"Queer Practice"

A consideration of some psychiatric/mental health social work practitioners' constructions of gay male sexualities

A thesis submitted in partial fulfilment of the requirements for a degree of Master of Social Work

at Massey University, Palmerston North, New Zealand

Brent Mathew Tearle Keen

2001
ABSTRACT

It has been almost three decades since the American Psychiatric Association declassified *homosexuality* in itself as a mental disorder warranting ‘corrective’ treatment. While *sexual preference*, as an exclusionary feature of the Mental Health (Compulsory Assessment and Treatment) Act 1992 in this country, can be seen as reflecting declassification, it does not suggest that same-sex oriented or gay men are exempt from mental ill health. It cannot be denied that positive legislation has made a difference to the lives and opportunities for many, but ongoing homophobic violence and external/internal heteronormative constructions and practices remain a primary problematic influence on the lives and wellbeing of those for whom same-sex desire or activity is a subjective reality, and bearing implications relative to, if not compounding, mental ill health.

In social work practice, we often refer to the significance of ecological assessment of the consumer *in context*, reflecting social work as psychosocial intervention focused at the interface between the consumer and his environment. However, how do we, as psychiatric/mental health social workers, understand or conceptualise or construct a consumer’s context in our work with same-sex oriented men who present with mental ill health? What theoretical orientation informs our understandings of the consumer and/in his context? Indeed, how do we construct that context, and do such constructs engage a process of ongoing reflective consideration within an integrated framework of clinical psychiatric/mental health social work practice with gay male consumers? Can the theoretical ideas/frameworks upon which we base our practice adequately acknowledge and identify strategies to contest the impact of a heteronormative social context on a consumer’s mental health? Indeed, is practice beyond the directly clinical permitted or possible in the contemporary practice context?

The study was two-fold. Part One consisted of unstructured interviews with psychiatric/mental health social work practitioners with regard to their integrated practice with same-sex oriented or gay male consumers in psychiatric/mental health settings. There are no right or wrong responses, no good or bad practitioners, merely an invitation to, and a reflection of, a discourse or critical debate that I hope will continue.
Part Two consisted of a half-day presentation I gave on *Integrated Queer Practice* which outlined an integrated practice framework and considered queer theorising as an example of critical social science theorising subsequently reflected in clinical theorising and the application of these in relation to a mock case study. This presentation was followed by a Focus Group discussion to consider whether or not such a practice could, would and should be applied.

The participants' self-reflective discourses reflect the diversity of understandings and challenges of practice with this consumer group within the constraints of the contemporary psychiatric/mental health social work practice context. Social work practice within this practice field reflects the extensive changes in service definition and models of delivery subsequent to the extensive reconfigurings of the health sector over recent years. This has left many of the practitioners with a “here and now” focus on the management of symptom and risk within an immediate context, significantly narrowing the scope of practice at the expense of active contestation of heteronormative social constructs impacting on the well-being of same-sex oriented consumers.
ACKNOWLEDGEMENTS

The journey for this thesis would have been considerably challenged, or even impossible, without the support, encouragement, skills and contributions of so many.

First and foremost, my immense gratitude must go to those psychiatric/mental health social work practitioners who gave their time and energies in sharing their understandings and experiences with me. I am immensely privileged to have met each of you, and to having you share so much with me. Thank you. I can only hope that I have honoured your contributions.

Throughout the process, I enjoyed the ongoing encouragement and advice of my supervisors: Professor Robyn Munford and Carole Adamson. I owe these two so much. They listened to me, heard me, urged me on and read, reread and reread again. And every time with a range of constructive criticisms and ideas that re-energised and made me think, think again, and then again some more. Thank you. You’re both amazing!

It was Dr Lynne Alice who introduced me to queer theorising. Her passion and hunger for knowledge were contagious.

The Massey University Human Ethics Committee approved this research. I thank the Committee for their assistance and recommendations.

Assistance was also made available through the Graduate Research Fund. I owe some considerable thanks to Janet Milne for her assistance in this.

My employer, MidCentral District Health Board, has been incredibly supportive throughout the years of this study program. In particular, I want to thank my Team Leaders over this time: Timoti George and Kate Aplin. They understood and cared about what I was trying to do. Thank you.
My sincere thanks must also go to my clinical supervisors at MidCentral: Keiran O'Donoghue and Jo Leamy. Your concern and compassion, and watchful eye meant so much to me. You both challenged me and taught me. Thank you.

I had never engaged research with Maori before (and it may have showed), but I was immensely fortunate to have assistance from Turoa Haronga who patiently took time to explain and clarify so much of what was needed to enhance the safety of the interview process for Tangata Whenua.

I want to thank David McNabb and his team for helping me so much during the interviews. This made an incredibly stressful experience somewhat less traumatic. Thank you.

Many of the resources I have accessed, have been through the library at the New Zealand AIDS Foundation in Auckland. The librarian for NZAF, Vern Keller, is an absolute godsend to researchers. Thank you, Vern, you and your team made the search so much easier.

I was also fortunate to have the support of my local queer communities, most particularly the people from Manawatu Lesbian and Gay Rights Association. Thank you all.

Works like this are impossible without personal supports. To my friends, I extend my love and gratitude. To Grayson, what can I say? It's been an awful few years. You put up with so much. Thank you so much for being there, for listening to me ramble on, for understanding when I wasn't there, for the coffee, and for caring.

Finally, I would like to thank my Dad who taught me pride, courage, humour, patience and dignity. Your quiet encouragement and patience for me and my ways - I love you and I miss you desperately.
CONTENTS

Abstract .................................................................................................................. i

Acknowledgements ............................................................................................... iii

Contents ..................................................................................................................... v

1. Introduction ......................................................................................................... 1
   Terminology ........................................................................................................... 3
   The Study ............................................................................................................. 4
   Outline of Thesis .................................................................................................. 6

2. Setting the Stage: The Literature ..................................................................... 9
   Etiological Research ............................................................................................ 9
   Kinsey .................................................................................................................. 10
   Brains and Genes ............................................................................................... 11
   Identity Studies .................................................................................................. 16
   Gay Men and Mental Ill Health ........................................................................... 18
   Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome.... 19
   Relevant Social Work Literature ...................................................................... 21
   Practitioner ........................................................................................................ 21
   Social Factors ..................................................................................................... 22
   Clinical Factors ................................................................................................. 23
   Agency Factors ................................................................................................... 26
   Summary ............................................................................................................. 27

3. Epistemology and Theory, Methodology and Method .................................... 28
   Epistemology and Theory .................................................................................. 29
   Epistemology: Social Constructionism .............................................................. 29
   Theory: Queer Theorising .................................................................................. 31
Methodology and Method: Deconstructive Discourse Analysis
Method: Interviews
Practitioner as Person
Practitioner as Critical Social Science Theorist
Practitioner as Critically Informed Clinical Theorist
Practitioner as Critically Informed Clinical Actor
Practitioner as Critically Informed Integrated Practitioner
Method: Focus Group
Ethical Considerations

4. "I Am What I Am" - The Social Workers as Persons and as Social Workers:
The Participants
Demographics
Age
Gender
Culture
Professional
Career
Professional Associations
Sexual Orientation
Identity
Experience
Values
Language
Training and Education
Education Programs
Post-Graduate/Post-Training Study
Literature
Constructions
Summary
5. Extra Baggage – Issues for Consumers ............................................... 74
   Homophobia and Heterosexism ......................................................... 74
   Identity and Coming Out ................................................................. 81
   Alcohol and Drugs ........................................................................... 82
   Ageing .................................................................................................. 84
   Summary: So What’s the Core Issue? ................................................ 86

   Theories .............................................................................................. 88
   Critical Social Science Theorising ....................................................... 89
       Feminisms ....................................................................................... 89
       Socialist ........................................................................................... 91
   Clinical Theorising ............................................................................. 91
       Client-Centred ................................................................................ 93
       Cognitive/Cognitive-Behavioural/Rational Emotive Theories ............. 94
       Role Theory .................................................................................... 96
   Practice Models .................................................................................. 97
       Meditation ....................................................................................... 98
       Structural/Family Therapy ............................................................... 99
       Recovery .......................................................................................... 101
       Anti-discriminatory/Empowerment .................................................. 102
   Culturally Integrated Theorising ........................................................ 102
   Summary ............................................................................................. 104

7. Walking Backwards Into the Future - The Development and Contemporary
   Context of Psychiatric/Mental Health Social Work Practice ........................ 105
   Psychiatry ........................................................................................... 106
   DSM ..................................................................................................... 110
   Psychiatry and Homosexuality ............................................................ 114
   Psychiatric/Mental Health Social Work ................................................ 118
   The Contemporary Context .................................................................. 120
   Policy and Legislation .......................................................................... 120
       Same-Sex Oriented Consumers ......................................................... 121