussed discourses of the HLR campaign and its relevance to gay male subjectivities in detail (e.g. Guy, 2002; McCreanor, 1996). My particular concern in this chapter has been to explicate the impacts, effects and possibilities of the discourses operating in these two spaces at this time for lesbian women. The absence of lesbian women in the discourses articulated in the *Hansard* space was notable. In contrast, *Broadsheet* was a space where women could draw on similar and also competing discursive resources to make sense of health and wellbeing issues for women and for lesbians.

Prichard (2005) has described how the HLR debate in New Zealand was overwhelmed by the search for “the most practical means to enable sound medical intervention to combat AIDS” (p. 95). Lesbians were not targeted or identified as a population of public health significance, as gay men’s health came increasingly under the purview of public health governmental technologies. The practices of ‘lesbian populations’ were not identified, pathologised and regulated from a public health perspective at this time. This also meant that lesbian health and wellbeing needs and concerns were not produced as population health issues, which constrained the construction of health issues, research and knowledge from a lesbian perspective (Dyson, 2007). *Broadsheet* provided a key space for discourses of women’s and lesbians’ health and sexuality to circulate and become known. A lesbian health discourse was available which brought the health constraining effects of heterosexist institutions and spaces to light, and challenged the medical system and government to lead anti-heterosexist reform in the interests of societal wellbeing.

My analysis shows that discourses constructing lesbians as immoral, sick, dirty and perverted, were brought to the fore during the period of HLR. I have also demonstrated the multiplicity of positions that were taken up by lesbians against these ‘homo-negative’ (Semp, 2006) discourses. The most dominant possibilities for lesbians, indicated by the presence of these notions in both *Hansard* and *Broadsheet*, was a positioning as ‘civil lesbians’ entitled to state protection within a discourse of human rights. ‘Civil lesbians’ fitted into heterosexually dominated society, taking up a biomedical positioning of ‘natural’ lesbianism, practicing stable relationships and occupying positions within ‘the family’, e.g. “... we modified our presentation to appear conventionally acceptable” (Laurie, 2004, p. 28). Such positioning produced powerful impetus for acceptance and provided strong resistance to lesbian positioning as immoral and pathological.

I have shown that positioning of ‘civil lesbians’ within societal structures was considered problematic by some at the time. The neutralising of genuinely challenging radical lesbian feminist perspectives was of increasing concern to radicals (Laurie, 2004). This restriction of possibilities for lesbians can be seen as problematic from a Foucauldian perspective. Key practices of freedom in relation to sexuality are the ones which enable people to “define admissible and acceptable forms of existence” (Foucault, 1997a, p. 282). This involves the ability to seek out, explore, critique and access a wide range of ways it is possible to define one’s relationships with others. *Broadsheet* magazine did provide a (contested) space for subjugated discourses from within the feminist and lesbian communities to operate. While the discourses operating in *Hansard* produced and contested the acceptability of predominantly male homosexual practices, *Broadsheet* allowed a space where discourse could produce and contest lesbian ontology.

The radical feminist discourse in *Broadsheet* entered into ‘truth games’ defining lesbian health and wellbeing as a political alternative to heterosexual and patriarchal culture. Radical lesbians held open a critique of women’s subordination within institutionalised relationship forms of the family and marriage. It highlighted in particular the ways in which compulsory motherhood and women’s unpaid domestic labour in marriage and the family limit women’s options for living and being in the world (and support/are supported by broader capitalist economic structures). Radical practices of lesbian organisation, claiming lesbian space, and new intimate relationship forms were produced which created a strong sense of lesbian collectively.

Having outlined the discourses of health and sexuality I identified in two data sources from the time of the HLR (mid-1980s), I now turn to discuss interviews I conducted with young lesbian identified women in 2012.

CHAPTER SIX: YOUNG LESBIANS IN 2012 TALK ABOUT LESBIAN SEXUALITIES

6.1. Introduction

In this chapter, I outline the particular subject positions and practices that young lesbian identified women took up in relation to their sexuality. I focus on the discursive practices that produced their lesbian sexualities.

6.2. Same-sex marriage in New Zealand

In the time during which the interviews were carried out, the right of LGBT couples to get married was brought to the fore and debated publically in New Zealand. In 2012, the Marriage (Definition of Marriage) Amendment Act (2013) was introduced as a private member's bill, to clarify that a marriage is between two people regardless of their sex, sexual orientation, or gender identity. While it did not specifically outlaw same-sex marriage, the Marriage Act (1955) was enacted when 'marriage' according to the common law was between one man and one woman.

Debate around LGBT inclusion first emerged in the 1990s, enabled by shifts in the New Zealand context, including the strengthening, expansion and legislation of the human rights discourse I identified as operating in the 1980s (Chapter Five). For example, the Human Rights Act (1993) prohibited discrimination on the basis of sexual orientation. The New Zealand Bill of Rights (1990) section 19 legislated a right to freedom from discrimination on grounds defined by the Human Rights Act (1993), and section 6 established a preference for all statutory interpretation to be consistent with the Bill of Rights.

In the context of challenges to the common law definition of marriage through the 1990s, the Civil Union Act (2004) was produced as representing a 'separate but equal' stance in relation to the state recognition of same-sex coupled commitments⁴. The Civil Union legislation allowed two people of any gender to make a commitment to each other. The Relationships (Statutory References) Act (2005), was passed which removed discriminatory provisions on the basis of relationship status from a range of statutes and regulations. As a result of this legislation, all couples in New Zealand in 2012, whether

⁴ In December 2004, Dunedin South MP David Benson-Pope, one of the key proponents of the Civil Unions Bill, woke to find every single window on his electorate office covered in protest posters which read "Civil Unions Isn't Gay Marriage – Yeah Right".

married, in a civil union, or in a de facto partnership, were generally extended the same relationship rights. Those rights covered areas where the state and individuals have a vested interest in economic stability, such as immigration (visas granted based on partnership), and social welfare (in consideration of family support), next-of-kin status, and matrimonial property. One area where a distinction remained was codified in the Adoption Act (1955), where adoption by couples continued to be restricted to heterosexual married couples, preventing lesbian couples from adopting jointly.

Lesbian and gay activists continued to fight for the ability to 'get married', even though almost identical rights and provisions were contained within the legal situation of civil union. There were multiple discourses constructing the issue of same-sex marriage in circulation in New Zealand in 2012. This struggle was infused with liberal and human rights discourses. For example, the New Zealand Human Rights Commission (HRC) drew on the Yogyakarta Principles (2007), developed by a group of 'human rights experts', which identified a 'human right to found a family' regardless of sexual orientation or gender identity. The HRC asserted that formal legal equality around the rights to found and form a family in New Zealand required both 'marriage equality' and 'adoption equality' between heterosexual and non-heterosexual couples.

In August 2011 an organisation called 'Legalise Love Aotearoa' was set up at Victoria University in Wellington specifically to advocate for LGBTQI/queer people's inclusion in marriage. It made the following submission to parliament on the issue which highlighted notions of free choice, as well as first and second class citizenship as underpinning the fight for marriage:

Marriage is a fundamental right of citizenship. The ability to refer to one's partner using the words 'husband' or 'wife' is incredibly important, and recognition of these words extends across the globe. In contrast, the term 'civil union partner' very commonly requires explanation. Although a civil union is in no way inferior to a marriage, and indeed many opposite sex couples have opted for a civil union over a marriage, the choice between the two institutions must be made freely, based on which best reflects a couple's preferences and values. If this is not the case, and instead marriage, which is to many New Zealanders the very bedrock of the family structure, is forbidden on the grounds of sex, sexual orientation and gender identity, this relegates the individuals prohibited to marry to second-class citizenship (LegaliseLove Aotearoa, 2012, p. 1).

The importance of ‘choice’ to this narrative should not be understated, invoking liberal discourses of fairness. The other main advocacy organisation, Marriage Equality New Zealand brought notions of “love and commitment” to the fore, and “equal access” to the recognition of love within the “social institution” of marriage (Marriage Equality New Zealand, 2012). For those advocating change at this time, marriage had clearly taken on such a significance that it represented ‘equality’. Through human rights and liberal discourses in 2012, some LGBT people were able to lay claim to ‘the very bedrock of the family structure’ and began identifying marriage as the last remaining bastion of inequality between homosexual and heterosexual people. I have discussed in Chapter Five how the social sanctioning and institutionalisation of particular relationship forms as ‘acceptable’ and as representative of all lesbians is deeply problematic from both Foucauldian and radical feminist perspectives. Human rights discourses have tended to limit acceptable intimate relationships to those embodying normative ‘family life’.

During the ‘marriage equality’ debates, discourses oppositional to human rights and politics of equality and inclusion in mainstream society were also in circulation. These discourses drew on poststructural perspectives and Foucauldian critique. In 2012, the University of Sydney’s Professor Annamarie Jagose argued publically for what she identified as a minority ‘pro-gay but anti-marriage’ position (Jagose, 2012). Jagose’s comments were reported in New Zealand. She held that marriage was a ‘red herring’ on the road to social acceptance, which constructed the worth of some forms of human relationality by raising them above the worth of others. When asked about the symbolic nature of marriage for gays and lesbians, Jagose responded that she was drawn instead to what it could mean for LGBT people to collectively refuse marriage as a political goal. She challenged gay/lesbian equality/inclusion framings as far too narrow and advocated a return to feminist discourses which hold that marital status should not be used to define access to social justice and forms of belonging.

Ryan Conrad (2015) of the U.S based group ‘Against Equality’ held a discussion at the University of Auckland entitled *Queer Revolution, Not Mere Inclusion*. Conrad’s organisation Against Equality (2011), produces, curates and circulates a radical queer digital archive of writing and cultural material opposing what it deems the ‘holy trinity’ of LGB politics of inclusion in the U.S: Gay marriage, inclusion of LGBT in the military, and hate crime legislation. Conrad (2015) drew on poststructural feminist, queer and socialist discourses to argue that an exclusive political focus on equality/inclusion

benefits only part of the LGBT community. It restricts the ability to critique the positioning of LGBT people within the institutions of marriage, the military, neoliberal governmental practices and capitalism. Liberal and humanist LGBT political goals can become so dominant and universalising that they marginalise and silence critical voices within the community (Against Equality, 2011). Conrad positioned himself and the movement as embracing critical and radical resistance to the oppressive normative aspects of mainstream culture. In Foucauldian style, he examined how mobilisation around rights-based discourses tended to restrict a queer political imagination.

The 2015 Pride parade held in Auckland was another space where the health and wellbeing issues, perspectives and challenges of some more marginalised in the LGBT community became more visible for a moment. Key issues raised were ‘pinkwashing’ (the promotion of the gay-friendliness of a corporate or political entity in an attempt to downplay or soften aspects of it that are considered negative) and the ongoing marginalisation of transgender and genderqueer (GQ) people and perspectives in prisons, LGBT communities and society as a whole. Protest actions that took place reached national news and resulted in heated discussion (including much condemnation) from within the LGBT community. Jennifer Shields (2015), a Campus Feminist Collective member and trans advocate at the University of Auckland, commented that LGBT community reactions and attitudes to such protest were telling. Shields held that marriage equality discourses, and the passage of the Marriage (Definition of Marriage) Amendment Act (2013) had produced a sense of satisfaction, including the idea that ‘equality’ had been achieved and further social change was no longer needed. She advocated a return to listening to the perspectives and issues of people who are still the most marginalised.

The brief history of the LGBT challenges to exclusion from marriage I have presented, offers glimpses of the multiple discourses on same-sex marriage that have circulated in New Zealand. Drawing on Foucault, texts must be read with an eye for the statements that are made *and* the conditions or systems which have made a limited number of statements possible. Foucault states “everything is never said” (Foucault, 1972, p. 115). What he meant by this is that discourse determines what is articulated and accepted as truth. Further, knowledge is entirely historically located within a network of contingent relationships and events that may not be immediately apparent. Foucault often began his analyses at the points within discourses where tensions seemed to concentrate (McWhorter, 1999). His archaeological and genealogical methods encouraged the

researcher to step back from the fray and examine the epistemic, material, and historical context in which discourses carry such a powerful charge. In 2012 the New Zealand political landscape of the same-sex marriage legalisation became a key historical contextual element which allowed discourses constructing sexuality and health and wellbeing to come into play.

During the interviews participants drew on multiple discourses of sexuality to situate themselves as: gay, lesbian and queer subjects. Regardless of how the women identified their sexuality, however, I argue that all of the participants talked in ways that showed their positioning within powerful heteronormative discourses that shaped and constrained their wellbeing.

6.3. At the ‘gay end of the spectrum’

All of the participants positioned themselves as ‘gay’ drawing on the notion of a natural biologically based spectrum of homosexuality-heterosexuality which produced a range of positions in relation to homo/hetero sexuality that are each slightly different from each other and that exist between two different possibilities: completely homosexual and completely heterosexual. This spectrum was very similar to the notion of the Kinsey scale which positioned lesbians as ‘natural variants’ in the 1970s Broadsheet data (Chapter Four).

[there was a point and] after that I realized that it feels like this is probably a majority part of who I am and so that’s when I acknowledged it to myself, that I’m definitely at the gay-er end of that spectrum. When I realized how strongly I felt for her and there was a lot more than I had felt for any guys (Tina).

Sexological framing of the gay spectrum produced levels of homosexual attraction which were held to be innate and were therefore discussed as something that could not be easily changed. References to genetics and being “born this way” were common to this view.

... there’s three reasons why people are gay... one can be a traumatic experience with guys, the other one is you’re born that way and the third one was that your first experience with sexual contact was with a female... I must just have been born that way. I think that must be the conclusion that everyone will come to, cos not many people would hopefully identify with the first one or the last one (Mini)

Identifying as gay therefore invoked a level of certainty and security in the permanence of sexual attraction to people of one’s own sex. Mel described this as a knowledge of ones “true feelings”. Being gay was discussed as something essential that must be recognised

from within oneself, and could then ‘click’ into place quite suddenly. Molly, Hannah, Mini, Mel and Tina all described this as a process of piecing their gay identity together by paying attention to their level of attraction and strength of emotional feeling for same-sex as compared to opposite sex people.

...sometimes I think it's genetics...I have been attracted to males in the past, but it so seldom happens that it's just easier to be like I'm, I'm gay... I didn't really know if I wanted this gay label at first. I didn't know if these were my true feelings or if it was just some kind of strange obsession or I was just going through something at the time (Mel).

When positioning themselves within this discourse, participants referred to the ‘force of attraction’ in describing their feeling of being drawn to other women – a force that was beyond their control. Within the gay spectrum discourse, there was an emphasis on sexuality as a biological, bodily based phenomenon, influenced by genetic makeup and hormones.

Claiming a position ‘at the gay end of the spectrum’ allowed participants to take up normative relationship forms and practices. Summer expressed her relief at positioning herself as ‘just like everyone else’ thus:

I'd have my group of friends and they would always talk about being in relationships with guys, and I never could relate to how they were feeling. I would always think to myself, why don't I feel the same? Why don't I get excited as they do?... they would always get butterflies, and just that kind of sexual excitement - I never got that. When I found myself getting that really excited feeling when I met another girl that I was attracted to, I think that was the biggest weight off my shoulders. Because I could say I do have those same feelings, it's just for the same sex. I'm gay. I felt really like, ‘Oh, thank God’ (Summer).

Kitzinger (1987) explicates how the notion of liberal humanism can be applied to homosexuality such that: “homosexuals are no different from heterosexuals...like heterosexuals they differ among themselves and have the same need for self-actualisation... homosexuality is as natural, normal and healthy as heterosexuality... homosexuals can be integrated into and contribute to society as a whole” (p. 59).

The issue of same-sex marriage was discussed in this some way by the participants who drew on the gay spectrum discourse. This invoked a right to access the same traditional family forms, standing in one’s family and the dignity of inclusion in society.

I'm not going to miss out on having kids just because I'm gay... That's just what I want. In my submission [on the Marriage (Definition of Marriage) Amendment Bill] I said I have a list of goals I have in life. I would give up the rest of them for the one thing and that's to be able to marry and have kids. I don't care if I don't become successful in my career. I don't care if I'm rich. I just want that one thing. It's the one definite (Ruby).

For Ruby, being able to get married and have a child represented her life's goal, it was so important to her that it eclipsed her career and financial wealth. Sally similarly talked about the importance of being able to get married as a civil rights and equality issue:

I think gay people should have equal rights because whether or not I ever get married, it doesn't really matter as much as it matters that if you saw me walking down the street, I'm just like the person next to me. Why shouldn't I be able to get married if I want to? If you saw me walking down the street, you would assume. I'm just another person who can get married if I wanted to but the truth is that I can't. It's different to civil union and it becomes about rights and an equality thing (Sally).

Participants drew on dominant human rights and biological positioning of their sexuality, to claim benefits and freedoms that they saw as being given to heterosexual people in society and not to them. Jennifer stated that: "I don't know if I personally would like to get married or not, but it's pretty important to me that I have the choice". They invoked liberal notions of 'second class citizenship' and 'choice' in order to produce same-sex marriage as a defining issue for their health and wellbeing.

6.4. Definitely a woman

All participants, except two who drew on queer discourses, also drew on a lesbian lifestyle discourse that emphasised finding committed love, family, marriage and children with another woman.

[What does identifying as lesbian mean to you?] A woman that loves another woman. If I picture my future and if I'm picturing who I might end up with that person is definitely a woman (Kelly)

The notion of essential gender difference was central to the lesbian lifestyle discourse. It shored up traditional notions that a woman's nature is caring, sensitive, and family/domestically oriented, with tendency to fragility, being illogical and over-

emotional (Mills, 1992). The women positioned natural femininity as being emotion focused, most interested in relationships, and in connection with other women:

Guys are too simple. Bringing it back to girls, they're much more emotional and dramatic and do interesting stuff and much cuter... Being lesbian, it's more about the emotional connection than the actual act if you like. I found that more with lesbians – with women - they'd rather kind of cuddle and be emotionally close... that's the most, more important part (Jannie).

The notion of women's essential emotional nature also played out in the participants' discussion of their lesbian relationships. Within the lesbian lifestyle discourse, women's essential emotionality could introduce doubled or intensified trouble and strife if not carefully managed. Thus lesbian relationships could be problematised as 'emotionally intense' because there were only women involved, in ways that could be either wonderful or catastrophic for the couple.

Sometimes girl and girl can be too intense, can be too overbearing, can be very kind of hormonal and emotional and sometimes. If you want to hurt someone it would be very easy to do to a girl because, girls are kind of weak in that sense... I guess woman and woman, you let your guard down a bit, a lot more I think. It kind of goes both ways - girl and girl can be really good and can be really bad at the same time (Carmen).

The lesbian lifestyle positioning of women's 'biological nature', as 'caring', 'hormonal', 'emotional' and 'quick to love', has been soundly critiqued by feminist writers and thinkers as limiting (e.g. Mills, 1992; Stuart & Donaghue, 2012). Such constructions can be seen as infusing relations of power between men and women in ways that that constrain women. For example, Smith (1990) argued that discourses which construct femininity as a natural softness and propensity for decoration, serve market processes of the fashion, cosmetic and media industries. In the main, my participants did not take up these critical views. They constructed lesbian femininities in ways that reified notions of the 'natural woman'.

6.4.1. Lipstick lesbians

In defining their femininity, participants invoked the figure of the 'lipstick lesbian' who chooses to take on a particular 'sexy' femininity represented by red lipstick, dresses and makeup.

The stereotypical lesbian gets dressed a little bit differently... But now there are more feminine kinds of lesbian women that wear red lipstick and dresses and, you

know? Look like they're that typical kind of party kind of girl, very normal feminine kind of girl, but are lesbian. I think my generation of lesbian women is the most confident of them all, everybody I know just knows how to be who they are... I'm not masculine... I kind of like pop music and dresses and makeup and [laughs] things like that (Carmen).

Carmen positioned herself as a 'feminine kind of girl' and cited her aesthetic practices of makeup, fashion and attending parties as constitutive of this identity, in opposition to what she identified as more masculine practices of drinking beer, going to the pub and watching sports. My participants claimed they chose to be 'sexy' alongside heterosexual young women, and they positioned their sex-appeal as empowering and not meant to attract men. A study conducted overseas in an Israeli urban setting has also shown young lesbian women insisting that nowadays a woman can be both 'sexy' and lesbian unlike the lesbians of previous generations (Luzzato & Gvion, 2007).

I think visibility of feminine looking lesbian women, is quite good, well that certainly helped me, when I was growing up. Having people like Alison Mau on TV on Close Up. This is something that a lot of younger people in high school will see and then just you know, normalize the idea of lesbians in our society rather than having them be like, you know, another group (Hannah)

Alison Mau, newsreader and media personality in New Zealand, is an example of the 'sexy' feminine lesbian appearance defined by my participants as being young, slim, and white. New Zealand Metro Magazine (2010) has claimed that:

The public face of bisexual and lesbian women has become decidedly less butch... Gone are the days of dykes in dungarees – the stereotypes no longer apply as young women increasingly distance themselves from the associations of the “L word” with politicised feminists who were seen as man haters” (Chisholm, 2010, p. 52).

The 'luscious', 'hot', or 'lipstick' lesbian has been produced in contemporary media as an object of desire for consumption (Sue Jackson & Gilbertson, 2009). Among New Zealand high school students, a common construction of lesbianism as 'hot' was shown to be drawn on within heteronormative discourses of sexuality, which the authors argue operated to restrict the articulation of lesbian desire (Jackson and Gilbertson 2009).

The positioning and practices of the 'lipstick lesbian' can be seen as problematic from the point of view of what she enables and supports (e.g. consumerism, heteronormativity) and what she constrains or marginalises in the form of non-femme lesbian identities.

6.4.2. Lesbian wives and mothers

The lesbian lifestyle discourse constituted acceptable lesbians as living private, quiet and domestic lives, apart from the ‘spectacle’ of gay pride. It critiqued the relevance of visibility in truly lesbian lives, as Mini describes:

I don't do much of the like rainbow flag waving and the unicorns, I just can't deal with it. The thing I try and do least is make a spectacle of myself about it... When you have little drag queen parties and things like that, that's what people think is wrong, they think you with your stilettos and your fishnets is scary, and they are afraid of that... People are gonna find it less offensive if you're just two lesbian women living quietly in your own little home, you know? Just doing what everyone else does, which is exactly what you want, equal rights means doing what's equal to everyone else, not more. Straight people just riding round with flags and yelling and glitter would just be excessive... The concept is I'm not being any less gay by not waving this flag thing... I really don't think it's important for me and my girlfriend to hold hands and kiss in front of people and try and like make them see us (Mini).

Within the lesbian lifestyle discourse, Mini could contest the notion of lesbian visibility as ‘excessive’. The lesbian lifestyle discourse allowed participants like Mini to position their lesbian identities as different from those who were held to be attention-seeking in public, flashy and over-the-top, particularly gay men. Mini positioned her lesbian identity as non-threatening to heterosexuals and society. Lesbians such as herself do not seek attention, rather they just get on with living their lives. What this discourse offered lesbians was a space below the parapet. Mini constructed acceptable and ‘equal’ lesbian lives as able to be lived safely in the home, simply doing ‘what straight people do’. This represents a liberal conception of equality as sameness, though it also restricts possibilities for lesbian lives to those well-worn heteronormative paths already in existence.

What became increasingly clear when participants talked about being lesbian wives and mothers, was the kind of relationship practices and families that they held to be ideal: long term, stable, monogamous, coupled, with children.

[What is being lesbian about for you?] I kind of feel like I want to take care of a woman sometimes... I just like the company of woman and fall for a woman. I think I've been in love and their personality is more long-term-lovable to me (Ruby).

Ruby draws out a construction of long term lesbians’ relationships, and notions of love, commitment (being ‘long-term-lovable’) as important. Metro magazine quoted young

lesbian identified women thus: “I’m deathly afraid of being 40-something and single with no kids and a lesbian”; “I can’t imagine not having kids and a life partner by 35. So I’m definitely afraid of getting old and being a lonely old lesbian” (Chisholm, 2010, p. 53). The participants drew on notions of romantic love and relationships that were similar to those articulated by heterosexual women in other studies. For example, Hollway (1984b) has explicated a ‘have-hold’ discourse (linking to phraseology used in Christian weddings) as playing an important role in constructing women’s sexuality in relation to men. This discourse constructs women as primarily interested in securing long-term commitment in relationships. I argue that participants drew on and expanded the ‘have hold’ discourse to include lesbians as wives and mothers: they positioned themselves as valuing closeness and relational connection more highly than sex.

Discourses of femininity are not purely repressive constructs women must fit, but femininities are always negotiated and constructed in interaction with others (Mills, 1992). One participant shed particular light on the acceptance and status within her family that she could achieve through positioning herself, through the lesbian lifestyle discourse, as a ‘lesbian wife’:

Staying together kind of showed [my family] that it wasn’t really a joke. We’ve been together for a few years now, and they like the fact that we are quite secure for our age. In their eyes, nothing bad has come out of it. You know? No-one’s pregnant and no-one has any crazy tattoos or fights, you know, crazy arguments with their boyfriend... And they’re quite proud of it, for what we’ve kind of accomplished supporting each other, which I think we have a lot of support within this relationship. So that’s something that people really respect, that you’ve kind of built that kind of supportive relationship, in our family (Carmen).

This position of acceptance, as a ‘lesbian wife’ within one’s family, can be seen as a compelling alternative to positioning outside acceptability, as ‘other’ lesbians were held to be.

6.4.3. The butch and feminist ‘others’

The lesbian lifestyle discourse also placed boundaries around acceptable feminine identifies through a construction of less acceptable lesbians as ‘butch’ or masculine:

She was, she’s one of those very kind of stereotypical kind of butch lesbians that, you know, fail to brush her hair in the morning or iron her clothes, very short fingernails and wears the same t shirts every day, not great (Carmen).

The figure of the 'butch lesbian' was positioned as a stereotypical, inaccurate and outdated mode of being. Within the lesbian lifestyle discourse, positioning oneself and/or being positioned as a 'butch lesbian' was uncomfortable at best, distressing at worst. Butch positioning threatened participants' place of standing within the lesbian lifestyle discourse. The threat of butch positioning could also be seen to motivate the participants' aesthetic practices. There was a sense of lesbian surveillance of other lesbians in relation to their butch/femme aesthetic:

I've had people thinking that I'm butch. I had no idea. I was uncomfortable. I thought I was fairly femme but now I try and dress nicely. (Jannie).

Butch identity transgressed feminine boundaries by not paying enough attention to one's appearance, 'dressing nicely', or carrying out feminine grooming practices. Ruby invoked the figure of the 'butch other' in order to produce her acceptable feminine identity:

I'd hate to go butch. It's not going to happen. I think it's half the reason why I'm still single because if I can tell someone's gay I run a mile. It doesn't appeal to me at all. I don't find it attractive at all. The whole short hair, tattooed up, piercing, guys clothing. It just doesn't appeal to me (Ruby).

Practices of lesbian sexuality held to be 'butch', such as having casual sex or being in non-committed relationships, were held to be deeply threatening to 'lesbian wives and mothers'. These non-monogamous lesbians were regarded as having embraced an identity that was too 'male' to be 'truly lesbian':

That kind of girl that doesn't want to commit or, you know, doesn't want to kind of live in this kind of relationship, this life with just one woman, I think that is hurting people... I think that truly lesbian women would rather be in a committed relationship than kind of be like a guy that doesn't want to be in a committed relationship, from my experience (Carmen)

The lesbian lifestyle discourse also constructed 'radical' and 'feminist' lesbians as unacceptable, by positioning them as anti-men. An insistence on not being anti-men was common to the talk of most of the young women interviewed who positioned themselves within this discourse:.

I think lesbian can't be an obsession with politics you know? For a really extreme lesbian feminist, it could be too over-consuming for them and it may impact negatively on them. They just get too caught up in the negative views of other people... if you're fighting for something the majority of the day every day then it might just take a toll on your mental wellbeing. I don't think it would be good for

society's perceptions if you had an extreme lesbian feminist who is anti-men. It would create a negative stereotype in society as all lesbians being like that (Summer).

For Summer, lesbian feminism constituted a risk to individual lesbian health. Raising one's head above the parapet involves being forced to engage with societies 'negative views' of lesbians which drains wellbeing. Lesbian feminism is also held to harm all lesbians in society by positioning them as anti-men. That being 'pro-men' and 'not fighting' were constructed as the healthiest positions to take up reflects the power of heteronormative discourses through which femininity and homosexuality are consistently constructed as second order to masculinity and heterosexuality (Butler, 1990; Jagose, 2002). McRobbie's (2007) holds that young women today are encouraged to participate in a 'post-feminist masquerade' which holds that equality with men has been achieved, and that therefore positioning oneself within traditional femininity is a 'choice'. In my view, the careful 'pro-men' position adopted by the women who drew on the lesbian lifestyle discourse, links with McRobbie's assertion that the 'post-feminist masquerade' functions to diffuse any threat posed by women and lesbians to discourses of masculinity.

Subject positions offered by dominant liberal and postfeminist discourses produced 'true lesbians' as 'definitely women'. The lesbian lifestyle discourses allowed participants to take up acceptable positions in relation to hetero-feminine ideals. They also legitimised practices of surveillance of self and other lesbians in relation to these ideals, marginalising lesbians who were unable or unwilling to participate in heteronormative practices and relationship forms.

6.5. Queer lesbians

In opposition to both of the two previous subject positions discussed, two participants positioned themselves as 'queer lesbians' drawing on poststructural discourses of gender and sexuality. Both Jennifer and Tegan drew on the notion of a shifting and non-binary gender and sexuality to take up different positions: 'genderqueer', 'lesbian', 'gay', 'queer' at different times and in different situations with different effects, constraints and possibilities. The participants were both university students and were able to draw explicitly on the work of queer theorist Judith Butler as they talked about their identities. Judith Butler's influential book *Gender Trouble* (1990) has been cited as a key text of queer theory (Jagose, 1996; Spargo, 1999). Queer discourse views homosexuality as socially constructed in a binary and subordinate relationship to heterosexuality. It also

posits that this binary opposition of sexual identities is dependent on and supportive of, a culturally constructed fiction of the relationship between sex and gender (Jagose, 1996). Butler herself drew on Foucault's ideas to argue that sexuality and gender categories are the effects of discourses and practices with multiple points of origin.

Jennifer drew a clear distinction between being 'female bodied' (or sex) and 'identifying as a woman' (gender). She described her shifting sense of her gender and sexual identities thus:

Queer, it's pretty much open for interpretation, depending on the person. For me it refers both to my gender identity and to my sexual orientation... If I say lesbian, it's more traditionally understood as a woman who is attracted to women. As a genderqueer person I don't always identify as a woman and I'm not always attracted to people who identify as women either... For me it means that there is some fluidity about my gender and also primarily I would identify myself as somewhat androgynously gendered which is fairly obviously not cis. I wouldn't identify myself as female or a woman really – well sometimes. It's hard to talk about it, there is a lot of fluidity around it and it's somewhat conditional (Jennifer).

Jennifer's queer notion of gender and sexual identity being able to shift and change depending on social context, challenged heteronormative discourse's insistence on links between sex, gender and sexuality and the binary positions of male/female, masculine/feminine, homo/heterosexual that it creates. Jennifer referenced the term 'cis-gender' when she claimed that based on her appearance and understanding of gender she is "fairly obviously not cis". 'Cis-gender' is a term produced by queer discourse to position people for whom sex and gender are normatively aligned i.e. female sex plus identity as a woman.

6.5.1. Non-binary subjects

A queer sense of identity was defined by the two participants largely in contrast with lesbian and gay identities. Lesbian and gay identities were held to be much more constraining because they involve fixed and binary notions of gender and sexuality:

I guess lesbian isn't so encompassing of my gender identity because when I think lesbian I think woman attracted to woman and I don't always identify as a woman, and the people I'm attracted to aren't always women but mostly are female bodied. It's sort of complicated... If I'm talking about the lesbian community then I'll include myself in that to talk about it. I went to a potluck last night called 'L Word Tuesdays', basically it was just the most lesbian thing ever, just everything about it. We were cuddling the cat, and watching the L Word [TV show with mainly lesbian characters]. I would say that the relationship I was in with my ex

was a lesbian relationship, but then I might say that a sexual encounter I had with someone recently was a queer encounter and I don't really know why I make these distinctions, but I do (Jennifer).

Jennifer articulated her identity as different in situations: 'Lesbian' at a pot-luck dinner and in a long term relationship, 'queer' in a brief sexual encounter. Her sense of her gender could shift based on how she felt at a particular moment or in a particular situation: more feminine, more masculine, or classier or sportier. A queer positioning was held to open up possibilities for her to shift her gender identity and presentation in this way:

I would say that my gender primarily centres around this idea of androgyny, or feeling androgynous and sometimes I feel more masculine, sometimes I feel more feminine, and how I dress is expressive of that. For some people they will say 'oh I'm having a classy day today; I'm going to dress in my nice clothes'; and then you hear people saying, 'Oh I'm just having a really lazy day, I'm just going to wear track pants,' and I think most people dress – well outside of the restrictions of having to dress for a specific work environment or whatever - people dress how they are feeling. But for me it's really linked to my gender expression as well (Jennifer)

Jennifer's positioning within lesbian discourses made sense to her when she took on particular relationship practices (long term monogamy), and took part in private events with other lesbians (L Word Tuesdays). This positioning invoked lesbian lifestyle discourses. However, she also claimed other identities as other facets, such as her experience of her gender and her practices of non-monogamy, come to the fore:

I'm definitely not opposed to other forms of relationship other than extended monogamy... polyamory is really interesting to me, the complexity of everything. The notion that we shouldn't necessarily, it's a lot of pressure to put on one person to say that they have to meet all our needs. (Jennifer).

A queer critique of normative relationship forms links to radical feminist critique of the limiting and heteronormative power effects of institutions of marriage, monogamy and the family on women present in the 1980s (discussed in Chapters Three and Five). Jennifer struggled to produce a definitive statement about what queer identity essentially positions claiming that "queer is not specific... queer is basically saying that it's not not queer":

It's ok for a label like lesbian to be specific because it has a specific purpose, specific usage. And it's fine for people to be that, relate to that, totally identify with that. But at the same time I just find queer a more useful word, most of the

time... It can sort of encompass whatever I need to encompass whereas lesbian is quite specific in terms of the kinds of relationships it means or like refers to... For me lesbian is inclusive of multiple women in relationships as well as trans women as well, to clarify. So it's basically just people who identify as women attracted to people who identify as women (Jennifer).

Queer discourse allowed Jennifer to take an anti-normative stance, seeking to remain open to possibility and change, and avoiding positioning people in essentialist ways. David Semp (2006) commented that a queer identity was difficult to describe, noting that “a queer discourse resists reifying the notion of the homosexual object, and any identity categories that have emerged since its invention” (p. 120). Acknowledging the context specific nature of identity, that labels can be taken up for a ‘specific purpose, specific usage’, is consistent with poststructural thinking as it identifies identities as multiple, and offered up by discourse. Tegan articulated this point more explicitly as she claimed that queer discourse enabled her resistance to dominant heteronormative discourses about sexuality:

It just seems like “lesbian” and “gay” and stuff is just things you have to come out as to say that you’re not straight, and I don’t think that’s such a great thing to have to do. I think they’re labels that were invented by straight people to define what’s not them, it’s hard to explain. It seems like your sexuality is just a collection of things that you like. And of course no one’s going to have the same collection of things that they like. And it’s silly that it seems to always be divided along lines of gender like: “Do you like to sleep with men or women?” rather than: “Do you like to have sex with the lights on or the lights off? (Tegan)

For Tegan, drawing on more dominant identities such as ‘lesbian’ or ‘gay’ reify essentialist notions of sexuality and gender can call stable sexuality and gender into being. Tegan and Jennifer explained that for them lesbian means ‘woman desiring woman’. For them, heteronormative discourses had imbued the term lesbian with a ‘normality’, stability and permanence in relation to gender and sexuality which did not resonate with their experience or political goals:

And it seems that once you say, “I’m a lesbian,” you start to rearrange what your desires are and what your preferences are to fit the mainstream conception of what that label is... I guess for me mostly I do sleep with women, but it’s silly I think if I just say to myself, “I only sleep with women”. Maybe there’s someone I could like down the track who doesn’t identify as a woman... [So it might be a bit kind of like limiting or?] Yeah constraining. So I just like the word “queer” because it means you’re not straight but it doesn’t really - it’s more saying what you’re not than what you are. Does that make sense? (Tegan)

This is an explicitly poststructural rendering of desire and preference as socially constructed and not existing as latent truth within a person and waiting to be discovered. The way that Tegan drew on a queer position was also consistent with Foucault's (1978) work as he asks: "How has sexuality come to be considered the privileged place where our deepest "truth" is read and expressed?" (p. 152). Garland (2014) explicated that normalising power of sexuality "amounts to a generalised imperative that we should speak of our sexual selves – and thereby enable... the exercise of power and knowledge – an imperative that takes a variety of specific forms, ranging from legal commands to expert advice, to psychological and bodily excitation" (p. 377). Foucault identified the historical continuity between religious confession and 'coming out' as reason for great scepticism about the concept (Sedgwick, 1992). He saw 'coming out' as imbued with legal and psychological discourses, and with confessional technologies of power.

6.5.2. 'Resisting coming out' and 'holding ambiguity'

Queer discourse enabled practices of both 'resisting coming out' and 'holding ambiguity' for the two participants who drew on this discourse. In challenging the notion of essential coherent subjects, queer discourse allowed participants to question and resist the practice identifying themselves as exclusively lesbian or gay. It allowed them to refute the notion of identity stability that has been constructed by the gay spectrum discourse. Holding ambiguity could also mean allowing and/or encouraging confusion regarding one's gender or sexuality as a way of refuting gender and sexuality binaries held to be limiting and harmful. This involved producing participant's bodies as visibly gender non-conforming. Tegan described her ability to risk being mis-gendered as a privileged afforded by her cis-gender identity:

I get called sir quite a lot at the dairy - I like it because I know that in that moment, when they freak out afterwards and say, "Oh, I'm sorry!" that's a moment in their head when ideas about what things should be have been muddled a bit. But I also realize that the fact that I'm able to enjoy that is quite a privilege. I'm not in a situation where that would make me feel really shit about myself because they mixed up my identity when I'm having real trouble with it. If I was male to female transgender or something and people got confused about it, they'll be more likely to attack me as a threat. Rather than just a nice little student girl they made a mistake with and got a bit embarrassed. I enjoy it but I realize that I'm quite lucky (Tegan).

Tegan described getting 'called sir' as enjoyable and a way of resisting norms of gender presentation that she feels she can practice safely as a 'nice little student girl'. Not all

non-binary people are so 'lucky' however. Many are subjected to violence because they visibly threaten or transgress the heteronorms, particularly in relation to norms of gender presentation. The previous lesbian subject position I identified, 'definitely a woman', shows that conforming reduced the degree of being exposed to forms of heteronormative violence.

I think the reason that people have such a problem with gay people is because their traditional idea of a gay person is someone who is subverting gender norms, and that is why we are so uncomfortable with it and that's why I would by myself get recognised as gay, or get harassed for it more than like a feminine-presenting lesbian would – I mean that presents its own set of problems with like femme invisibility, which I guess it's a different kind of problem, so not the main one yeah (Jennifer)

It's all about what's recognisable as a human... I think society has changed enough to recognise a gay woman and that she's attracted to women and that she might like dressing in men's clothes. But a trans person I think appears in a way that people don't always comprehend as human (Tegan)

Jennifer and Tegan pointed to the violence of heteronormativity that produces non-binary people as 'sub-human' and 'disgusting', legitimising them as subjects of harassment, beatings and even murder. The issue of violence committed on queer (particularly trans) people has been taken up in New Zealand in recent years. For example, a 'Queer the Night' march took place in Wellington in 2011, to highlight violence as not just fear of being attacked on the street, but also the institutionalised homophobia and transphobia in society. Tegan argues that possibilities for lesbians exist, e.g. within gay spectrum and lesbian lifestyle discourses I have identified, that are not necessarily accessible for trans and genderqueer people.

6.5.3. Ivory tower ideas

Although it offered certain possibilities, I call the extent of the availability of the queer feminist discourse to many young women into question. Only two out of fifteen young women interviewed, drew on this discourse. I note that both participants were white and privileged enough to be involved in university classes in specific contexts (media studies, cultural studies) where queer discourses came into play. Tegan hinted that the queer discourse was confined to a very particular 'ivory tower' academic space:

You get always kind of like ivory tower ideas about gender and how to talk about people and stuff. It would be really frustrating [in a non-university environment].

I'm really used to the academic environment where everyone's either studying or teaching about a lot of critical stuff. So they're really conscious of it and we would spend the whole time critiquing how a culture does stuff (Tegan).

Tegan's reference to 'ivory tower ideas' and the 'academic environment' locate her uptake of the queer discourses in a particular space with limited penetration into the world beyond university. To summarise, queer positioning was available to two participants in a particular university space, which allowed them to claim a poststructural and shifting sexuality and gender. A practice of refusing definitive categorisation within gender and sexuality terms came into conflict with gay and lesbian discourses which emphasise a fixed identity based around innate desire and sex-gender positioning.

I have detailed the way that participants positioned themselves in relation to discourses of gender and sexuality when they chose or were called on to do so. All of the participants described the effects of being positioned within heteronormative discourses which constrained their lesbian identities, health and wellbeing.

6.6. 'Staring down the barrel of a loaded gun'

Foucault held that subjectivity is an effect of discourse. He described how in our times, a particular form of power "applies itself to immediate everyday life which categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognise and which others have to recognise in him. It is a form of power that makes individuals subjects" (Foucault, 1972, p. 212). Applying Foucault's concept of discursive subjectivation means that we both position ourselves and are positioned through discourse. A metaphor for becoming visible as lesbian in public or semi-public spaces was 'staring down the barrel of a loaded gun':

I can never do that. It's really hard to put your arm around your girlfriend and show affection and stuff. You can do it but you're just very aware that people around you stare or become uncomfortable. I think after a while, you kind of get used to it but definitely I can never hold hands in public... You just feel like a spectacle and you just want to blend in... I try not to stare at the barrel by making public displays of affections (Sally).

From a Foucauldian perspective, heteronormative discourses are the what 'loads the gun' that is being pointed at Sally. The strength of heteronormative discourses constraining lesbian identity was evidenced by the way Ahi described lesbian possibilities as "one of those epiphanies" and which Mini said hit her "like a tonne of bricks...can you do that?".

Heteronormativity produced affection in lesbian relationships as a “spectacle” to be pointed out and commented on by anyone. Research from the perspectives of critical and queer studies, demonstrates how everyday spaces are infused with heterosexual assumptions, practises, expressions and implied values (Valentine, 1993; Willis, 2009). I argue that certain practices and experiences the participants described, were enabled by heteronormative power coalescing with discourses of male sexual desire and dominance to produce the women as sexually available to men. Through becoming subject to heteronormative power, participants were marginalised socially and politically and, as a result, could be rendered vulnerable in social spaces and made to suffer abuse and violence.

All of the participants in this study identified their vulnerability to attack in public and quasi-public spaces in particular. For example, Jennifer described avoiding entertainment and bar/restaurant spaces in a major New Zealand city, because they are “super straight environments” dominated by “aggressive guys” taking part in a “meat market” which involves “aggressively hitting on women”. Like Jennifer, Molly identified her physical and emotional safety as compromised when she was positioned as non-heterosexual in public. She also identified particular social spaces, such as bars and parties as characterised by a heterosexual “dynamic” where male attention is sought and the male gaze is dominant:

...it's a bit of a meat market... Mostly people go there to meet new people and check girls out or check guys out, things like that and there's that kind of that dynamic there. I'm on my guard, you need to be checking behind you. I feel more threatened by guys than I do girls (Molly).

Carmen mentioned feeling hot and uncomfortable when in public with her partner, thinking that “everyone knows” and is looking at her. In Western culture, women are particularly susceptible to becoming a ‘public spectacle’ because of the ways in which femininity continues to be defined in relation to outward appearance and being desired by men (Farvid & Braun, 2013). Tegan described the particular implications for lesbian women of being subjected to heteronormative discourses through the notion of objectification:

Because women get objectified so much it's acceptable for women to be queer for the enjoyment of men... So you'll get really femme lesbians who will be accepted in culture but more masculine ones not so much... I used to have really long hair

and there used to be gross creepy guys who are like, “Lesbian? Whooh! Want to have a threesome?” I said “no, I don’t like men”. I think that’s the sort of stuff that females in general really, and really feminine lesbians are subject to... Because I guess all the messages about what a woman should be, if you’re lesbian you fit outside of that (Tegan).

Tegan references the heteronormative discourses of womanhood that produce women as sexually available to men. Likewise, Summer and Carmen described what happened when they identified themselves as lesbian to try to deflect attention from men. Summer talked about how this led to her being attacked at a house party by an acquaintance of a friend:

Because he was being a bit like you know grabby, like touchy feely and just saying inappropriate things to me. And I said “I’m gay, I’m not interested, can you please just leave me alone,” and he got really, really aggressive and was just calling me names, just saying that I’m a waste, worthless, and just getting really quite nasty. I went to the bathroom and he cornered me in the bathroom just said that he can do anything to me because I’m a waste (Summer).

Summer described her experience where identifying as “gay” to a young man who was interested in her sexually was met with anger, disappointment and violence. The reports of men incredulously challenging the women’s definitions of their sexuality, physically assaulting or verbally harassing them, ran across all of the interviews I conducted. Carmen asserted that in her experience, 90% of young men are likely to respond in a disrespectful way when her lesbian relationship is made known to them. A construction of men’s challenges and sexual harassment as an unavoidable facet of womanhood, was drawn on by those participants who positioned themselves as ‘definitely women’ through discourses of lesbian lifestyle and femininity, e.g.: “I guess with a guy he wouldn’t necessarily understand some things that a woman would” (Carmen), “The guys have a complete immature way, that’s how they are” (Jannie), “It’s just something that kind of happens” (Summer), “It’s because they’re guys and they’re just kind of keen to come and check it out!” (Mel), “Guys don’t really kind of consider the impact with the decisions that they make, whereas women kind of always are considerate I think” (Aho). A rape-supportive sexological discourse of male sexual ‘drive’ (Gavey, 2005) functioned to position participants as objects of harassment as well as to deflect criticism of men or the effects of such masculinity on women.

In addition to avoiding showing affection with a partner in public, participants constructed what one wears on one’s body in terms of one’s gender presentation as linked

to sexuality by heteronormative discourses. Chambers (2007, p. 667) understands heteronormativity as "the assemblage of regulatory practices, which produces intelligible genders within a heterosexual matrix that insists upon the coherence of sex/gender/desire". Chambers draws on Butler's work and her argument that the internal coherence of gender requires an oppositional homo and heterosexuality (Butler, 1990, 1993, 2004). Rather than obscuring her lesbian identity, Mini described using her appearance to try to control heteronormative situations by using outward signs/symbols of a particular 'lesbian' identity to try to thwart sexual overtures from men:

Like for example if I go into clubs and I'm wearing a nice version of this [androgynously styled] outfit, guys just look at me like "should I make fun of her because she's a lesbian?" Or "what do I do?" They don't know what to do with you. "Eh? not a sexual object? I'm not sure what to do here." But if I was in a dress, they're like "Hey...", and I'll say, "I'm a lesbian". And that's the only time that I actually say it because it's like, "Leave me alone please". As soon as you say that they start making fun of you. But it's easier to get made fun of than to get hit-on... I'm saying that so you'll leave me alone (Mini).

Mini's anti-'sexy' fashion practice allowed her a sense of control over the 'loaded' heteronormative environment. This could be problematic in that it also invited both hostility and ridicule in the context of the disciplinary power of heteronormative discourses.

The heteronormative discursive system of sexuality, which Butler (1990) identified, constructs dominant masculinity and submissive femininity and holds these in relationship with each other in a way that constructs a normal coherent and abiding heterosexual identity. She has also identified heteronormative discourses as producing normative links between biological sex, gender presentation and desire as "stabilising concepts" of personhood through which we become culturally intelligible as people (Butler, 1990, p. 17). Jennifer described the violent implications of being subjected to heteronormative discourses of gender presentation on the street:

Coming out of [the cinema], this really drunk woman came up to me and she said, "You're a girl right?" and then touched my chest. I just sort of froze cos like, "What I do in this situation?" and I was just like "Whaaat?!" and just walked off terrified with my friends. Thinking about it after I knew, it's crazy that someone thinks it's alright to do that because I look androgynous. I don't actually think that she was asking me because she was genuinely confused, I think she was asking as a way of gender policing. Basically, she was saying "it's not okay for you to express yourself in that way" (Jennifer).

That Jennifer identifies this behaviour as “gender policing”, showed that she had awareness of a social constructionist views of gender and how from this perspective she challenges dominant notions of what embodying gender means. The way in which she was questioned and assaulted in the street is part of the disciplinary power and practices of surveillance that regulates the behaviour of individuals in the social body (Foucault, 1979) in accordance with heteronorms.

6.6.1. Defended subjects

All of the participants, at some time, took up practices to minimise their visibility as lesbian, in order to defend themselves against heteronormative victimisation. For example, a common practice was avoiding showing affection to partners in public, and avoiding ‘obviously dangerous situations’. Dangerous situations tended to be those involving predominantly heterosexual flirtations or ‘dynamics’ and the consumption of alcohol. Unfortunately, participants reported that heterosexually charged situations involving alcohol tended to be part and parcel of the environments the young women found themselves in at university, in social gatherings in homes, at work place socials, on the stress, and in bars and restaurants. This made them difficult to avoid. The practice of maintaining two separate social lives, one with heterosexual friends and acquaintances and one with lesbians, was commonly mentioned. Also mentioned was the active construction of social lives based primarily around LGBT identified people. Molly was one participant who preferred to avoid social environments dominated by heterosexual people entirely when she could:

I don't hang out with a lot of straight people anymore, because the divide is quite large, well I feel it is anyway, not with everyone, but yeah. If I'm out in public with a lot of straight people I won't kiss my girlfriend, and even if I'm out with a group of friends who perhaps aren't my close friends, I won't have any sort of physical contact or hold hands or things like that 'cause I feel stared at. If I'm in the supermarket I won't hold my girlfriend's hand. Maybe it's just like a personal hang up but I'm not the only person, a lot of my friends feel this way too (Molly).

Molly’s assertion that “a lot of my friends feel this way too”, points to the construction of separate LGBT-only social worlds as a common practice of ‘maintaining safety’ in the context of heteronormative discourse. Carmen stated that because of a sense of unease, it was “obviously easier” for her to see her lesbian friends separately, and hold dinners and parties with them at home, in a safe and private space. Carmen said that “I think it’s

maybe less uncomfortable for the straight girls not to be around the gay girls”. That such a separation and practice is “obviously easier” speaks to the power of the heteronormative discourses to both produce and legitimate this discomfort.

6.7. Conclusion

In this chapter, I have identified multiple lesbian sexualities operating in 2012 in the New Zealand context. Participants drew discursive resources to position themselves as at the ‘gay end’ of a spectrum of human sexuality, both emphasising and limiting their right to take up the same relationship practices as heterosexual people. When the women positioned themselves as ‘definitely women’, they invoked post-feminist discourses to claim practices of motherhood and marriage, rejecting lesbian feminism and butch lesbian identities. Taken together, the dominant subject positions and discourses of lesbianism seem to have coalesced around a notion of the ‘lesbian family’ and the dignity of inclusion in (hetero)society for these women. Queer poststructural discourses allowed some participants to hold ambiguity about their sexual and gender identification, as queer lesbians.

I have argued that all of the lesbian possibilities articulated by participants were constrained and challenged by heteronormative discourses operating in society. These discourses positioned lesbians as sexually available to men and legitimated the denial of lesbian subjects, as well as their surveillance, harassment and victimisation. Challenges to this heteronormativity were constrained by the ‘gay spectrum’ and ‘lesbian lifestyle’ discourses, which both emphasised and produced heteronormative practices and relationship forms. From a queer position, two participants were able to deconstruct gender and sexuality binaries held to be limiting to women, and to take up resistant practices such as resisting a fixed identity, and queer non-monogamy. The queer discourse seemed to be confined to particular academic spaces, while the gay and lesbian discourses seemed to have a wider circulation.

In the next chapter, I outline the way participants positioned themselves within discourses of health and wellbeing in the interviews, and how the particular positioning women took up in relation to their sexuality affected their uptake of these discourses of health and wellbeing.

CHAPTER SEVEN: YOUNG LESBIANS IN 2012 TALK ABOUT HEALTH AND WELLBEING

In this chapter I outline the discursive possibilities for health and wellbeing I identified in the young women's talk. I discuss the implications of these for their health and wellbeing practices in the context of heteronormativity.

7.1. Lesbian psychological subjects

Participants used psychological discourses to construct themselves as healthy 'well adjusted' and 'knowing' subjects. They drew on two key psychological concepts of authenticity and congruence to construct a healthy sexuality. Within this framework a key practice was psychological internal work or processing within themselves (self-help) and seeking psychological support, which allowed them to be secure, congruent and consistent in their identities:

I think that for health it's really important to be self-aware, or as much as it is possible to be. My parents were involved in self-development groups and stuff when I was growing up, so I was brought up around a lot of dialogue of "Let's talk about our feelings" and being aware of your motivations for saying and doing things. A lot of it is facing what is negative about yourself, and catching yourself doing things. For instance, I have a tendency to become attracted to women who aren't very nice people... I had pretty low self-esteem and did like a lot of people do - they sort of sabotage themselves. I wasn't allowing myself to be happy, because I felt I don't deserve to be. Being self-aware, you eventually develop a consistent idea of how you are as a person and what your tendencies are and then you can act in a way that is more positive and more healthy (Jennifer).

The psychological discourse invested lesbians with qualities that are amenable to psychological treatment like: confidence, self-esteem, self-awareness and comfort. Participants, such as Jennifer talked in ways that emphasised the achievement of a particular kind of psychological health, defined through practices of self-knowledge/self-awareness, and the consistent articulation of 'feelings' to those who can sympathise, help or support. For Foucault, these practices and power are linked (Foucault, 1978). 'Psy practices' are powerful, precisely because they help. The sum of these practices came to be called the 'psy complex', defined as an ensemble of agencies, including clinical, educational, developmental and industrial psychology, psychotherapy and social work, whose discourses extend beyond sites of professional intervention, to infuse the social spaces of family, school and workplace. In Chapter Three, I discussed the psy-complex as operating between the psychological, the governmental, and the subjective, and how

psychological science can be seen as an assemblage of categories of thought, techniques and procedures for producing ‘truth’ (Rose, 1985).

Mel used terms that identified herself as a knowing, and potentially pathological, kind of subject within psychological discourse – by drawing on constructs such as ‘depression’, ‘depressants’, and ‘co-dependent relationship’:

I do find that if I don't, if I'm not careful that I can quite easily get into a funk, I suppose. I don't know if it's that I'm particularly prone to depression, but I think that I'm a lot more aware of it now because I did go through a really bad period of depression...But, I do have a routine which helps me a lot. I'm being really independent at the moment in terms of not being in any co-dependent relationship and eating healthily, but I've always eaten pretty healthily (Mel).

Mel described psy-practices of self-discipline, in ‘having a routine’ and practicing independence and self-reliance in maintaining her psychological wellbeing. She constructed herself as an ‘aware’ and responsible psychological subject.

7.1.1. ‘Coming out’

The psychological discourse constructed healthy lesbians as telling the truth of who they are, which positioned them as open, confident and content. Hannah defined a healthy lesbian as “someone who’s confident in their sexuality... happy to talk to people about their sexuality” and Summer referenced “someone that’s content with themselves”. Carmen linked lesbian discourses with the psychological – constructing lesbians as healthy, as a result of their confidence and openness about their sexuality:

I think a healthy lesbian would be someone that’s comfortable within with themselves and open minded... I’ve found that healthy lesbian women are confident because they are kind of happy with themselves and where they are. They’re kind of more open in general. I think they don’t really have anything to hide. The ones that I know aren’t holding anything back, I guess. So when you’re like an open book then you’re obviously showing that you’re quite healthy, meaning happy, empowered and confident with who you are (Carmen).

The psychological discourses produced the healthfulness of expressing, rather than repressing, one’s sexuality, of being a truthful subject. Following Foucault’s thought, psychology produces sexuality by adapting confession as a key technology of the conduct of human conduct (Foucault, 1978). He held that the very notion of a ‘true sexuality’, unique to each of us, was implanted into human subjectivity by psychological discourse. This requires us to continually seek to fix ourselves to available discourse by telling the

truth of ourselves to other psy-subjects, including professionals, who are afforded the power to intervene.

7.1.2. Developing lesbians

Participants also drew on developmental psychological discourses to construct themselves as psychologically in flux. I showed in Chapter Three, how developmental notions identify normal young people as engaging in an exploratory stage of their lives through which important personal growth can be achieved, prior to taking up a more 'adult' position in later life (Burman, 2007).

At the end of last year I had a few good friends suggesting I should try the young and crazy thing. (K: What's the young and crazy thing?) Oh, going out partying, drinking, smoking, seeing as many people as I can. You know, the whole casual thing. So I did... Because they saw me, you know, as wanting a settled, long term partner and life and were a bit concerned that I might be missing out on my youth a bit (Jannie).

Jannie described pressure to engage in this kind of behaviour, because it was regarded as normal behaviour – 'having a bit of fun' now facilitates 'settling down' later in life. Mel positioned herself at a particular developmental stage in life that comes after 'childhood/adolescence' and before 'adulthood' - a time of experimentation and (often painful) self-growth through experience. This supported her uptake of some behaviours considered injurious to health and wellbeing such as smoking:

I smoke and drink at the moment, which are two pretty big depressants... I don't want to be a smoker forever, obviously, but at the moment I'm not really worrying about it too much. I kind of think: "Well, I'm having this fun time and it is the time of my life where I want to be exploring my creative side and just doing what I want to do and being creative". I used to stress out about it a lot more, I shouldn't smoke, I need to be healthy and all that, but I figure I only live once and I can quit later on... I should be thinking about other things, spending time enjoying myself"
Mel.

At this time a level of experimentation and freedom was both permitted and expected before coherence and stability of identity, relationship, work is established. The young person's subjectivity allowed the young women to engage in behaviours that would be construed as risky from a biomedical standpoint (e.g. smoking, drinking, casual unprotected sex).

Taking up a developmental psychological discursive position of young adult, I suggest, also allowed participants to construct challenging and painful experiences produced by heteronormativity, as necessary for the achievement of their psychological developmental health. It legitimated a degree of ill-health or struggle in the women's lives, such that struggle could be recast as success. For example, Sally said:

My personal journey to being gay, I'm glad it's over. It was very painful. It was horribly painful... I feel like it's a shame in some ways because a lot of my school friends say these are the best years of their life- travelling and pursuing their dreams and working towards their goals. If I had to go back and do it all over again, I don't know if there's much that could be changed. It was kind of inevitable events just happened the way it happened. I view it as hard but necessary. It's sooner or later with these things. Because at least now I can move on with my life and be aware... I can move on knowing what I know and knowing that I'm gay and actually being happy now. It was my new found information about myself (Sally).

Sally drew on the psychological discourse to position her painful experience of heteronormativity, as part of a psychological journey that was necessary to becoming the self-aware person she is today. Recent positivist health knowledge has produced a new 'truth' of lesbian health as 'stress-related psychological growth' (e.g. Bonet, Wells, & Parsons, 2007; Cox, Dewaele, Van Houtte, & Vincke, 2010; Vaughan & Waehler, 2010). For example, Bonet et al (2007) applied the concept of stress-related growth to their study of sexual identity formation in lesbian and bisexual women. They asserted that these women scored higher on the stress-related growth scale than respondents did in previous studies about other 'traumas'. I have shown in Chapter Three, how these psychological narratives have been critiqued by feminist and lesbian scholars, because they produce heteronormativity as a challenge for individuals to overcome, restricting collective lesbian political action.

7.1.3. Lesbian psychological support

The psychological discourse produced positive benefits of making one's sexuality known to others – including psychological 'experts'. Psychological discourse constructed the healthfulness of expressing (rather than repressing) one's sexuality - being open and speaking the truth. This discourse therefore, reified the gay spectrum discourse's essentialist notion of a 'truth' of sexuality that exists inside of all of us. In my interview data, a particular understanding of lesbian identity coalesced with psychological discourses and the effect was to individualise issues that the women face. Psychological

concepts of authenticity and congruence placed some burden on those who constructed their sexuality within a gay spectrum framework. They must do psychological work on themselves, aligned with psy-disciplines, so as to be congruent and consistent in their lesbian identities.

Most participants had drawn on expert support from psychotherapists, psychologists and counsellors, to help them achieve this kind of health, for example, Summer described visiting a therapist:

I got to a really, really low point and I couldn't even speak... I needed to get out of it, needed some kind of guidance, so that was the big push. The therapist just said: "you know, we'll look at your problem, the issues that you have together and find solutions so you know you can achieve the things you want to achieve (Summer).

A psychological understanding of health and wellbeing emphasised the personal facets of health that are located within individuals: confidence and being content – rather than societal or environmental factors. Psychological discourses do not just make phenomena and issues such as 'confidence' and 'authenticity' visible, but produce, change, simplify and organise them. Rose (1985) explains that psychology makes human beings thinkable as a certain mode of existence that must be addressed in a particular way. This process arguably individualised the issues that the women faced in relation to their sexuality e.g.: "We'll look at your problem". Further, such psychologisation problematises lesbian behaviours and emotions, illuminating them as issues to be dealt with. Psychologisation is held to be dangerous because psychological systems are so pervasive and aligned with disciplinary requirements. The psychological discourse produced responsibility for carrying out psy-practices, working through distress that the women must take up for themselves, to achieve 'psychological health'. This left broader societal issues, such as heteronormativity and the violence and 'othering' they experienced, largely unchallenged in relation to health and wellbeing.

7.2. Healthy lesbian lifestyles

Participants drew on a healthy lifestyles discourse of health and wellbeing, which produced other health practices they took up to keep themselves well. This positioning was produced by biomedical links between diet/nutrition, exercise and physical and mental health. Hannah made mention of the 5 + A Day campaign which was founded in New Zealand in 1994 by United Fresh New Zealand, and links with Ministry of Health

recommendations that adults eat at least three servings of vegetables and two of fruit each day to ‘be healthy’:

I never guilt myself about having unhealthy food, although I do guilt myself sometimes about not having healthy food. I keep saying to myself, “You know, you haven’t had your five plus a day.” Most of it is, I want to feel physically healthy, and I worry that I, if I don’t eat you know my fruit and veg I’ll feel sluggish and that I’ll regret it, and think to myself, oh why didn’t – you know, you should have eaten healthier two weeks ago and then you wouldn’t feel sluggish and you’d feel more capable of doing healthy things, like finishing your work on time and stuff like that (Hannah).

Jennifer also drew on a ‘healthy lifestyles’ discourse to emphasise a notion of balance in her allocation of her time resting and relaxing by herself, and socialising and engaging with other people. Jennifer draws on a recent New Zealand Health Promotion Agency (2012) campaign ‘Like Minds, Like Mine’, which encouraged practical steps to improve one’s own mental health: engage in physical activity, spend time with friends:.

I make sure I get enough sleep... have to sort of force myself to go to bed at a reasonable hour. Left to my own devices I end up staying up all night. I’ve just always been like that, always had trouble sleeping. Cause sleep is really important and I make sure that I eat lots of vegetables, going to the markets on Sundays otherwise don’t have the money. I’m in a flat and I really enjoy cooking. I walk a lot, get a lot of exercise, I walk up hills all the time. I also make sure that I find the right balance of spending time by myself to relax and recharge and also spend time with other people (Jennifer).

Healthy lifestyle promotion has become an established approach to addressing population health issues in New Zealand (Wise & Signal, 2000). A crown entity Health Sponsorship Council (HSC) was established by the New Zealand Public Health and Disability Act 2000, to promote healthy lifestyles in order to reduce the social, financial and health sector costs of smoking, skin cancer, problem gambling, and obesity. The Health Promotion Agency (HPA) has a mandate to ‘educate’, ‘motivate’ and ‘enable’ New Zealanders to lead healthier lives, so that they can “improve and protect their own and their family’s health and wellbeing” (Health Promotion Agency, 2014, p. 2). Summer connected her uptake of ‘healthy lifestyle’ behaviours to identifying herself as lesbian and seeking to improve herself as a result:

Since coming out and wanting to meet people I’ve tried better myself in being healthy, you know? Trying to quit smoking, be a bit more active, just because it makes you feel better. But also that kind of gives me a little bit more confidence

in myself. If I'm feeling healthier physically, then I'm thinking I might be more confident mentally...I made that commitment at the weekend that I would do a marathon, so I'm going for a run every day. And obviously trying to eat healthily, not smoking [laughs], yeah, and socialising but not drinking too much, yeah. So that's kind of how I would picture 'healthy' (Summer).

Not smoking, exercising, drinking less and eating healthy are 'obvious' healthy behaviours within healthy lifestyle discourse that will lead Summer to 'better herself'. This suggests a strong connection between positioning within healthy lifestyle discourse and self-worth. Summer is careful to emphasise a link between her physical health and her mental or psychological health in that following health lifestyle practices can improve her confidence. That engaging in healthy or unhealthy behaviours represents a personal choice was commonly invoked by those participants who drew on the healthy lifestyles discourse. Jennifer refers to making 'healthy choices' in order to protect herself from getting depressed or unwell:

I have to make healthy choices... if I make unhealthy choices then I'll end up depressed again... you make decisions with an eye for what is best for your health. I mean, I don't do this all the time because nobody does that all the time, it's very hard to. It's funny, quite a simple idea, but it's quite difficult to adhere to all of the time because people are sometimes lazy and do things that aren't the best. Like sometimes I'll stay up super late for no reason, or you know don't go to class things like that. But it's about finding the right balance, it's ok to not always make the right decisions but you should try to most of the time (Jennifer).

Jennifer contrasts making the choice to get enough sleep, getting up and going to work and study, with being 'lazy'. The individual choice aspect of health promotion discourse has been critiqued since the 1980s as constructing as 'irresponsible' those people for whom healthy choices are restricted by environmental, social and economic factors that are beyond their control (Lupton, 1993, 1995; Lupton & Chapman, 1995). Lupton (1995) described how public health discourses authorise the dissemination of information about preventive health, collection of data about people's health-related behaviours and interventions to 'nudge' members of 'target groups' to change their behaviour in the interests of their health. Public health discourses can therefore be seen as technologies of health – through which the public is encouraged to monitor their own behaviour in relation to population level guidelines. A key aspect of the health promotion discourse for participants, was its involvement in shifting responsibility for health on to them as individuals. Preventative health practices have the backing of strong biomedical truth claims about what health is and how it is produced. Positioning themselves within healthy

lifestyles discourse brought participants into focus as individuals, inviting self-surveillance and censoring in relation to 'healthy' or 'unhealthy' choices.

7.2.1. Neoliberal health subjectivities

I have shown how the women I interviewed, constructed a particular process of maintaining their health through healthy lifestyle practices. They also talked about health and wellbeing as 'being functional', meaning being goal oriented and self-responsible. The women positioned their health as the outcome of practices of independence, and goal oriented behaviour - particularly in terms of their work and study. Healthy people were held to take responsibility for setting and achieve goals designed to improve themselves and their prospects for the future. Taking on this responsibility for the self, particularly in terms of earning a qualification, was regarded as an important developmental task for their particular life stage: constituted as in between childhood and adulthood:

Health comes down to how "functional" you are. It comes down to things like habits and routine, just everyday things like your diet, do you get enough sun? Do you get enough exercise? But also are you happy? Are you being a real person? If you get a bit down, you won't go outside for a few days and you won't do stuff. You need to tell yourself "No, it's time to be a real person" time to go to Uni, go to your job time to go out and achieve things... Sort of like adhering to society's notions of what people should be doing, not in the way of conforming but in the way of being healthy and happy and functional... if you think of someone in your life who you would consider successful, do all the kind of things that a successful person would do visibly (Jennifer).

A kind of entrepreneurial personhood is characteristic of a rationality where health is seen as the consequence of personal rational choices that all people must engage in (Rose, 1998). Jennifer articulately draws on neoliberal rationality within the healthy lifestyles discourse though the concept of 'functionality' above. Carmen referred to being a 'goal oriented' person as key to health, while Summer positioned herself as 'always having something to strive towards'. Participants who drew on healthy lifestyles discourses mentioned working and studying specifically as investments in their wellbeing:

I just have noticed a lot of healthy women are very kind of goal-orientated being interested in their career. That type of health, I think, I think it doesn't matter gay or not. I think you really kind of choose to live that healthy kind of lifestyle (Carmen).

[Health is] Always having something to do. I think my main thing to keep healthy, is to each day have a plan of what I am doing. I found when I wasn't working and had just finished studying, just having like all that time doing nothing is really bad

for me, just get that feeling of being without progression, I guess that would be like that for a lot of people. So always having something to do and kind of strive towards (Summer).

Summer noted particular practices of staying in touch with her supervisors. Jennifer denoted 'being a real person' as going to university, and presenting for work in one's job. Entrepreneurial selves produce their own wellbeing, which encompasses not just their diet and exercise, but their skills and qualifications, their attitudes, and personalities as well.

Foucault (2008a) defined neo-liberalism as an example of the conduct of conduct, a powerful form of governmental reason with implications for subjectivity, that is justified by the invocation of a particular economic freedom from governmental dictates. This rationality informs individual practises of self-governance and self-reliance and facilitation of these processes provided by government at a distance via benchmarks, standards and norms. The state empowers "entrepreneurial subjects of choice in their quest for self-realisation" (Rose, 1999, p. 142). In this way healthy lifestyles discourse is part of a blending of principles of freedom and regulation, which produce a version of human life as an enterprise involving daily risk and lifestyle management. It is the production of a particular kind of freedom within a particular understanding of the nature of people, as naturally driven towards bettering themselves, to becoming healthy, happy, wealthy and wise (Rose, 1999).

Neoliberal rationality allowed the women to position themselves as 'responsible' for their health in particular ways. Jennifer articulated this as making "healthy choices", "adhering to society's notions of what people should be doing" as being healthy, happy and functional. The ideal personhood they described was autonomous and actively seeking out happiness and healthiness. They constructed themselves as rational unified selves: "consciously making decisions about one's conduct in everyday life in the quest for self-improvement and social success and integration" (Lupton, 1995, p. 8). Foucault (2008) and Rose (1999) wrote about how the modern individual has become a producer-consumer, ceaselessly engaged in activities directed at improving human capital. Foucault shows us that rather than simply acting to constrain citizens, power works to produce the kinds of citizens who are capable of behaving autonomously in accordance with a kind of freedom where choices are structured. Health is produced as the effect of practises of self-control over the body, e.g. it involves careful regulation of the naturally errant body

in line with recognised standards. Lack of self-mastery is therefore understood as a pre-disease state and a potential site of intervention. Foucault's writing about our neoliberal times, has clear implications for thinking through the kinds of selves lesbians are encouraged to be.

7.2.2. Resistant butch and creative subjectivities

That not smoking is considered 'obviously healthy', references the power of public health understandings of this activity, as it has become linked in medical knowledge to disease. The dominant construction of the cigarette in Australia, as a noxious nicotine delivery device, as the 'truth' of cigarettes has been described as a "public health triumph" (Keane, 2014, p. 2). Nonetheless, smokers are still able to create positive aesthetic and social experiences with cigarettes, as "defensive" subjects of "marginalised spaces" (Keane, 2014, p. 2). Half of my participants were regular (everyday) smokers at the time of the interviews. I describe the discourses participants drew on in relation to smoking in some detail, because higher uptake of smoking among lesbian women has been documented in research in Australia and New Zealand (Anderson, McNair, & Mitchell, 2001; Welch, Howden-Chapman, & Collings, 1998).

The smoking participants in my study, drew on alternative discourses to the healthy lifestyles and biomedical discourses, in their smoking practice. They drew on developmental psychological discourses of youth, as discussed in the previous section to justify their freedom to engage in some "unhealthy" behaviours at this time in their lives (justified by the notion that they could quit later in life). Participants also drew on social discourses, discourses resisting traditional femininity, and discourses of creativity and productivity to discuss their uptake of smoking behaviour. Mini gives an example of the social smoking discourse in play:

[Smoking is] Always a good way to connect with people... Say if I'm sober, you've got a pack of smokes in your pocket, and you meet someone that you like, and you're like, want to go outside for a cigarette? And then you can talk to them. Which is real cool. I've made heaps of friends that way, it's actually true. Because there's such negative connotations around smoking. Back when it was invented, it used to be a symbol of power and richness. Now it's taken on this whole other scope. People appreciate the fact that you're a smoker when you're a smoker and they are as well. It's like, "yay, a team of nicotine addicts (Mini).

For Mini, and most other smoking participants, smoking had a strong social significance. It was an activity that one took part in with other people to enhance connection,

communication and social desirability. The social smoking discourse has been in play since the beginning of the 20th century, and since the 1960s, has also been taken up by the tobacco industry against the biomedical health discourse (Media Texthack Group, 2014). Other discourses of smoking in circulation since that time have constructed it as a symbol of luxury, wealth and power and masculinity as well as feminism (Klein, 1995). Two participants talked about smoking as lesbian women - as a way of taking up a marginalised butch identity that resisted a dominant femininity:

[Smoking has] that sort of image, like those girls that are on The Real L Word [lesbian TV show]. When you look at someone and you're like 'man, she's really gay'. You know, all the tattoos up and down their arm, dyed hair, real thick makeup, and they all smoke. They all smoke like chimneys and I thought, "Why are you smoking? You don't need to smoke, you're too young to smoke", but they do it on the Real L and it's an image thing. I think there's something about that series that made you feel it was possible to be a bit more, maybe a bit more butch and a bit more swag maybe. To set yourself aside from that real feminine sort. Yeah, I think that was part of the reason I do it as well - it makes me feel a bit more gruntier ... Heaps of gay girls smoke. Heaps and heaps. Like I said, none of my straight friends smoke (Molly).

Molly resisted the lesbian lifestyle discourse of lesbian femininity as softness and prettiness. She positioned her smoking practice as part of her identity as a 'bit more butch' and with 'swag' or a way of carrying herself like a star. Another participant also constructed her smoking practice as 'counter-cultural' which included a rejection of lesbian femininity.

Two participants also positioned their smoking as having a productive purpose within a particular creative subjectivity. Mini describe the relationship between her smoking practice and her art practice as an 'artistic person': "As far as smoking, I would justify it as, it helps my work... I associate some of my best works of art with having had a smoke in my hand" (Mini). Mini positioned herself as creative person, for whom smoking is productive of that subjectivity, thought, inspiration and artistic practice. Mel also drew strong links between smoking and drinking and her creative identity as a musician. Similarly, Carmen also identified smoking as productive of her working identity, and as a focusing tool which improved her clarity of thinking:

[And what do you enjoy about smoking?] That five minutes of kind of just removing my thoughts from wherever they've been and refocusing. It is kind of...

that's probably why I still smoke. It does something. For some reason, it's mentally promoting (Carmen).

It can be argued that taking 5-10 minutes to refocus, as Carmen describes as facilitated by smoking, can be difficult in modern working environments. Carmen talked about smoking as providing a valid reason to leave one's desk and office during her busy working day – suggesting that valid reasons for doing so are expected (in her work environment at least). Klein (1995) wrote a book called *Cigarettes are Sublime* (1993), where he highlighted the productive and elevating possibilities contained in the time for thought and introspection that is offered by a smoking practice. Whilst acknowledging the contribution of public health and medical discourses to the prevention of illness, Klein argued that 'healthism' or healthy lifestyles have made longevity the principal measure of a 'good life'. "But another view, a dandy's perhaps, would say that living, as distinct from surviving, acquires its value from risks and sacrifices that tend to shorten life and hasten dying" (Klein, 1995, p. 3). My participants who were regular smokers acknowledged the healthy lifestyles and biomedical discourses, and drew on alternative discourses to position their smoking within lesbian and creative practices.

7.2.3. Lesbian sex is safe sex, or is it?

In addition to diet, exercise, alcohol use and smoking, another key area in which participants drew on healthy lifestyles discourses was to discuss their sexual health and the practices they did or did not take up to protect themselves. Mini identified her sense of her risk for STIs and STI checking practice in relation to having had sex with men. For Mini, being lesbian seemed to carry with it assumptions of being at low risk for sexually transmitted infection:

Got an STI check that was just after I came out. It was like the end of Year Thirteen, because that's when I came out, and I wanted to make sure that I was clean. Because I've never had unprotected sex with guys, of course. I don't know whether that's relevant but I find that it is. I just wanted to make sure that everything was all good and clear and healthy. I realized that if I was gay, I was moving into a new realm of sexuality (Mini).

Mini identified lesbian sexuality as a 'new realm' in relation to her sexual health. The identification of sexual health risk with sex with men, and corresponding 'lesbian immunity' effect, was common across interviewees. Power and colleagues (2009) also found a common perception that STIs cannot be transmitted between women despite

recent biomedical evidence to the contrary. Carmen and Jennifer also constructed lesbian sex as safe sex:

I guess for guys they're more likely to have sexual problems compared to women. Lesbians don't yeah [in terms of, like, STIs and stuff?] Yeah, definitely, yeah. A dildo can't carry around a transmitted disease, you know so I guess we have no kind of contact that is risky. (Carmen).

Yeah as a general rule I don't use protection. Even though I know about dental dams and gloves and stuff I just don't really [do you feel very at risk?] Not especially... I guess cos like as a general rule lesbians have the lowest rate of transmission for STIs (Jennifer)

A positioning of lesbian sex as safe sex, had implications for the practices the participants did or did not take up. For example, dental dams were not a viable option. Participants relied primarily on personal hygiene, monogamy and trust, with a minority of participants also engaging in regular STI testing “check-ups” which could be yearly or between long term relationships. Only two participants discussed a practice of regular cervical screening. These two women talked about cervical screening in the context of public health discourse – part of what women do to look after themselves. All of the other participants discussed their lack of cervical screening in the context of their low risk through limited or no contact with men: i.e. in the context of lesbian invisibility in discourses of sexual health.

In constructing lesbian sex as safe sex, Carmen invoked a dominant public health positioning of gay men as ‘at risk’: “I think for gay men it’s more of a necessity to go for check-ups than women”. Power (2009) suggests that silence on and a lack of biomedical and research attention to STI and HIV transmission between women has allowed these discourses to continue to circulate and that these notions can be challenged from biomedical perspectives. Largely precipitated by the HIV epidemic, the primary targets of health discourse in relation to safe sex have been gay men (Power, 2009). In Chapter Five, I showed that a public health discourse emerged to problematise gay men’s sexual practices, producing a comparative silence on issues for lesbians, in 1980s New Zealand.

Heteronormative discourses constructed ‘real sex’ as penetrative sex with a penis and produced the construction of lesbian sex as ‘not real’ and therefore, safer sex. The identification of sexual health with fertility and preventing pregnancy was also common and I suggest that this showed an intersection of public health discourses and

heteronormative discourses in relation to sexual health. Jannie stated this explicitly in identifying the very notion of ‘safe sex’ as relevant for heterosexual women only:

I think the safe sex thing is for heterosexual girls, they're more into that, more into contraception, getting the pill, use of condoms. Maybe it's because it's those girls who end up carrying babies. There's certainly the statistics that in the lesbian community STDs and issues like that are a lot rarer than in the gay community and the heterosexual one (Jannie).

That “the safe sex thing is for heterosexual girls” was recognised by other participants who acknowledged a silence about safe sex issues for lesbians in the healthy lifestyles discourse. Carmen asserts that her sex practices with women carry no risk because “A dildo can’t carry around a transmitted disease”.

Some participants, such as Mini and Jennifer, resisted a construction of ‘lesbian sex as safe sex’, and articulated a desire to be informed as to how to take care of themselves. In Chapter Four, I showed how liberal feminism constructed knowing young women who should learn about contraception, abortion and sexual health so as to be able to protect themselves from the potential harms of sexuality to their health and wellbeing as women. Public health and liberal discourses could operate together to produce a construction of lesbians as an ‘underserved group’ who are not being provided with enough information to protect their health. Jennifer recognised something of the absence of lesbians from safer-sex discourses as she highlighted the amount of information provided to gay men on how to have protected sex:

But as a community we're really not on to it in terms of safe sex. Whereas gay dudes have that whole “get it on” campaign and like free condoms at bars. Which I guess you can make dental dams out of condoms but... who even used dental dams? (Jennifer).

Molly spoke about not knowing whether or when she was at risk:

Safe sex was drummed into us at school, but I had no idea like what do gay people - like I know what gay guys do, but like do gay girls have to do anything? I don't know. I assume not (Molly).

It seemed clear that lesbians were invisible in sexual health discourse at Molly’s school. These comments about school sexuality education were common among participants, Mini said that: “Not a stitch of it was covered. Which is really awkward, because that was

when I was coming out”. Jennifer found that “there’s nothing for queer people, like you really don’t get told anything and so I’ve sort of had to learn stuff again through the internet”. Heteronormativity and public health discourses tended to produce heterosexual women and gay men as the subjects of safe sex discourse, excluding lesbians.

Another area where heteronormativity interacted with healthy lifestyles and biomedical discourses was when the participants described their experiences of being positioned as ‘patients’ in medical encounters.

7.2.4. Potentially pregnant patients

Within medical encounters, the women described how indicating that they were ‘sexually active’ was assumed to be heterosexually active unless actively contradicted – shutting down the possibility of discussion of health relevant practices for them. Doctors were seen to discuss their health in the context of pregnancy risk first and foremost, which again suggested strong heteronormative bias:

They tell you that as soon as you’re sexually active that you should go and get a smear, but then you know that assumes that you’re sexually active with like a guy, they assume that. Every time I go and see the doctor they always keep asking me if I think I’m pregnant... If they really persist I’ll say, “No, there is no way I’m pregnant because I’m gay.” But it’s almost just to sort of like get them off my back more than anything, like I’m not pregnant, like there’s no possibility, but they still, most of the time they still test you for pregnancy anyway even if you say no in my experience (Molly).

Molly’s experiences speak to the power of a coalescing of biomedical discourses of women’s health (as constituted in their fertility), and heteronormative discourses, which construct all women as innately heterosexual. Further, where their lesbian or queer identities were made known, medical professionals relied on an (often incorrect) assumption that lesbian or queer women do not have any heterosexual sex, as Jennifer describes:

My doctor who knows I’m lesbian she doesn’t ask [if I could be pregnant] because she thinks that I only date women. I guess some of the other times... there are times where I feel like I should have been asked but I haven’t been. Probably just because I look visibly queer, so people assume you’re probably not pregnant. It’s quite funny, I’ve had x-rays and stuff, and it’s like you are definitely supposed to ask me! (Jennifer).

The heteronormative experiences around sexual health described above are not surprising when it is considered that current health policy seems to construct young women as

primarily potentially reproductive beings. For example the Taranaki Taiohi (young people's) Health Strategy (Taranaki District Health Board, 2012) equates healthy sexuality with a reduction in teen pregnancy. I argue that the healthy lifestyles discourse participants drew on was heteronormative in that it excluded the needs and concerns of lesbian women. The participants showed that links between health and sexuality as represented in the media and in schools were predominantly heterosexual (about condoms and preventing pregnancy).

7.3. Subjects of societal health and wellbeing

Three participants drew on a political and contextual understanding of health as produced and constructed within social systems of race, class, gender and sexuality. Similar to the holistic and community health discourses I identified in the 1970s and 1980s datasets, within this political and contextual understanding, health and wellbeing were held to be a product of culture, norms, setting, time and place. Jennifer drew on the societal health discourse when she talked about the influence of societal inequality on health and wellbeing as follows:

Health is about reducing and removing oppression, that comes back to my philosophy of an intersectional feminism. I'm pretty vehemently anti-racist and anti-classist, and anti-sexist I guess, but anti-cissexist, anti-heterosexist, all those kinds of labels. I don't really know how to solve a lot of those problems because I think that they are really inherently linked into how society's structured and run...I guess queer politics is – I don't think it's even primarily about queer people – well it is, it is firstly about helping queer people, but through doing that and through dismantling structures which are harmful to queer people's health, you are helping everybody else as well, because you are removing something which is harmful from society, and allowing everybody to be a bit less oppressed, which is important (Jennifer).

Jennifer also identified oppressive heteronormativity as intersecting with other oppressions based on race and class. A political/contextual language of intersectional feminism allowed Jennifer to problematise structural inequality as a lesbian health and wellbeing issue. Jennifer's identification of multiple oppressions as shaping health and wellbeing is a hallmark of the holistic health discourses which my data has shown had a strong position in 1980s New Zealand (Chapter Five). The women's holistic health movement in the 1980s, emphasised lesbian health as an environmentally produced, multifaceted phenomenon. The societal health discourse holds, as Rubin (1998) stated, that "Sexuality is impervious to political analysis so long as it is primarily conceived as a biological phenomenon or an aspect of individual psychology" (p. 106). My participants

drew on this discourse with a queer twist – to emphasise the impact of heteronormativity on health specifically.

Tegan drew on the societal health discourse to discuss her health and wellbeing as socially produced:

As for me, ensuring queer people have health and wellbeing is probably more about changing how society treats us than giving us treatments because I think the worst depression and anxiety and stuff comes from little looks that you get from people and comments that people make. And I think if we can make queer people exposed to that sort of stuff less then we don't have that overacting kind of narrative about us being less human than other people... I don't actually know the figures but it seems like among my queer friends a lot have anxiety issues and depression issues. Even though I don't know anything about health, I have feeling that it's those messages that make us feel a lot less sometimes... (Tegan).

Tegan referred to the disciplinary power that flows through the heteronormative discourses and entitles people to comment on, stare at and seek to re-align individuals they perceive as outside the norm with their normative understandings. She argued that the “little looks that you get from people and comments that people make” have material effects in queer people lives, because they make them feel like lesser human beings and cause them anxiety and depression.

In this understanding, it is society and its promotion of heteronormative practices of violence and surveillance that are problematised in relation to lesbian health. Tegan also identified how heteronormative discourses construct a hierarchy of more and less acceptable identities within the LGBT community itself. She contrasted lesbian subject positions with transgender and genderqueer identities, arguing that trans experience of gender runs so contrary to heteronormative discourses that the beating and murder of trans people can be more easily justified. In *Gender Trouble* (2006), Judith Butler formulated the concept of the heterosexual matrix (sexuality hierarchies that are made intelligible through gender norms – e.g. male = masculine = heterosexual). Later, in *Bodies That Matter* (2011), she referred to a ‘heterosexual hegemony’. Butler’s work was picked up by Jennifer and Tegan to argue that heteronormative discourse produces oppressive normative frameworks in society that cause harm to people who do not fit within them. The concept of ‘normative violence’ follows from Butler’s analysis of the power of norms to enable and restrict life. If norms tell us what we can and cannot do at the most personal

and intimate level of life, e.g. sexuality, love, desire, dreams, ambitions, they also produce violence upon those bodies that break the norm.

Jennifer also drew on the societal health discourse, to resist biomedical and healthy lifestyles discourses about healthy bodies and what they should look like based on biomedical metrics e.g.: slim and toned:

A doctor was quite rude to me about my weight and at the time I wasn't healthy, but that was because I was sick, not because I'm fat... he was definitely one of those people who was like: "Oh you are fat, you are probably really unhealthy, you have probably got a problem with your heart". When it turned out I had glandular fever... I've been fat my whole life, and it had never affected my health. I guess fat acceptance became quite important to me because that's another thing that people are like super judgmental about without real cause, it's one of the last frontiers - A form of oppression that pretty much everyone still thinks is fine, whereas people being bigoted towards gay people and things, most people would say: "Hey that's not okay". But a lot of people still think it's fine to be bigoted towards fat people, because they say: "Oh it's for your health" and it's not really. Secondly, someone else's health is not really your business. And someone being fat doesn't necessarily mean that they are unhealthy (Jennifer).

The societal health discourse allowed the participants to argue that there was much more to health and wellbeing than engaging in particular practices or attaining a certain weight or body type. This framing of health, resists public health narratives of a normative "healthy weight" (e.g. that proffered by the BMI metric) that can be achieved by anyone who follows a particular diet and exercise plan. Instead, it allowed Jennifer to view "healthy weight" as a cultural construct of oppressive social norms around women's bodies.

The participants who drew on the societal health discourse, critiqued the ways in which those advocating for 'marriage equality' equated having access to the institution of marriage with 'equality'. They argued that a narrow focus on the right to marriage could obscure the broader issues of heteronormativity that are in play affecting their wellbeing:

The other thing that annoys me about the marriage equality thing is that I know a few people who have died because they're gay or transgender and I know there are a whole lot of horrible issues with being able to be who you are. It just seems like if people are complaining that they can't buy into marriage and that's their biggest problem, I think they're really quite lucky [laughs] And I think maybe there's other things to do with wellbeing. It seems like all of a sudden all of these activists are putting all their energy into being able to get married and it's like,

well, if people are still dying because of who they are, maybe that's more important. It's kind of frustrating ... I think marriage equality is important, because that talks about people in a way that tells everyone else that they're the same but... I guess I think it's always more complicated than that (Tegan).

Tegan argued that regardless of access to the institution of marriage, queer people are still subjected to heteronormative marginalisation which can have severe, even deadly, health and wellbeing effects in their lives.

Tegan and Jennifer both talked about heteronormativity as an unhealthy environment for those queer people who do not fit in. The societal health discourse allowed gender and sexuality norms to be spoken about as issues that affect their wellbeing. These notions resonated strongly with the radical feminist catch cry of 'the personal is political' identified in the 1970s and 1980s data analysis (Chapters Four and Five), meaning that personal issues can and do have political relevance and connection to broader social issues. Jennifer stated this explicitly:

Being queer for me is both a personal experience and a political thing in relation to my wellbeing, because it affects and impacts so much of how I spend my time in the world and how I am treated by the world, and how I respond to the world, and so of course yeah it comes up a lot. But I mean I do other things as well, I do have other hobbies [laughs] (Jennifer).

The essence of the societal health discourse is that social context, particularly heteronormativity, is a key determinant of health and wellbeing for lesbians.

7.4. Conclusion

Despite moves towards equality in New Zealand, my findings clearly show that heteronormativity is still present and has real effects on women's lives. Health discourses, which acknowledge and speak about the effects of heteronormativity on women's health were marginal in comparison to psychological and health promotion discourses which located health and wellbeing issues within individual women themselves. The effect of this was to make the issues that lesbians do still face in society less visible and to focus attention and talk around the health behaviours of the women themselves, and not on the unhealthy discursive systems which devalue their identities.

Foucault held that challenges to disciplines, such as psychology and biomedicine must be articulated to enable "struggle against the coercion of a unitary, formal, and scientific

theoretical discourse.” (Foucault in *Dits et écrits*, 1994, cited in Christofferson, 2016). When the two women positioned themselves as queer, they claimed poststructural fluidity and flexibility in both their gender and their sexualities. They refuted the notions of any fixed essential homosexuality and essential womanhood in favour of socially constructed and contested realities. A poststructural queer discourse was therefore capable of challenging aspects of developmental psychological health: such as congruence and authenticity. A societal health discourse was available for two women, enabling them to challenge the health promotion and psychological discourses of health: highlighting the way that socio-political factors have material effects on their health and wellbeing through heteronormativity.

In the next chapter, I will discuss the possibilities and constraints that I have identified in relation to lesbian health and wellbeing in New Zealand, drawing on the findings I have presented.

CHAPTER EIGHT: A DISCUSSION OF THE POSSIBILITIES AND CONSTRAINTS FOR YOUNG LESBIAN HEALTH AND WELLBEING IN NEW ZEALAND

Lesbians can get married, but does that make the world a safer and better place for women? (Te Awakotuku, 2016)

8.1. Introduction

The last three decades have seen shifts in public acceptance and the legislation of rights in relation to sexuality in New Zealand. Even so, health literature since 2000 positions young lesbians (and all other sexual minority populations) as subjects of heteronormative marginalisation and ‘minority stress’ which compromises their health and wellbeing (Chapter Three). In Chapter Two I positioned this thesis within a poststructural feminist research tradition drawing on a Foucauldian concept of genealogy. I asked, what are the discourses in play in relation to the health and wellbeing of young lesbian identified women in New Zealand?

Foucault defined genealogy as “a sort of enterprise for desubjugating historical knowledges and setting them free, that is to say capable of opposition and of struggle against the coercion of a unitary, formal, and scientific theoretical discourse” (Foucault, 1994, cited in Christofferson, 2016, p. 17). I have shown that lesbian sexuality, health and wellbeing have been contested and contextual phenomena. In Chapters Four, Five, Six and Seven, I demonstrated the discursive multiplicity of possibilities and constraints for young lesbians in New Zealand, both within and between each of the three time periods I have examined.

In this chapter I pose some key questions raised by the presence and absence of the discourses of sexuality, health and wellbeing across the historical datasets I analysed. Foucault (1988a) commented that conducting a genealogical critique “is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest.” (p. 155). Histories of the present permit us to continue to explore what else might be possible. I present some overall conclusions and implications of my findings, as well as suggestions for future health research, policy and practice that may continue this exploration of the possibilities for lesbian health and wellbeing.

The necessarily partial nature of my history of the present

Within a poststructural feminist perspective, partiality and intersectionality are promoted in place of any totalising claims to knowledge or the truth. The history of the present I have constructed here, draws on specific texts produced at times that I have identified as productive for lesbian health discourses in New Zealand. Different kinds of texts may well have offered up other discourses operating in different spaces. Importantly for feminist projects, genealogies allow the partial truths of specific and historical lesbian subject positions to be examined for what they can offer health and wellbeing. Relinquishing claims to speak the truth about the nature of lesbian sexuality, health and wellbeing, avoids seeking to explain or justify existing relations, in favour of opening up possibilities for women.

Following Foucault, the process of searching out the discursive conditions for thinking, being and doing in the present is never ending. Future research should continue to take up the inquiry into young lesbian health and wellbeing in New Zealand from perspectives that can hold multiplicity, and encourage critique.

8.2. The limitations of the gay rights discursive framework in New Zealand

The notion of gay rights has effectively brought about increasing recognition and acceptance of the status and dignity of lesbians in New Zealand. While the dominance of the discursive framework of gay rights in New Zealand has certainly produced important possibilities for lesbian health and wellbeing, I suggest that it has failed to effectively challenge/resist powerful heteronormative discourses, which continue to constitute a significant health issue for these young women. I argue that the primacy of gay rights in thinking about lesbian health and wellbeing issues is a key notion that could benefit from disruption, so as to allow space for alternative discourses which may offer new possibilities for lesbian health.

In Chapter Five, I showed how rights discourses permeated the construction of lesbian sexuality in the 1980s *Broadsheet* dataset. To be able to argue that homosexuality is not a choice has enabled powerful resistance to Christian and moral narratives evident in the 1980s *Hansard* data (Chapter Five), which cast homosexuality as the result of upbringing and therefore capable of being treated or corrected. Resistance to the medical and psychiatric pathologisation of homosexuality in New Zealand has relied heavily on the notion of gay rights, which is supported by both the biological and sexological narratives

of innate sexuality and a downplaying of the ways in which sexuality can be socially constructed (Guy, 2002; Laurie, 2003). In Chapter Six, I showed how rights discourses dominated the participants' talk in 2012, emphasising their legitimacy as lesbians who are part of a sexual minority group in society.

Eve Sedgwick has argued that there are two main types of discourse that recur and guide sexuality: the "minoritizing" discourses and the "universalizing" discourses (Sedgwick, 1990, p. 1). Gay rights discourse constitutes a minoritising view of homosexuality: seeing the issue of homo/hetero distinction as the concern of a small, distinct, fixed homosexual minority. The minoritising view holds that certain individuals are truly born homosexual and only those born with these traits share an interest in homosexuality. The universalising view stresses that homosexuality is important to persons with a wide range of sexualities. This view challenges the stable erotic identity, and posits universal possibilities and constraints around sexualities. Modern understandings of sexuality are a complex and contradictory conversation between minoritising and universalising discourses which produce different answers to the question: "In whose lives is homo/hetero definition an issue of continuing centrality and difficulty?" (Sedgwick, 1990, p. 331). Minoritising discourses of homosexuality are a part of heteronormativity and they have withstood many efforts to deconstruct them as such because they are key to defining and upholding the majority heterosexual position (Sedgwick, 1990).

A dominant gay spectrum discourse which draws heavily on the notion of rights, has obscured discourses naming and articulating the compulsory and institutionalised nature of heterosexuality in our culture. These notions were more present in the 1970s and 1980s *Broadsheet* data (Chapters Four and Five). An international gay rights movement has depended on a definition of homosexual people as a distinct "arguably far beyond any cognitively or politically enabling effects on the people whom it claims to describe" (Sedgwick, 1990, p. 83). The model of a distinct minority lesbian identity was problematised by radical feminism in its claim that heterosexuality is compulsory, and has continued to be problematised by two significant assertions of queer theorists: that identity is malleable and performative (Butler, 1990), and that subcultural identity is always constructed in interaction with the dominant culture (Sedgwick, 1990).

Foucault problematised the notion of gay rights, as largely ineffective in resisting disciplinary power or discrimination against gay people. Foucault's attribution of only a

limited political efficaciousness to rights, stands in opposition to the “conventional liberal fetishization of rights as the sine qua non of social justice” (McNay, 2009, p. 71). He argued that gay rights codified in law could not achieve a final state of equality for all subjects of sexuality because there are many more forms of power other than juridical (legal) power in the social world, e.g. the discursive power represented by heteronormativity. In an October 1981 interview with French gay magazine *Gai Pied*, Foucault (1997b) suggested, in quite explicit terms, that the “battle for gay rights” was simply “an episode” in a larger, longer struggle, and that it “cannot be the final stage” (p. 157). To truly succeed, this struggle must look beyond the law, as protection or as prohibition, and address the deeper cultural norms, ethical categories, and emotional practices that ground and limit our sexual choices: “...it’s not only a matter of integrating this strange little practice of making love with someone of the same sex into pre-existing cultures; it’s a matter of constructing cultural forms” (Foucault, 1997b, p. 157).

The notion of rights can serve a strategic purpose in bestowing a legitimacy upon marginal identities and practices. This legitimacy conferred upon certain lesbian subjects can be seen now in New Zealand, where lesbian identified couples can invoke civil union, marriage and a protected citizenship. However even though lesbian participants in this study could invoke all this legitimacy, they still experienced the constraining effects of being positioned by heteronormative discourses, particularly in certain public and quasi-public spaces. These discourses determined where they felt safe to work and socialise and positioned them as objects of harassment and violence. While the dominance of the discursive framework of gay rights around sexuality has certainly produced possibilities for these lesbians’ health and wellbeing, it has also obscured some constraints along with other discourses of sexuality health and wellbeing. These ideas lead to a greater complexity in conceptualising the power relations we live with day to day. An advantage of the genealogical and post structural approach I have taken is that it has made the operation of these discursive power relations more visible.

8.3. Troubling lesbian postfeminism

In Chapter Six I explored how the majority of the young women who identified as lesbians in 2012 positioned themselves within discourses of femininity, and the lesbian family. I argued that these discourses can be seen as broadly postfeminist. Since the 1970s, a feminist backlash is said to have occurred in which the notion of women’s empowerment has been co-opted by market forces and further identified with individual choice (Faludi,

1991, 2009). Postfeminism implies that systematic and structural factors disadvantaging women have largely been addressed (Faludi, 2009). It holds that remaining differences between women and men should be understood as a result of the free exercise of ‘choice’ (Stuart & Donaghue, 2012). As a result, “for postfeminists... gender differences, such as wanting to look sexy and flirt, are playful, stylistic, and unrelated to the operations of social power and authority. Women, if they so choose, can work, talk, and have sex “like men” while still maintaining all the privileges associated with being an attractive woman.” (Gerhard, 2005, p. 37). I wish to acknowledge the acceptance and status in their families and society that participants were able to access through their positioning within lesbian postfeminism. Waring (2011) has referred to the “dignity of inclusion” in society and its structures and systems as important for wellbeing. Simultaneously, I also wish to problematise lesbian postfeminism, from a poststructural feminist perspective.

That participants held acceptable lesbians to be those who reproduce gender norms for women is problematic in the context of heteronormativity. Feminist scholarship on compulsory heterosexuality and heteronormativity consistently finds that traditional gender arrangements, beliefs, and behaviours reinforce patriarchal discourses and women’s sexual subordination to men (Hlavka, 2014). A strong body of literature has highlighted that women can be made subject to intense moralising regulation when they take up positions of wife and mother (e.g. T. Miller, 2007; Raddon, 2002; Glenda Wall, 2001). Sexualised representations of women tend to rely on heterosexist, phallogentric and patriarchal assumptions (Gill, 2009c; Levy, 2005). For example, Farvid (2011) summarises how across a large number of studies in the field:

...there seems to be a very narrow definition of what is being represented as ‘sexy’ and desirable femininity, which is increasingly tied to women’s bodily appearance (white, blonde, slim, toned hairless body, with large often surgically altered breasts). Similarly, the masculine ideal that is promoted is often aggressive, muscular, sex-focused and hedonistic (p. 23).

The visibility of a particular lesbian ‘feminine-chic’ aesthetic - emerging in the U.S in popular media around the year 2000 - has already been identified as a component of postfeminism (McKenna, 2002). Young women have differentiated themselves from older feminist lesbians and a lesbian community who they perceived as political and neglectful of aesthetic taste, constructing themselves as apolitical and ‘sexy’ (Luzzato & Gvion, 2007). In New Zealand, constructions of the ‘hot lesbian’ in the talk of young

school aged girls and boys in New Zealand has been shown to disregard lesbian desire and to bolster heteronormative discourses (Sue Jackson & Gilbertson, 2009).

This thesis adds to feminist scholarship highlighting the problematic nature of taking up postfeminist lesbian discourses in the context of women's continued subjection to both heteronormative and patriarchal discourses. Postfeminist representations of women are generally held to be strongly apolitical and individualistic. Subject positions that have been identified include: the 'sexy professional female' and the 'family oriented traditional woman', who are both defined positively against the 'frustrated unstable career woman', and the 'masculine angry feminist' (McKenna, 2002). The subject positions available within lesbian post feminism, created strong demarcations between lesbian femininity and feminism, such that when participants drew on the postfeminist lesbian discourses this all but necessitated a rejection of feminism. The denigration of lesbianism as synonymous with outdated feminist positions is not only a central part of postfeminism but has also been discussed as a "cornerstone" of heteronormative dichotomies of "the good/bad lesbian" (McKenna, 2002, p. 289).

In Chapter Six I mentioned that the popular New Zealand magazine *Metro*, drew on postfeminist lesbian discourses when it published an article celebrating how "Sappho has never looked hotter" (Chisholm, 2010, p. 52). Later that year, a response to this piece appeared in *Gay Express* (a New Zealand national monthly magazine), charging *Metro* with supporting an increasingly narrow and stigmatising view of young lesbian women: "What really got me was the degrading attitude towards other kinds of lesbian (outside of 'lipstick lesbians')"; "There was no diversity. It wasn't a true reflection of what our community is like" (O'Brien, 2010, p. 10). My research supports the suggestion that the range of possibilities for women who fit outside of what one participant described as the "typical party girl who is feminine" wears "lipstick and dresses" and "looks good" (Chapter Six), is being constrained by dominant discourses of postfeminist lesbian femininity in New Zealand. Poststructural and queer theories have suggested ways of rethinking gender and sexual identities that allow for different approaches to lesbian genders and their relationship to dominant heterosexuality (e.g. Butler, 1990; de Lauretis, 1988). Notions of butch and femme can be theorised, along with drag and certain transgendered practices, as transgressive examples of gender performativity in action. That postfeminist discourses restricted the ability of women to take up 'butch', alternative

or more masculine positions is important as these sorts of practices can resist heteronormative gender norms.

The romanticisation of heterosexuality, the nuclear family, and motherhood is another core component of postfeminism (Dow, 1996). My findings show that for these young lesbian identified women, the publically and legally sanctioned availability of lesbian marriage seems to have pushed lesbian relationships further under the rubric of ‘the family’ represented through monogamous coupledness (Chapter Six). Participants who drew on the dominant postfeminist discourses were not aspiring to form a kind of family that could be outside of the heteronormalised relationship forms such as marriage. The postfeminist lesbian lifestyle discourses, because they privatised sexuality (that is, located it within one’s personal choices and the home and family), operated to shut down possibilities for the women to conceptualise issues beyond their family that impacted them. This had the effect of silencing discourses which identified issues such as sexual harassment and discrimination against lesbians as problematic.

In *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life*, Warner (1999) noted that same-sex marriage had gone from a total non-issue for the gay world of the early 1990s, to the central item of gay activism in the Western world. Jagose (2000) questioned how same-sex marriage has been packaged as an indisputable and near evolutionary development in anti-homophobic reform. For Warner, the alignment of human rights and gay rights organisations, with economically enabled white gay men, has created a network of support that has played down dissent in the LGBT community.

Celebrating gay and lesbian identity, or sexual orientation, was already a way to screen non-normative sexuality out of the picture. Marriage is the perfect extension of that politics. It confers status on people by rendering sex invisibly private and presumptively normative. And it gives people that status at the expense of others, while pretending merely to honor their private love and commitment (Warner interviewed in Jagose, 2000).

From this perspective, marriage can be seen as offering potent social, economic and legal privileges which are obtained at the expense of those sexual/social formations that “fall outside the normalizing architectures of marriagability” (Jagose, 2000, p. para 7). Marriage is therefore, an inherently discriminatory system that confers status with normative force. The position of lesbian wives, who articulate that marriage is just a private choice, or a personal right, then becomes deeply problematic. It is problematic to

suggest, from a postfeminist lesbian perspective, that participating in, reviving and perpetuating the marriage institution has no consequences for others.

8.3.1. Whatever happened to lesbian non-monogamies?

Radical feminists have long argued that the marriage form itself, is heteronormative and patriarchal. I have shown in Chapters Four and Five that in New Zealand during the 1970s and 1980s, heterosexuality and its institutions were identified as key sites of women's subordination. At these times, the problems of subscribing to traditional gendered subject positions were explored in depth. Feminists sought to enhance women's sexual autonomy separated from their childbearing role, to secure the right to define their own sexualities, to resist sexual coercion and exploitation, to contest male-defined definitions of sexual pleasures and practices and to explore their own desires. Lesbian marriage (as a contract between two individuals and the state), extolled in the talk of the young participants in Chapter Six, is a much narrower position to take up.

Political critiques of monogamy and marriage, such as the radical lesbian feminist one which took place in *Broadsheet* in the 1980s (Chapter Five), and discussed in Chapter Three, follow from the ways in which monogamy could be located in that specific cultural and historical moment. Feminist and/or Marxist arguments for alternative ways of relating positioned monogamy as serving patriarchal and capitalist systems (e.g. Firestone, 1970). Drawing on Engels (1978), Munson and Stelbourn (1999) argued in their book *The Lesbian Polyamory Reader* that current forms of monogamy came into being historically, because of the need for women to care for the current and future workforce without being paid. Monogamy “privileges the interests of both men and capitalism, operating as it does through the mechanisms of exclusivity, possessiveness and jealousy, all filtered through the rose-tinted lens of romance” (Robinson, 1997, p. 144). Robinson (1997) and Mint (2010) both argued that the social construction of jealousy in intimate relationships maintained women’s emotional and financial dependence on men.

Foucault held that the institutionalisation of family and marriage relationships had impoverished the relationship forms that are available to all people (Foucault, 1997b). Halperin summarised Foucault’s challenge that a goal could instead be to:

...make ourselves infinitely more susceptible to pleasures and, accordingly to devise relationships that might offer strategies for enhancing pleasure and might enable us to escape the ready-made formulas already available to us – formulas

which offer no alternative to purely sexual encounters, on the one hand, and the merging of identities in love, on the other (Halperin, 1995, p. 81).

I am mindful of Foucault's assertion that any institutionalisation of intimacy has the effect of reducing the relationship forms that are available to people. It is not a matter of devaluing or deriding lesbians' uptake of discourses and practices of marriage and monogamy, especially in the context of the dignity and safety of inclusion that is afforded by such positions. It is important to point out that these positions also reproduce heteronormative relationship forms and do not challenge patriarchal institutions.

My findings in Chapter Six show that the notion of lesbian anti-monogamy as a radical challenge to compulsory heterosexuality does seem to have been marginalised. Rosa (1994) holds that monogamous relationships separate women from friendships, networks and communities through which they might engage in political activism, and challenge problematic discourses. In this way, such arguments relate to a wider Foucauldian perspective whereby self-monitoring and scrutiny of the couple relationship keeps people from wider critical engagement with society. Foucault's writing raises the question: in a society in which the only relations recognized are marriage and family, where can homosexual relationships also be validated? He suggested that perhaps it is not a matter of integrating homosexual relations into pre-existing frameworks, but of imagining new ways of being in relation with others.

The forgoing leads to the question: How might imagining and practicing new lesbian cultural forms be done? Some authors on lesbian, gay and bisexual non-monogamies have presented these as potentially liberating and empowering alternatives to monogamy. In *The Lesbian Polyamory Reader*, Munson and Stelbourn (1999) argue that lesbians could be well placed to embrace polyamory because of the dual patriarchal and heteronormative dynamics inherent in monogamous relationships. Heaphy, Donovan and Weeks (2004) argue that same-sex relationships allowed their lesbian and gay participants the freedom needed to construct their relationships "from scratch" (p. 168). Heaphy and colleagues propose that this took place because the participants were already having to question societal rules around relating outside heteronormativity. These authors describe same-sex relationships as enabling participants to be creative, free and reflexive, building egalitarian and democratic families of choice and personal networks through an ethics of trust and negotiation. My study shows that this is not necessarily the case. In contrast,

young women who identified as lesbian in this study tended to construct their identities and relationships within the heteronormative forms available to them, particularly monogamy and the marriage relationship form.

Using feminism's emphasis on sex/gender discourses, though appropriately challenged by the multiple intersecting ways in which women can be positioned by other differences and discourses, "did open up a critical space – a conceptual, representational and erotic space – in which women could address themselves to women. And in the very act of assuming and speaking from the position of a subject, a woman could concurrently recognise women as subjects and as objects of feminine desire" (de Lauretis, 1988, p. 155). I argue that this space represented an important challenge to heteronormative discourse through the curiosity and possibilities it could create for other forms of relating to each other.

8.3.1. Queer lesbians and poststructural possibilities

Notions of postfeminist lesbian sexuality were not uncontested among young women in this study. A minority (two of the fifteen women) identified as 'queer lesbians' and drew on poststructural discourses to take up shifting contextual sexuality and gender identification. The availability of the poststructural discourse of gender and sexuality identified sexuality and gender as socially produced (related to the positions that are offered to us to take up within social situations). Lesbian sexuality was constructed as context dependent. Drawing on this position, the relationship between sexuality and wellbeing was produced as relational, taking place between individuals and between individuals and institutions, and subject to change. The two participants in this study who drew on a poststructural discourse to position themselves as queer lesbian subjects resisted a naturalised system of sexual identity categories (straight, lesbian, gay), which they held restrictively categorised and stabilised people's desires, privileging those that adhere to heteronormative proscriptions. Queer lesbian positioning held important possibilities for resistance to discourses, such as postfeminism which sought to fix and restrict what intimate relationships for women entail.

That resistance to heteronormative and fixed sexual subjectivities seems to be continuing among some young lesbians today is important in relation to expanding the possibilities for these young women. Jackson (1999), MacBride-Stewart (2007a) and Zita (1998) argue that both queer and social constructionist radical feminism "question the ways in

which male dominated heterosexuality is routinely normalised” in institutionalised relationship forms (Stevi Jackson, 1999, para 6.5). Butler (2004) suggests that revealing forms of gender and sexualities and strategies that elude or refute the prescriptions that heteronormativity sets up, will destabilise the heterosexual matrix (a similar concept to compulsory heterosexuality). Positions of queer lesbianism for the two participants operated to destabilise heteronormative boundaries of sexuality, e.g. positioning as either gay or straight, through destabilising gender identification. Additionally, a queer positioning made practices of non-monogamy and queer polyamory possible for women to consider engaging in.

The queer poststructural discourse lent itself particularly to placing the spotlight on the ways in which heteronormativity renders all alternative positions to heterosexuality and gender normativity problematic, ‘other’ and marginal. However, its operation seemed to be restricted to academic environments, as participants pointed out. The queer discourse has been identified as having limited circulation in New Zealand, being most identifiable in academia e.g. women’s studies, culture and media studies (Semp, 2006).

Further, the queer discourse complicated possibilities for lesbian collective resistance to patriarchal discourses. Queer discourse claims that, “without the distinction of gender, heterosexuality, lesbianism and homosexuality would have no meaning, no social existence” (Stevi Jackson, 1999, para 6.5). I identify queer discourse as contesting the possibilities for lesbians to situate themselves within fixed notions of womanhood in order to claim space as lesbian women. Queer discourse implicated lesbian identities in hetero/gender normative binaries and normativity. Womanhood was therefore a problematised position to take up.

My findings suggest that effective analysis and critique of heterosexuality, as played out in the lives of young women who identify as lesbian, must be careful to address both heteronormativity and the gendered effects of male dominance and patriarchy. For these young women, their same-sex desire also required the social, cultural and subjective recognition of their position as women. Patriarchal discourses continued to ensure that a woman on the street, a public space and by default a space infused with discourses of masculinity, remains fair game for harassment and violence.

8.4. Problematizing lesbian psychological subjects

When participants in my study drew on the psychological discourse they identified an authentic and congruent lesbian subjectivity, as synonymous with lesbian health and wellbeing. They produced themselves as psychological subjects who engaged in practices of self-knowledge, improving self-confidence, openness and speaking essential lesbian ‘truth’ by ‘coming out’. Participants produced themselves as objects of psychological knowledge, invested with key modifiable indicators of health such as ‘confidence’ and ‘coping mechanisms’. The women in my study talked about how they learned to seek out self-help information in libraries and on the internet. They also sought professional psychological support for guidance in order to ‘speak their truth’ and practice being open and comfortable with who they are. In doing so, they produced themselves in alignment with one of the most dominant discursive constructions for health in the Western world (Lupton, 1995; Lupton & Chapman, 1995; Metzl, Kirkland, & Kirkland, 2010; Rose, 1998, 2007).

Psychological discourses of lesbian health and wellbeing as authenticity and congruence have become mainstream. Even as I write this section, internationally acclaimed author Elizabeth Gilbert, of famous memoir “*Eat, Pray Love*”, is drawing on them to describe her need for her lesbian relationship with long-time best friend Rayya Elias to be known publically. To become known is to maintain herself as a person of “integrity” and “sanity”:

For reasons of my own integrity and sanity, I need to be able to walk into any room in the world with Rayya on my arm, feeling relaxed enough to stand comfortably in simple openness about who we actually are to each other (Gilbert, 2016).

That the young women who identified as lesbian were able to take up psychological discourses and practices to shape their personal health and wellbeing as authentic and congruent lesbians, represents a narrowing in the health discourses that were available to them. In Chapter Three, I showed how psychological discourses have operated to marginalise ‘sick lesbians’, as well normalise ‘well adjusted’ young, well-educated, lesbian professionals in long term monogamous relationships. The ‘well adjusted’ lesbian was championed by human rights discourses in the mid-1980s to produce heteronormative constructions of ‘acceptable homosexuality’ (Chapter Five).

In 2012 a dominant psychological discourse, as drawn on by the young women in this study, operated to position 'coming out' as lesbian as a moment of personal achievement. It was a notion of psychological wholeness or self-actualization after which (and only after which) a lesbian could become her true, complete self. This trope is then used to justify a cultural expectation that lesbians will embody authenticity and congruence for their own health and wellbeing. An increasingly psychological lesbian subjectivity has been suggested by Hillier's Australian national survey research, which has shown shifts in young same-sex-attracted women having the expectation that they will be able to lead authentic, fulfilling lives connected to others who know and accept them for who they are (Hillier, 2010). Similarly, MacBride-Stewart (2007b) explored a small group of 16 adult lesbians' constructions of health and wellbeing in New Zealand and found that a dominant account was one of 'an out lesbian is a healthy lesbian' – a largely internal process of self-acceptance and becoming comfortable with a known lesbian identity. The motto of New Zealand's national queer youth support agency Rainbow Youth is "Know who you are, be who you are" (RainbowYOUTH, 2016).

Key to 'coming out' as practice of health and wellbeing, was the belief that one can and should, with the help of experts, tell the truth about oneself. Although Foucault never specifically addressed 'coming out' as we understand it today, this kind of confession, for Foucault, functioned not only as a mechanism of articulating, but also making truth as well as establishing one's own credibility and authenticity. In other words, it is problematic to say that people 'come out' for their own wellbeing. Foucault and other writers have drawn attention to important constraints linked with these sorts of psychological ways of knowing, understanding and experiencing the world. Foucault (1978) argued that "Western man has become a confessing animal" (p. 59).

Nickolas Rose has been particularly prolific in his extension of Foucault's criticism of psychology as a confessional technique of power (Rose, 1998, 1999). The psychological practices participants engaged in were technologies of the self - particular types of discourses and techniques that involve "knowing oneself, attending to oneself, transforming oneself" (McLaren, 2002, p. 73). Foucault (1988b) argued that psychological technologies place subjects within a network of power relations with those who claim to be able to extract and interpret the truth of their sexuality, e.g. counsellors, or therapists. Mental health experts are positioned as managers of the conditions for

young lesbian's emotional wellbeing, potentially disempowering families and communities (Fullagar, 2005).

In this study, practices of psy knowledge (psychiatry, psychology, psychotherapy) enabled participants to divide themselves along the lines of those who felt they were comfortable enough with their sexuality and functioning 'normally', and those who felt they needed extra support. Rose and others are concerned with the way the psy disciplines have a scientific history of producing our notions of normal and pathology, ordered and disordered behaviour and proper and distorted perception. They maintain that psy practices of dividing up, of inclusion and exclusion, enable authoritative divisions between "the sayable and the unsayable, the thinkable and the unthinkable" (Rose, 1988, p. 180), and that these form shared strategic ground with technologies of the governance of populations (McIlvenny, Klausen, & Lindegaard, 2016).

Foucault held that it is vitally important to analyse the interplay of technologies of the self and techniques of domination (Foucault, 1997a). Throughout this thesis heteronormativity and patriarchal discourses have been identified as techniques of domination that constrained health and wellbeing for young lesbian identified women. When the lesbian women I interviewed situated their health within a psychological framework of authenticity, they constructed their health as an individual and personal phenomenon. This represents an important contradiction between the desire and imperative to be open about one's sexuality to be healthy, and the real environmental constraints on that openness.

In Chapter Three I showed how within psychological discourse, concealment of lesbianism was framed as a maladaptive psychological coping strategy among young lesbians (Hetrick & Martin, 1987; Safren & Pantalone, 2006) that came with costs such as distress and suicidality (Morris, Waldo, & Rothblum, 2001) and reduced cognitive and physical performance (Critcher & Ferguson, 2011). The psychological construction of the health benefits of fashioning a coherent and known identity does not adequately attend to the difficulties produced by the heteronormative discourse against which the young women must achieve this psychological health. Petrella (2007) has analysed the call for self-awareness and honest communication in self-help texts, pointing out that this fails to appreciate the ways in which emotions and desires are socially constructed within power relations. She argues that self-help texts are naive in suggesting that oppressive

circumstances are something that can easily be overthrown once understood. Like MacBride-Stewart (2007) and in line with Celia Kitzinger's (1987) influential work on the limits of liberal discourse, I identify the psychological discourse of self-acceptance as promoting a decontextualized and depoliticised health subjectivity.

In Chapters Four and Five I showed how radical lesbian discourse in the '70s and '80s in New Zealand made lesbian visibility into a political rather than a personal tool, connected to the creation of women's communities and a feminist movement for social change. The key message was that personal pain, more often than not, has political origins in women's lives that are linked to their position within heteronormative and patriarchal systems and spaces. In *The Social Construction of Lesbianism*, Celia Kitzinger (1987) launched a provocative critique of the then emerging field of 'gay affirmative' psychology. Kitzinger documented a shift from a pathological to a gay affirmative model of lesbianism (between 1970 and the mid 1980s), arguing that gay affirmative research represented a new development in the oppression of lesbians. She maintained that gay affirmative psychology prevented lesbian women from recognising the possibility of challenging patriarchy and compulsory heterosexuality and from identifying their collective oppression. Within the psychological discourse health subjectivity is limited to intra-subjective work on the self, as if wellbeing can be achieved independently of social forces, through hard work.

8.4.1. Radical lesbian challenges/resistances to psychological knowledge

"Madness in women has been both a patriarchal lie, and a reality created by the impossible expectations and limits on women" (Rankine, 1996, p. 16)

The gathering of information about and interventions into lesbian life processes under the aegis of psychological therapies, had challenges in New Zealand in the late 1980s and 1990s. The case against a therapeutic model for lesbians was taken up by the U.K writers Celia Kitzinger and Rachel Perkins (Kitzinger, 1987, 1996; Kitzinger & Perkins, 1993; Perkins, 1991). Kitzinger and Perkins problematised notions of 'psychological process' and 'equality' in the therapeutic relationship as producing a depoliticisation of lesbian feminist experience. They criticised feminist psychology's co-opting of feminist notions such as - 'the personal is political' and 'empowerment'. Kitzinger and Perkins (1993) argued that in a therapy framework: therapy can easily become prerequisite for engagement in political activity, change relies on the uncovering of essential 'truth' and healthfulness within individual selves. Only those experiences that align with

psychological theory are validated (Kitzinger & Perkins, 1993). Kitzinger spoke at the Women's Bookshop in Auckland in 1996. The topic of lesbian community support came to the fore. New Zealand writer and theorist Jenny Rankine, summed up Kitzinger and Perkins' major criticisms of the practice of therapy for the lesbian community: "Therapists become the repositories of the stories we used to tell each other. But therapists can't tell anyone else because of confidentiality rules" (Rankine, 1996, p. 14). Collective experience of societal ills is constrained as a resource for social change.

Kitzinger wrote an article entitled '*Therapy and how it undermines the practice of radical feminism*' in which she argued that therapeutic processes masquerade as apolitical and work to avoid any critical evaluation of therapy in political terms. Insofar as women "organise their lives with reference to psychological ideas", and "limit their thoughts and actions to what they learn from psychology", they are denying the fundamental feminist principle that the personal is political (Kitzinger, 1996, p. 495). Perkins (1991) argued that a therapeutic construction of personal comfort and adjustment – "that which makes me feel good and allows me to function in a heteropatriarchal world" (p. 336) - cannot effectively facilitate social change. Psycho-therapeutic ideas should therefore be considered problematic and dangerous from a feminist perspective.

Rankine (1996) effectively related these ideas to the New Zealand context, when she noted the increasing tendency of governments and organisations to offer counselling as a response to 'trauma' (e.g. caused by disaster, redundancy or crime). She traced the psychological discourse of lesbianism in the 1991 New Zealand manual, *Making Visible – Improving services for lesbians and gay men in alcohol and drug treatment and health promotion*, published by the Alcohol Advisory Committee (now part of the Health Promotion Agency) in Wellington. The document drew on the developmental psychological narratives of lesbian identity formation as a linear staged process - created by Cass (1979). In this narrative, the person moves from 'identity confusion', to 'identity comparison' and admits that they are lesbian through achieving 'identity tolerance'. Following 'identity acceptance', with support from similar others they may make it through to 'identity pride'. The penultimate stage is described as 'identity synthesis' where the business of everyday living takes over one's focus and being lesbian is no longer a central element of concern. Rankine argued that the position of the political lesbian in male-dominated society was rendered unhealthy by the developmental psychological discourse:

This is a assimilationist model, defining mature lesbians as those who have 'grown out of' their political rage, and who no longer see their lesbianism as a defining characteristic in their identity (Rankine, 1996, p. 15).

The early 1980s Rape Crisis movement in New Zealand, did not draw on a discourse of psychology, but one of women's shared experience of victimisation produced by patriarchal discourses and systems (Rankine, 1996). In this vein, the radical lesbian discourse enabled the rejection of the idea, promoted by psychology, that lesbians are damaged and in need of healing.

Before the 1970s, psychology said lesbianism was sick and deviant. Since then it has said that lesbianism is okay, but it has created several serious conditions – internalised homophobia, relationship merger, erotophobia and others – from which lesbians suffer, and for which they supposedly need psychological help (Rankine, 1996, p. 16).

From the position of radical feminism, alignment with psychological discourse could be seen as an avenue to wellbeing that restricted access to the analysis and instruments/technologies of social change.

8.4.1. Queer lesbian resistance to psychological subjectivities

The psychological notion of a singular truth of sexuality (either innate or nurtured), and practice of 'coming out', was resisted by two participants who drew on a competing queer discourse. Queer discourse, for these participants, produced shifting identities that resisted psychology's universal relevance for thinking about wellbeing. This allowed for "flickering" (Jagose, 2009, p. 170) positionings of sexuality and gender which refused to be bound to fixed normative characterisations of womanhood or lesbianism.

Jennifer and Tegan explicitly critiqued a societal 'coming out imperative', through which dominant identities such as 'lesbian' or 'gay' reify restrictive and fixed sexuality and gender positions. For them, heteronormative psychological discourses had imbued the term lesbian with a 'normality', stability and permanence in relation to gender and sexuality which did not resonate with their experience or political goals. This is an explicitly poststructural rendering of desire and preference as socially constructed and not existing as latent truth within a person and waiting to be discovered. The way that Tegan drew on a queer position was also consistent with Foucault's (1978) work as he asks:

“How has sexuality come to be considered the privileged place where our deepest “truth” is read and expressed?” (p. 152).

The idea of the closet and the assumption that the closet is always a space of shame, of oppression, of hiding, could also be challenged from a queer position. Queer practices of ‘holding ambiguity’ acknowledged that young lesbian identified women continue to traverse spaces where openness is not desirable or possible or is potentially unsafe. It is well acknowledged that many LGBT youth, especially rural youth, live in places without networks of support. Heteronormative discourses work against the straightforward pursuit of openness and consistency. For some, ‘holding ambiguity’ and its particular silence on sexuality, might be a space of survival, or even of joy. Foucault conceptualised silence as a part of the operation of discourse. Silences can be both meaningful and productive, especially in the context of discourse on sexuality which has effectively taken charge of it, hounded it, allowed it “no obscurity, no respite” (Foucault, 1978, p. 20).

8.5. Questioning the neoliberal lesbian

I argued in Chapter Seven that when the young women in this study talked about their health and wellbeing, there was a notable coalescing of psychological and healthy lifestyles discourses. I suggested that these psychological and healthy lifestyles discourses, emphasised individual processes and responsibility, bolstering a health subjectivity with links to neoliberalism in the New Zealand context. For example, Jennifer said that: “Health comes down to how “functional” you are. It comes down to things like habits and routine... Are you being a real person?” The technologies of self available through the psychological and healthy lifestyles discourses encouraged individuals to take on a greater proportion of responsibility for their health and wellbeing than the state or their collective communities. The effects of the ways in which these discourses strengthened and supported each other was an obscuring of the ways in which lesbian health is socially produced in environments that tend to be dominated by heteronormative and patriarchal discourses.

The existing literature has repeatedly pointed out that neoliberal thought is not just embedded in policies and discourses: it also transforms human beings themselves. It is incorporated into subjectivities and shapes how people understand themselves (e.g. Harvey, 2005; A. Smith, Stenning, & Willis, 2008). When Jennifer is being a “real person” in this respect, neoliberalism operates as a governing logic that shifts

responsibility for social risks or problems such as heteronormativity, poverty, unemployment etc. onto her shoulders as an individual. It creates human beings who feel solely responsible for managing the conditions under which they live (Abelmann et al., 2009). Drawing on psychological discourse, the participants posited that their own self-awareness was critical, because a self-aware person has the capacity to take care of their future health needs and manage any ongoing pressure placed on them by society. This identification of health and wellbeing with individual agency was enhanced when the women also drew on healthy lifestyles discourses to position themselves as healthy to the extent that they were engaging in practices advocated by the medical profession such as sexual health risk minimising practices, not smoking, eating fruit and vegetables and exercising regularly.

That the women positioned themselves within discourses with links to neoliberal subjectivity is important because I have also shown that they were subjected to heteronormative marginalisation, which effectively constrained their ability to achieve health in ways that were beyond their individual control. There was therefore, an important contradiction between heteronormative discourses of sexuality and psychological and healthy lifestyles discourses which operated to constrain lesbian health and wellbeing.

The notion that health is meant to be a consequence of individual achievement was also reflected in the participants' developmental psychological construction of themselves as young people still in the process of coming to a full adult identity (in flux). The participants positioned themselves as not yet having come to full adult responsibility. They did this to justify their engagement in risky practices (e.g. alcohol abuse and smoking) as young people for whom experimentation with risk was considered normal. Other research into the discursive situation of young LGBT people and self-destructive behaviours such as self-harm, alcohol use and smoking, has found that young LGBT people drew a clear link between their experiences of heteronormative discrimination/abuse and uptake of behaviours considered injurious to health through a psychological narrative of coping (McDermott, Roen, & Scourfield, 2008). In contrast, only two participants in this study made this link by drawing on a societal health discourse.

8.5.1. Resistant discourses of societal health and wellbeing

Health is about reducing and removing oppression (Jennifer)

Two participants in this study articulated a resistant discourse of societal health. They positioned their health and wellbeing in ways which foregrounded analysis of the social situation of lesbians (heteronormativity) as well as governmental and social responsibility for effecting change. This position challenged the notion of individual responsibility for health and wellbeing and showed that a discourse of broader social determinants of health and wellbeing was in circulation, if in a marginalised form. Notions of holistic women's health were much more dominant at the 1970s and 1980s time points. In Chapter Five, I showed how a lesbian health discourse has been present in New Zealand to position lesbians as subjects of societal homophobia and heterosexism. In 2012, the lesbian and societal health discourses, which identified heteronormativity as health and wellbeing issue, seemed to be subordinate to the neoliberal health constructions for most of the young women I spoke to.

Dyson (2007) argues that lesbian health research and health activism has tended to be limited to practice and policy work conducted 'in the field'. Gay men's health has benefitted from a dual focus on both policy/practice and theorising in the academy, where health and sexuality can be opened up and studied as contested phenomena. The development of lesbian health ideas has likely been hampered, because the expansion of social determinants of health and wellbeing to include sexual rights was not recognised by the World Health Organisation until 2000. Dyson (2007) has noted a similar absence of focus on lesbian health issues as part of the women's health movement in Australia, commenting that "lesbian health activism does not constitute a highly organised social pressure group, it is rather, a collection of loosely knit individuals and groups who struggle for change in the light of perceived injustice" (p. 6).

Additional possibilities for lesbian health could be found in feminist discourses of holistic health and women's wellbeing, and lesbian health particularly as foregrounded in the 1980s *Broadsheet* data analysed in Chapters Four and Five. My analysis showed that in these contexts women collectively demonstrated and lobbied for social problems such as sexual violence, heterosexism and homophobia to be seen as social determinants of women's health. The World Health Organisation (WHO) continues to hold that "The context of people's lives determines their health, and so blaming individuals for having

poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health” (World Health Organisation, 2016). The discourses of societal health and wellbeing infused the Ottawa Charter for Health Promotion (1986), an international agreement which has been used in New Zealand as a framework for health strategies (Labonte, 1994). The Charter held that ‘health’ includes the processes operating within the social and physical environments in which people live.

8.6. Rethinking radical practices of lesbian space making

In Chapter Four I argued that a very particular and collective notion of lesbianism emerged in New Zealand in the 1970s issues of *Broadsheet*, with the rise of a radical feminist discourse. This lesbian subject position took as a starting point - the rejection of compulsory heterosexuality, constructed and enforced within institutions and social structures e.g. marriage and gender roles. Importantly, this position included a political theory of heterosexuality as a practice of patriarchal institutions of marriage and the family and patriarchal ideologies of masculinity and femininity. In Chapter Five, I showed how this critique was extended to legitimise and claim space for lesbian community and practices of separatism and lesbian political activity.

Discourse analysis drawing on Foucault aspires to dissect, disrupt and render the familiar strange by interrogating truth claims (e.g. Foucault, 1980c). Language works to not only produce meaning but also to bring into being and change particular kinds of objects and subjects upon whom and through which particular relations of power are realised (Luke, 1999). It would appear that in 2012, radical discourse has slipped out of the truth games in comparison to postfeminist constructions of lesbian experience. I showed in Chapter Five how the radical feminist discourse on lesbianism seemed to have been marginalised as part of the struggle for gay liberation in the 1980s. Postfeminist, liberal and biological/sexological discourses have legitimised and strengthened an innate (‘born this way’) ‘truth’ of lesbian sexuality and constructed lesbianism as an individual sexual preference (Chapter Six). I suggest that the marginalisation of radical feminist possibilities by individualising postfeminism has restricted collective lesbian action and ‘space making’.

Some of the basis on which lesbians at previous time points organised collectively has been marginalised – namely the theory of lesbian oppression as women (compulsory

heterosexuality) and radical impetus to claim space. Nonetheless, research from the perspectives of critical psychology and sociology continues to describe how heterosexuality has a spatial supremacy maintained by violence (Valentine, 1993). Everyday spaces and interactions (family gatherings, workplaces, hotels and bars, public streets, service environments) are appropriated by heterosexuals and promote and express heterosexual assumptions, practises, expressions and implied values (Valentine, 1993; Willis, 2009). Participants in 2012 described a lack of lesbian space. They described having nowhere to go to meet and feeling unable to connect with other young women who identify as lesbian. Participants also described connecting with other young lesbians covertly, in a private way, generally in homes. This was held to be a difficult social circle to break in to, as it depended on making acquaintance through some other means. Participants described lesbians as a hidden population in comparison to gay men who were often described as ‘everywhere’. That lesbian socialisation and collective seemed to be operating in a private, hidden space, represented a significant shift from the calls for lesbian visibility and “Lesbian Nation” played out in *Broadsheet* magazine as evident in the 1970s data.

Stein (1997) has traced the decentering of lesbian-feminism, linking this to what she calls a ‘shrinking lesbian world’ in the absence of feminist unifying ideology: “What we are seeing, quite possibly, is the exhaustion of particular historical construction” (p. 24). However, I argue that this does not mean that the radical feminist discourse does not continue to hold possibilities for lesbian health and wellbeing. The impetus for lesbian space may be different now, however I have found that a need survives among young lesbian women for dedicated spaces “for people to be comfortable there because they are gay as women. Whereas here it’s like we’re forced to kind of mingle in kind of hetero places” (Carmen). I suggest that the absence of the radical feminist discourse, and presence of the individualising postfeminist discourses, constrains these young lesbian identified women’s ability to appropriate and dominate spaces and places and hence influence the use of space under heteronormativity.

Radical feminist discourse can invoke a strategic essentialism that enables the organisation of women’s oppositional practices and communities (Zita, 1998). It is possible that radical lesbian space may exist today where “a smaller minority, are nostalgic for that movement’s radical imagination... who appreciate lesbian feminism for its cultural manifestations – women’s land” (Stein, 2016, p. 226). Lesbian separatism as

a material, economic practice continues to produce possibilities for lesbian lives outside of structures dominated by heterosexuality and capitalism (Enszer, 2016). It is possible that some elements of radical feminism (having a strong history in New Zealand) could be useful in drawing attention to the ways in which compulsory heterosexuality continues to operate in ways which restrict women today, and support radical practices of resistance.

Because some young lesbians seem to be foregrounding their identities as women i.e. are positioned and positioning themselves as women first and foremost, feminism may offer some tools to organise as women to take up resistant discourses and practices to address discourses which constrain them as women. It may indeed be possible to “sidestep the contentious territory of assertions regarding women’s “natural” sexuality [to get to] the significance in her naming heterosexuality as a political institution” (Tolman, 2006, p. 74). Women’s collectives can be important spaces from which to expand relational forms and engage in practices of self-transformation in ways that are aligned with Foucault’s critiques of normative power (de Lauretis, 1990; Halperin, 1995).

8.7. Raising heteropatriarchy as a health and wellbeing issue

Throughout this thesis I have argued that pervasive heteronormative discourses operated to marginalise lesbian identified young women. Semp (2006) has argued that “heteronormativity provides the cultural backdrop in the West for the formation and operation of all the discourses of homosexuality... Whether they maintain, deny, or oppose heteronormativity, all discourses of homosexuality operate in relationship to it” (p. 92). Across this study, patriarchal discourses also operated to construct female subjects through their sexual availability and attractiveness to men, and limited constructions of acceptable women and lesbians to those aligned with ‘the family’ and ‘femininity’. Valentine summarised such effects in a way that I found helpful to this thesis when she wrote that:

To be gay... is not only to violate norms about sexual behaviour and family structure but also to deviate from the norms of ‘natural’ masculine or feminine behaviour. These norms change over space and time, and hence sexuality is not defined merely by sexual acts but exists as a process of power relations. Heterosexuality in modern Western society can therefore be described as a heteropatriarchy, that is, a process of sociosexual power relations which reflects and reproduces male dominance (Valentine, 1993, p. 396).

The way in which lesbian identified women in the 1970s, 1980s and in 2012 described the effects of heteronormativity was consistent with Valentine's notion of 'a process of sociosexual power relations' which is part of and perpetuates discourses of gender which hold female subjects in a subordinate relation to male subjects. The critical finding of this study was that despite discursive shifts across the three historical periods, a group of young lesbian identified women in 2012 continued to struggle against powerful heteropatriarchal marginalisation that constrained their health and wellbeing. Heteropatriarchal discourses distorted and denied their identities, legitimated their social exclusion and invisibility, and produced verbal, physical and sexual violence against them.

In *Broadsheet*, in the 1970s and 1980s, radical lesbians identified heterosexuality as a socially glorified and enforced state of being, with health and wellbeing effects on women. In Chapter Four, I also argued that heteronormativity contested the expansion of lesbian possibilities and narrowed the construction of 'women's health' to 'women's choice' over their reproductive capacity. In Chapter Five, *Broadsheet* issues from the mid-1980s, and *Hansard* provided glimpses of the heteronormative structuring of society around the time of Homosexual Law Reform, which disciplined 'civil lesbian' subjects. Heteronormative discourses legitimised discrimination against lesbians in family courts, employment and housing. Lesbians could easily be made subject to verbal and physical attacks in family, social, work and public spaces.

In Chapter Six, I explored how all of the young participants who identified as lesbian continued to negotiate heteronormative power operating on them, which denied them the reality of their identities, assumed and encouraged them to be heterosexual, and discouraged them from identifying themselves as different in any way. Heteronormative discourse produced a normative violence, as one participant summed up: "You just try to be like everyone else, but people won't let you be" (Mini, Chapter 6). This inability to identify oneself as lesbian safely, to just "be lesbian" in public situations, was glaring. Heteronormative power operated to sanction the women in this study being physically and verbally attacked, being made a spectacle of and shunned socially - particularly in public and quasi-public spaces. Heteronormativity produced and sanctioned these violence practices as well as the women's practices of concealing their lesbian identity in order to remain safe. The young women enacted their need to: "safeguard yourself", to be "on your guard", always "looking behind you" (Chapter 6). This forced them to be

alert to recognising spaces where there was “no way that I could come out”, and to try to “judge how exactly I have to approach the question” of sexuality (Chapter 6). Heteronormativity operated to prescribe and distort lesbian identity in school health classes and in medical encounters. For example, participants described how their medical care was compromised by their doctors’ continual assumption of their heterosexuality and possible pregnancy.

In Chapter Six I have also shown that patriarchal discourses produced lesbians in 2012 as women who are sexually available to men. The operation of patriarchal discourses on interview participants was clear in the questioning and sexual violence they were subjected to and the strategies they took up to try to thwart challenges to their identities that they experienced from males. Participants described avoiding environments identified as charged with male sexual desire which was difficult because this was most social spaces. They described not wearing traditionally feminine or revealing clothing as a method of deflecting male attention. They also explicitly claimed a fixed lesbian or gay identity in order to try to justify or explain their lack of interest in a man. That their efforts to avoid being subjected to male sexual harassment and violence did not always work (one young woman gave the figure of 90% of the time), speaks to the power of heteronormative and patriarchal discourses to continue to shape young women’s sexuality, sexual experiences and safety. The lack of safe, supportive space for these young lesbian women in public and quasi-public settings in this study was palpable.

I have shown that some of the young lesbian participants also drew on patriarchal discourses of ‘male nature’ to account for men’s violence towards them and to dismiss it as largely unavoidable in their lives as women. They essentialised men’s sexual violence as a facet of how men behave towards women, and especially lesbian women who are even more likely to frustrate a discourse of male sex drive. It is notable that in the main, they described their individual strategies to try to reduce the likelihood that a man would take interest in them (e.g. not wearing dresses, avoiding bars at night). The participants found that there was little space for them to take up positions of visibility in public spaces as lesbian women without experiencing victimisation by men. Lesbian identity was a much less acceptable identity for them to take up in public spaces with many of the participants claiming this identity in relationship with themselves only or in private settings – for example, Kelly talked about her identification as lesbian “only to myself” and not “to the world”. I argue that this speaks to the continuing power of the intersection

of patriarchal discourses and heteronormativity to shape the women's lives outside of their family life and the ways in which they restrict women differently to men.

Jagose (2002) has noted that Western heterosexuality can be seen to require “a sexually aggressive masculinity and a sexually quiescent femininity to secure the delicately balanced ecosystem of its singular phallic economy, defined in contradistinction to the obscenity of two men and the absurdity of none” (p. 4). My findings are in alignment with poststructural feminist research, which shows that young people continue to be socialised into a deeply patriarchal culture that constructs males as possessing ‘sex drive’ and women as gatekeepers with responsibility for protecting themselves from male advances (Hlavka, 2014; Hollway, 1984a, 1984b). These notions form a ‘cultural scaffolding’ or discursive system of support for the practices of rape and sexual assault (Gavey, 2005). They are drawn on by women and men alike to normalise sexual violence (Hlavka, 2014). While young heterosexual girls’ negotiation of these discourses has formed the basis of many studies (e.g. Gavey, 2005; Hlavka, 2014), little research has examined the way young lesbians negotiate these discourses when they are required to socialise in heterosexually dominated environments. Jackson writes about the importance of critiquing the socially situated contexts and material conditions under which our sexualities are lived – arguing that feminism must “retain its distinctive contribution to critical scholarship on sexuality: the focus on heterosexuality as a hierarchical relation between men and women” (Stevi Jackson, 1999, para 6.4). In this thesis I have demonstrated that regimes of truth about heterosexuality (male sex drive, women’s sexual availability) legitimated male dominance over lesbian identified young women.

Foucault has pointed out the tendency of historians and social commentators to describe progress as occurring in a linear fashion – a narrative that suggests that as we produce more knowledge about a topic or phenomenon we become more enlightened and our circumstances are improved (Foucault, 1972). My findings show that the shifting knowledge of lesbian identity in New Zealand, has created some possibilities, yet in many ways is not necessarily ‘better’ than what has gone before. Heteronormative discourses rest on a persuasive assumption of a ‘natural’ norm of heterosexuality that is rooted in one of the oldest traditions of thought in the West. What I have shown is that these discourses continued to shape these young women’s experiences of sexuality today. In such a heteronormative and patriarchal matrix, femininity and homosexuality are consistently constructed as second order to masculinity and heterosexuality (Butler, 1990)

This thesis contributes to a growing body of literature exploring the subtle and insidious ways in which heterosexuality continues to be enforced on young women (e.g. Bennett, Coggan, & Adams, 2003; Fullagar, 2003, 2005; Hlavka, 2014). This body of knowledge seeks to shift responsibility for wellbeing from minority subjects to the broader field in which they are constituted, and to highlight the relations of power which contribute to the production of distress and ill-health such as homo/bi/transphobia, racism, sexism and poverty (Bennett et al., 2003; Fullagar, 2003, 2005; McDermott & Roen, 2015; McDermott et al., 2008). The discourses of minority stress hold that it is identifying as lesbian in the context of heteronormativity that can result in self-harm or suicide (Alexander & Clare, 2004; Fenaughty & Harré, 2003; McDermott & Roen, 2015; McDermott et al., 2008; Valentine, Skelton, & Butler, 2002). Attention needs to be paid to changing the social relations that shape lesbians' wellbeing, e.g.:

...youth discourses through which their emotional distress is minimised; heteronormative discourses through which their identities and desire are marginalised; [and] psychomedical discourses through which their embodiment is pathologised (McDermott & Roen, 2015, p. 13).

My findings suggest that challenging heteropatriarchal discourses as a health issue for all young women is urgently needed. The implications of recognising heteropatriarchal discourses as social determinants of health could be seen at the level of research, policy and practice: An amplification of discourses of societal health would expand lesbian health as an area of inquiry to encompass issues beyond mental and sexual health. It would also challenge the notion of individual responsibility for health and wellbeing.

Resisting the neoliberal construction of health and wellbeing is not about saying that taking responsibility for one's health is undesirable. It is about noticing the ways in which this way of thinking, if allowed to be dominant, prevents us from realising and responding to the very real heteropatriarchal constraints on wellbeing that I have identified. An example would be expansion of safe-schools policies to safe-spaces policies that include the wider social environment and are aimed at challenging heteronormativity as an issue affecting all people.

8.8. Creating the conditions for lesbian care of the self to occur

Challenging heteronormativity, involves expanding the range of spaces in which discourses constructing lesbians can come into being and be articulated. Foucault's writing is useful in understanding how young women who identify as lesbian might care for themselves in ways that might elude neoliberal responsabilisation and psychological individualisation. He emphasised the creation of selves as works of art – "...an exercise of the self on the self by which one attempts to develop and transform oneself, and to attain to a certain mode of being...." (Foucault, 1997a, p. 282).

Foucault has also suggested that it is possible for people to engage in knowing participation in 'truth games' that operate to produce possible selves (Foucault, 1997a). This would involve creating an ethos for one's life by equipping oneself with a range of available discursive resources. It may be possible to use practices of care of the self and the discourses of poststructural shifting identities to counter the tendency whereby "identities, in the ordinary course of events, tend to congeal of their own accord into hard doctrines of truth and falsity, self and otherness, good and evil, rational and irrational, commonsense and absurdity" (Connolly, 1998, p. 173). This might require what Clarke (2009) has called 'identity work' involving self-examination at multiple levels, and "not just looking inside oneself, through the lens of one's socialized conscience, but knowing how one is constituted as a subject, subjectivated by different economies of power, the processes and practices that constitute ones' self as an enculturated self" (Wain, 2007, p. 166).

These conditions could be created in educational environments and also the community at large. Hillier (2010) has noted that many same sex attracted youth seem to garner for themselves: wise counsel, support, the ability to reflect on their behaviours, a growing belief in a future and that they can make a difference for themselves and others. Hillier queries - is this Foucault's 'care of the self' at work? I would support Hillier and argue that it can be, to the extent that we can try to expand the range of possible selves that are available to young people.

8.9. Conclusion

My analysis shows that shifts in gay rights have created the conditions of possibility or space for multiple discourses of lesbian sexuality to emerge in New Zealand society. Young lesbians in 2012, were able to position themselves as legitimate subjects on a

natural 'gay spectrum' endorsed by psychological and biomedical scientific communities. They were also able to position themselves within postfeminist lesbian lifestyle discourses, as women with choices, and as lesbian wives and mothers. A minority queer poststructural discourse, operating in tertiary education spaces, identified fixed positions of sexuality and gender as socially produced and problematic. Queer discourses were drawn on by two participants to destabilise the notion of a coherent authentic, and congruent identity, enabling them to claim a 'flickering' lesbian subject position, activated in limited spaces and situations they deemed 'lesbian'.

Despite these lesbian possibilities, I have shown that the health and wellbeing of these young women continued to be constrained by the operation of heteronormative and patriarchal discourses. Heteronormative discourses produced and legitimated violence against and marginalisation of lesbians. Patriarchal discourses marginalised lesbians who showed a lack of interest in being 'sexy', wives or mothers, and who were not slim, white or apolitical. In this thesis I have demonstrated that regimes of truth about heterosexuality (e.g. male sex drive, women's sexual availability) continued to legitimate male dominance over lesbian identified young women.

The ability of the young women in 2012, to name and to challenge/resist the effects of heteronormative and patriarchal discourses on their wellbeing was limited by a coalescing of dominant psychological and healthy lifestyles discourses, which produced them as individualised subjects of neoliberal responsibility. All of the participants in this study, drew on psychological discourses that required them to manage their health and wellbeing by producing themselves as authentic, congruent and openly lesbian. They did this through practices of 'coming out' and self-acceptance of their sexuality, which they described as achieved through self-help, self-knowledge and seeking professional help. My findings suggest that young lesbians may employ individualistic strategies to negotiate heteronormativity, which closed down their opportunities for taking action beyond the individual level. Age related and developmental norms seemed to compound the constraints that heteronormativity produced on their health and wellbeing: constructing their wellbeing as an individual matter and obscuring the ways in which their social situation is involved in producing their health.

Genealogies are a way of identifying and desubjugating historical knowledges, in a way that can assist in the struggle against coercive or limiting discourse. A marginalisation of

radical feminist discourses and the notion of a lesbian collective was notable between the 1970s and 2012 datasets. Radical feminist discourse and lesbian practice had been more dominant in my analyses of *Broadsheet* data from the 1970s and 1980s. The radical feminist discourse constructed heterosexuality as a compulsory position for women, and made visible the operation of patriarchal discourses which position and constrain female subjects. Importantly, it enabled the creation and expansion of lesbian space, through lesbian practices of separatism and community organisation, which young lesbians in 2012 indicated was now lacking. Postfeminist lesbian subject positions available in 2012, worked to complicate possibilities for collective lesbian identification of and resistance to heteronormativity/compulsory heterosexuality. I argue that the rethinking of practices of radical lesbian space-making may facilitate the production and circulation of alternative discourses on lesbianism, in opposition to lesbian postfeminism.

Two young women in 2012, articulated possibilities for resistance to neoliberal and individualised health subjectivities within a discourse of societal health and wellbeing. This societal health discourse named and deconstructed the effects of the systematic and pervasive de-valuing of female and non-heterosexual subjects on women's health. The societal health discourse seemed to draw on and extend feminist holistic women's health discourses I identified as operating in the 1970s, and a lesbian health discourse identified in the 1980s. Important possibilities for social change may be found in enhancing or amplifying combinations of societal health discourses which challenge the notion of individual responsibility for health and wellbeing, foregrounding analysis of the social situation of lesbians within heteropatriarchy, as well as governmental and social responsibility for effecting change.

Overall, my findings support and encourage the recognition of heteropatriarchy as a health and wellbeing issue for young women. Addressing this issue involves supporting young women to creatively expand the range of possible lesbian spaces and selves that are available to them. Future research should continue to inquire into how this might be possible.

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APPENDICES

Appendix A: Recruitment flier.



Young lesbians (18-24 years) needed to chat about lesbian health and wellbeing in New Zealand.

Are you interested in taking part in 1 - 2 interviews (talk only, no video) where we will explore your experiences and ideas to do with health and wellbeing in your life and friendship circles?

Interviews taking place in Auckland, Wellington, Hamilton, time and place to suit you.

Please contact Katie Palmer du Preez (lesbian PhD student at AUT University), for some more info.

E: katie.palmerdupreez@aut.ac.nz | Ph: (09) 921 9999 ext: 7640.

AUTEC ethics, approval number: 11/325.

Participant Information Sheet



Date Information Sheet Produced:

21 November 2011

Project Title:

Discourse analysis of young lesbians' talk about health and wellbeing in NZ.

An Invitation:

You are invited to take part in a study exploring issues around identity, health and wellbeing for young lesbian women aged between 18 and 24 years in New Zealand. My name is Katie Palmer du Preez and I am conducting this research to write up as my PhD thesis. Please remember that:

- Your participation in this study is entirely voluntary (i.e. your choice).
- If you do agree to take part you are free to withdraw at any time prior to the completion of data collection, without having to give a reason.

This information sheet will explain the research study.

What is the purpose of this research?

Despite political gains towards equality in New Zealand (such as legislation guaranteeing non-discrimination on the basis of sexual orientation) inequality in health and social outcomes persists. New Zealand and international evidence demonstrates that compared to heterosexual identified women, lesbians experience: higher rates of self-harm and suicide, physical and verbal assault, bullying and victimisation, depression, alcohol, tobacco and other drug use, as well as more workplace discrimination and impediments to career progression.

The aim of these interviews is to engage with young lesbians' views and experiences around lesbian identity and health and wellbeing. I will be conducting a poststructural kind of analysis of young lesbian women's talk about health and wellbeing in New Zealand (interviews) as well as health policy and historical documents relevant to women's health and feminism. This study will address a gap in understanding of issues for young lesbian women that has been identified by researchers as well as the Ministry of Health and may contribute to policy which meets the needs of these women more effectively and enhances their health and wellbeing.

How was I identified and why am I being invited to participate in this research?

I would like to talk to young women who live in the Auckland, Wellington or Hamilton areas and who:

- are aged 18 to 24 years,
- self-identify as lesbian (to themselves not necessarily to others),
- are able to converse in English

What will happen in this research?

If you decide to take part in this study, this will involve taking part in two one-on-one interviews with me. The interviews can take place at AUT Akoranga campus or in a suitable place of your choosing. I plan to hold interviews with 15 young women in total. Interviews will be held at a time that is the most convenient for you. Interviews will take approximately one and a half hours each. So the time commitment on your part would be no more than 3 hours at this stage.

After I have written up my thesis, I would like to talk about the findings at conferences and with the lesbian and women's community. I hope to promote discussion and inclusion of the health, wellbeing and broader societal issues that young lesbians in particular face and how they overcome and/or manage them.

What are the discomforts and risks?

You may find that taking part in an interview could bring up events that are upsetting to you and you may find answering some of the questions difficult due to their sensitive nature. It is also possible that you may become tired during the interview.

As the visible lesbian community is a small one in New Zealand, where participants are involved in networks there is a small chance that others could discover who has taken part in the research and thus who has contributed to the research. As you are taking part in a one-on-one interview your identity will be known to me the researcher.

How will these discomforts and risks be alleviated?

I aim to take every step possible to ensure your safety and anonymity. In any written work that comes out of these interviews any identifying information will be removed and you will be able to choose a pseudonym that will be used when referring to your data.

If you choose to participate in an interview and become upset recalling events, you may choose to end the interview at this time, or may wish to take a break or reschedule for a later time.

If you would like to seek further advice or support regarding your past experiences, please let me know so that I am able to refer you to other agencies as appropriate. I will support you to access further advice and support in whatever ways I can. You are also eligible to access 3 free counselling sessions through AUT Health Counselling and Wellbeing centre. The AUT Health Counselling and Wellbeing centre also offers online counselling. You may also phone other services such as your local women's centre or Rainbow Youth or OUTLINE telephone counselling. I will give you a prepared list of such contacts when we meet.

I will try to not to make you tired by making sure we take the interview at your own pace and by giving you the opportunity to take a break at any time you desire. If you feel unable to continue and would like to stop or have a break, then please let me know.

What are the benefits?

Although I do not anticipate that there will be direct benefits for you if you choose to participate, it may be that you will gain some satisfaction in sharing your experiences even if some of these have been difficult. You may also get a sense of empowerment from telling your story, and from contributing to understandings of lesbian lives and circles.

The information I gain from this study will be used to develop analysis of issues of identity, health and wellbeing for young women who self-identify as lesbian in New Zealand. I hope that the findings from this study will address a gap in the understanding

of issues for young lesbian women and may contribute to policy which meets the needs of women more effectively and enhances their health and wellbeing.

How will my privacy be protected?

I will ask you to choose any name you want. This will protect your privacy as it will be used in the transcripts as well as in any publications or conference presentations that I produce from the study's findings. This way the conversation we have will not be able to be tracked back to you.

Only the members of the research team (myself and my supervisors) will have access to the interview transcripts. All copies of the interview tapes and transcripts will be stored in computer files with restricted access and/or in a locked filing cabinet at AUT University for six years. After this time they will be destroyed. Any material that may identify you will be deleted from the transcript. Your consent form will also be kept locked in a filing cabinet at AUT University, separate from the tapes and transcripts.

What are the costs of participating in this research?

The main cost of participating will be your time. Each interview will take up to one and a half hours and there will be a maximum of 2 interviews. You will receive a petrol voucher as koha in recognition of your time and any travel costs incurred.

What opportunity do I have to consider this invitation?

You will have at least two weeks to think about this invitation and to talk it over with family/whanau or friends before you choose whether or not you want to take part. If you decide to withdraw from the study prior or during an interview all relevant information including tapes and transcripts, or parts thereof, will be destroyed.

How do I agree to participate in this research?

If you would like to participate in an interview, please phone or email me (Katie – details below). You will be asked to sign a consent form before the interview.

Will I receive feedback on the results of this research?

You will be kept informed of research progress and outcomes via email should you wish to be.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Deborah Payne, DPayne@aut.ac.nz, 09 921 9999 Ext 7112. Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 Ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Katie Palmer du Preez, AUT University, katie.palmerdupreez@aut.ac.nz, 09 921 9999 Ext 7640.

Project Supervisor Contact Details:

Dr Deborah Payne, Centre for Midwifery & Women's Health Research, AUT University, (09) 921 9999, Ext 7112. Email: DPayne@aut.ac.nz

Appendix C: Interview Topic Guide

Guide for interviews

Once we've chatted a little bit, discussed the information sheet and informed consent process, I will most likely ask a very open question like:

Can you tell me about how you came to identify as lesbian?

As the interview develops, I will be listening for topics and events relevant to lesbian identity, health and wellbeing and will prompt more information around this for example:

Can you tell me more about that/that time in your life?

This is the general topic area guide that I use to check out any further areas that may not come up on their own:

- Growing up, family life, home,
- Coming out/sexuality
- Identity and appearance
- Stigma, discrimination and prejudice
- Invisibility/disclosure, being 'out' in different contexts: home, work, family, school/university
- Lesbian community involvement and activism
- Friendship circles and relationships

These might wait until our second interview:

- What a 'healthy lesbian' might mean
- Experiences of health (mental, physical, spiritual?)
- Experiences of the health care system
- Keeping healthy, looking after self

This is not a complete list! There will be things I've missed. Feel free to think about and add some more...