CHAPTER FIVE

Homonormativity and Queer Youth Resistance: Reversing the discourse

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Twelve years ago, my (JT) partner Lauri and I were volunteering at the local queer youth drop-in center. It was dance night, and youth between the ages of 14 and 20 were filing in fashionably late. There was a mix of young men and young women and a few trannys as well. Most of the youth were white and there were a few African-American, Asian, and mixed-race youth as well, reflecting the dominant racial make-up of this northern U.S. urban center. As we settled into our role as an 'adult presence,' we chatted up some of the youth, checking in with those we knew from previous center events or other venues, meeting the latest main squeezes, introducing ourselves and the space to new comers, and getting up close introductions to self-administered piercings and other-administered hickies.

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[1] Authors' note: As a queer practice of accountability and to avoid taking up expert positions of speaking about a cultural group to which we don't belong, we intentionally sought the consultation of queer youth to inform and shape this chapter. We gratefully acknowledge the thoughtful and incisive contributions to this chapter, our work, and our lives made by Sarah Dack, Bren Dixon, Renu Kanda, and Courtney Slobojian.

One of the youth we knew from the center's softball team that we coached introduced us to some members of her crew that were new to town. 'Huh,' the baby dyke mused, 'You guys don't look gay. Who's the butch and who's the femme.

Introduction

What does it mean to 'look gay'? Did this young person believe that 'butch and femme' were compulsory roles to fill, requisite for looking properly gay, and that they were exclusive to other possible identities? What are the discourses that influenced these questions? What does it mean when gender identity specifications come from within the 'community,' rather than from the dominant culture. While my partner and I were being policed by people from the generation behind us, we have been left to wonder what impact our generation—that which came up and out during the Stonewall era—has had on the identity construction of young queers that have followed.

In this chapter we will address these questions by situating them historically within dominant discourses that continue, to this day, to influence our ideas about identity, sexuality, and gender. Our discussion will be organized around the question, 'how has the institutionalisation—the cultural acceptance-- of a 'gay identity' reproduced some of the very oppressive limitations gay liberation originally fought against, particularly for contemporary queer youth?' The concept of homonormativity will be examined as a result of neo-liberal and assimilationist identity politics that maintain regulating effects on contemporary queer youth. Finally, we will discuss discursive therapy practices informed by post-structuralist and queer theories as a way to

deconstruct such specifications for therapists who do not want to reproduce narrow, essentializing, and policing practices and that are founded on an ethic of justice, accountability, and solidarity.

The Birth of Homonormativity: Reverse Discourse Gone Wild

Bren is a 24-year-old Canadian queer white male. Bren explained that his way of showing up in the world failed to meet the standard gay male contingency. Not fitting into any of the typical categories that people seemed to want to put him (e.g., twink or bear), Bren took inventory of his appearance: He's too lean (not a gym queen); too pale (not at the beach or in the tanning booth); he has longish, curly, red hair (not preened enough); he wears comfortably worn clothes with a counter-culture vibe (he's not consumer enough); much of his body is covered in ink (he's not upstanding enough); and he's "politically far-left" (he's not neo-liberal enough). For Bren, the trouble came mostly from gay men. "I've been told to 'get the hell out' of the bar because I'm not gay enough…I only go to the bar on ladies night with my women friends. It's the only time I can go somewhere and there's zero pressure on me."

Courtney, a 25-year-old queer Canadian white woman concurs. Expressing her surprise at the amount of effort she has had to expend dealing with the policing effects from the queer community (she expected to deal with assumptions and judgment from the straight world), she states, "this whole thing was constructed about me, for me" by other queers articulating specifications on issues from gender expression--"I was made into a femme dyke"-- to choice of sexual partners: "I told a friend that I had a crush on a certain

girl and she said, 'But is she even queer?' and I'm like, 'Did you just ask me that question?' I think the term 'queer' now has its own specific meanings."

History and discourse: "Coming out" in Context

Most clinicians, like most of the general public, are not likely to be aware of the recency of the category 'homosexual[2]' and the subsequent markers, 'gay,' 'lesbian,' 'bisexual,' and 'transgender.' While people across time and place have engaged in a variety of sexual activities with various partners, including those of the same sex, never before had a category—*an identity*-- been articulated to organize individuals based on their choice of sexual partners. The invention of the homosexual also required the invention of the heterosexual to stand against it. This obfuscation of history and the social construction of sexual identity serves to reify the notion of stable, natural gender and sexual identities and fuel the argument that people are 'born gay' while maintaining limiting binary notions of male/female and hetero/homo. The naturalizing of these specifications (for example, blue for boys, pink for girls; men are rational, women emotional; females are born with vaginas and clitorises and males are born with testes and penises) occurs through discourse and language.

Heteronormativity, the institutionalized assumption that everyone is heterosexual and that heterosexuality is inherently superior and preferable to any orientations outside

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[2] Foucault (1980) dates the invention of the term and category "homosexual" to 1870. In part, this invention represented modernity's embrace of the scientific, a move from *ars erotica* to *scientia sexualis.* Foucault asserts that it points to not only the medicalization of sexuality, but the policing of it as well.

of heterosexuality reflects the hegemonic effects of these discourses and the neglect of history. Homophobia, bi-phobia, and trans-phobia all stem from and are supported by heterosexism, which is then enforced by a gender binary system. It was heteronormativity, and its often violent, marginalizing, and humiliating tactics, that resulted in the Stonewall riots of 1969, the proud identification with a gay identity, and the subsequent demand for equal rights in all spheres of contemporary society, not to mention basic human rights of dignity and safety. By engaging in the practice of reverse discourse[3] gay activists carved out a place in society by 'being' the very thing that they were oppressed for.

What happens when a reverse discourse is hugely successful? Cultural theorist Lisa Duggan (2002) suggests that in the case of gay rights, homonormativity is one result of embracing an originally oppressive discourse all the way to your own place at the larger societal table. Duggan defines homonormativity as, "a politics that does not contest dominant heteronormative assumptions and institutions but upholds and sustains them while promising the possibility of a demobilized gay constituency and a privatized, depoliticized gay culture anchored in domesticity and consumption" (p. 179). . By abandoning the radical and destabilizing purpose of the original gay rights battle (troubling gender norms and promoting what Rubin [1984] named sex positivity), homonormative queers have settled into a fairly bourgeoisie lifestyle—at the expense of those with less age, race, or class privileges or for those whom the this life does not fit.

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[3] As a medium for the flow of power, discourse can be reversed by changing the direction of power without changing the foundational ideas on which the discourse relies (Foucault, 1980). In this example, embracing an identity based on sexual partners and practices and developing a pedagogy of liberation based on it, serves not to overturn the discourse, but rather to change the meaning and value placed on it.

The standard stonewall era 'coming out' narrative and its concomitant demand to be marked linguistically (i.e., identifying as 'gay' or 'lesbian,' 'twink' or 'dyke') limits peoples' capacity to maintain custody of their own story. As Bren and Courtney experienced, unique identity narratives are apprehended by a universal, pre-scripted text anchored in identity politics forged out of the life and death fight that was pre-stonewall survival. Consequently, specifications that instruct people on how to be gay and police them when they attempt to color their lives outside of the pre-inked lines are numerous. Hence, what once was, in a pre-stonewall context, liberating, transgressive, and resistant of heterosexual hegemony, has now become restrictive, normative, and compliant by reifying traditional notions of identity and family and embracing neo-liberal capitalist values. Where the claim of a stable gay identity ('I always knew I was gay') served to legitimize gayness in the show-me state of modernity (as well as during the current craze of privileging genetics and other medicalized constructions of identity), ushering in political access, social visibility, and cultural currency, these very hard-fought gains now function in delimiting ways, illustrating with great clarity the productive capacity of language.

Queer theory: Honorable Resistance

Sarah is a 22-year-old white Canadian queer woman. She dated 'a queer man' for five years. "We were constantly fighting against people telling us we were going to get married and have babies, that I'd quit school and have him take care of me. I was always fighting with my group of friends, fighting to make myself visible as queer. Like cutting my hair off—You had to go to some end of extreme of what queer means to make

yourself visible within a circle of queer people if you're with a man." After she ended this relationship, she found that she still had to fight to be seen on her own terms. 'I was out for dinner with my friend Kelly and we ran into someone we both knew. She asked if Kelly and I were dating and we're like, 'no!' She asked 'what are you?' Kelly said, 'I'm a dyke' and I said, 'I'm queer.' She was like, 'what!? Are you bisexual? Trisexual? What ARE you? What ARE you?' I decided that wasn't an appropriate question because it was meant to make her comfortable, not understand me how I want to be understood."

Renu is a 26-year-old, first-generation Canadian queer woman from a traditional Indian family. "I had trouble being labelled for the longest time. Queer is more an all-encompassing word. I take the stance you like who you like; you're attracted to who you're attracted to regardless of anything else. So queer, I say, is strange, odd, weird 'cuz it's kinda different. Queer is just one of those, it actually makes people think about what it is you're saying you are choosing to identify as. Like, if I say, 'he's pretty hot' people say, 'what! You're a big lesbo!' And I'm like, I didn't tell you that, did you just tell me that? Or they're like, 'so you're bisexual.' Where did that come from? Why are you choosing to ask me this? I'm Renu. Queer, strange, odd, weird. I'm a little different than what you might think."

Overview

Queer theory is premised on the post-structuralist notion of non-essentialized identities . Gender and 'sexual orientation,' for example, are not viewed as naturalized or fixed characteristics located ahistorically and noncontexutally within individuals. Rather, these markers of social location are seen as fluid, contextually determined, socially

constructed variables that shift and change in different contexts and at different times (Butler, 1990). As a critical practice, queer theory interrogates the relationship between sex, gender, and sexual desire, situating these constructs within larger socio-cultural contexts including the intersection of such markers as class and race and the influence of consumer capitalism (Butler, 1990; Foucault, 1980; Halberstam, 2005; Sedgwick, 1990).

The intention is to complicate hegemonic assumptions about the continuities between anatomical sex, gender identity, sexual identity, sexual object choice, and sexual practice. As a critical practice, queer theory rejects biological theories of sexual identity and questions the usefulness of sexual and gender categories. Queer theorists ask:

* Who do these categories serve?

- Who do these categories include and whom do they exclude?

- Who has the power to define the categories?

- How are the categories policed?

- How do these categories change over time and across cultures? (Doty, 1993)

As therapists and teachers of therapists-in-training, we find that these questions help us destabilize the truth status typically afforded the theories and models purveyed by and for clinical practice. (For more about this interrogation of clinical theories and practices see, Nylund and Tilsen, 2006). Further, queer theory invites us to be keenly aware of history, particularly the history of sexuality. In *The History of Sexuality,* Foucault (1980) asserts: "No longer simply someone who participates in certain sexual acts, the homosexual begins to be defined fundamentally in terms of those very acts (p. 101)."

Queer theory, queer therapy

How does queer theory influence our practice? As family therapists, queer theory supports our commitment to a practice that considers multiple levels of context and history. By rejecting the limits of binary-based, essentilized identity conclusions, we are provided a measure of conceptual freedom from the hegemonic assumptions of traditional theories of psychotherapy that reflect modernist constructions of identity.   For example, well-meaning therapists, queer and straight alike, have traditionally been trained to encourage clients to 'come out.' This perspective has viewed clients that don't come out as having 'internalized homophobia' or of being 'in denial' of their 'authentic' self. From a queer theory perspective, this practice is problematic for several reasons.

First, the idea of internalized homophobia perpetuates the injustice of privatizing socio-cultural problems, in this case, homophobia and heterosexism. We utilize the narrative therapy practice of externalizing (White and Epston, 1990) to locate problems more properly in their cultural context. This is a more socially just practice that affords people discursive space to consider their relationship to problems and their potential to act in resistance to them.

Secondly, the notion of a 'true' or 'authentic' self is premised on Western modern constructions of stable and essentialized identities that are independent of the world around them.   Queer theory rejects such universal constitutions as deterministic, ahistorical and acontextual.   Notions of authenticity erase the possibility of unique identity conclusions not necessarily marked by conventional language.

Furthermore, while claiming a sexual identity can provide a very powerful option for persons who identify as gay, lesbian, bisexual, and/or transgender, 'coming out' can

also be another standard for sexual expression that people may feel obligated to meet. In addition, privileging the coming-out narrative can unwittingly work in the service of the institutionalization of heterosexuality. Foucault (1980) suggests that claiming a fixed identity as homosexual may be personally liberating but unintentionally privileging of heterosexuality. Lastly, coming out or being out, is not an equal opportunity endeavour. Issues of intersectionality must be considered as queers from various social locations and cultural contexts will have differing consequences within their communities.

Taking up this position allows us to listen 'outside the box' of the unquestioned discourses from psychiatry/psychology, medicine, humanism, and even gay and lesbian developmental models that influence young people. Furthermore, rejection of essentialist notions of identity construction and the psychosocial theories that support them allows for illumination of issues of power and oppression inherent in a heterosexist society and regulated through therapy practices born out of heterocentric assumptions. As such, queering our practice is an act of social justice and accountability.

Lost for words

Not all experiences are accounted for by language or the categories that serve as linguistic short-cuts (e.g., gay, lesbian, bisexual). The notion of 'queer' is itself a critique of identities rather than a new constitution of its own. As such, it causes much dialogical consternation in our Western, modernist, binary-based culture of certainty. Queer' represents for all those people for whom labels don't or won't.

As therapists, what then, do we do? Trafficking in a cultural economy based on language in a profession dependant on conversation, this dilemma presents for us an invitation to reposition ourselves discursively with our knowledge as well as with our

clients. Knowing that language is productive and not simply descriptive and that identities are discursively produced rather than essentially and deterministically fixed, we choose guiding questions such as:

- How can we use language and discourse in ways that invite a proliferation of possible identity conclusions and performances rather than discourses that mandate and regulate identities?

- What discursive positioning will allow queer youth's individual identity claims and lived experiences to be legible as acts of resistance to delimiting discursive power relationships that demand stable, fixed, and binary identities?

- How can we structure safety and allow discursive space that allows queer youth to bring all of themselves to therapy?

- What do we need to stay mindful of and how can we account for therapy practices that are not in solidarity with queer youths' preferred ways of being?

- As family therapists committed to relational work, we also ask:

  o How can we position ourselves at the level of discourse in order to consider the effects of dominant discourses on important people (e.g., parents, family members, other support figures) in the youth's life?

  o What is the relationship between broader cultural narratives and the individual narratives of the people involved with the youth?

We argue for a position of radical doubt toward all universalized 'truths' and assumptions about identity construction. This requires careful deconstruction and meaning-making of clients' internalized and decontexualized understandings of

themselves. Borrowing from Foucault (1980), we suggest that to construct the history (and possible trajectory) of someone's identity construction it is imperative to do so through the lens of discourse and history. Because we situate our understanding of queer identity construction and 'coming out' within this historical discourse—which includes the history of sexuality becoming medicalized and regulated by psychotherapists—we experience queer youths' intentional rejection of fixed identities and their embrace of fluidity as an honorable act of resistance. In short, where others see pathology ('internalized homophobia' and/or adolescent 'defiance') we revel in their political activism.

As an example, the following vignette demonstrates how we apply queer theory to therapy practice.

Queering therapy

Lesbian? Trans?...Queer.

Angelica[4], a Black Jamaican, 17 year-old came to see me (DN) at the local LGBTQ Counselling Center for assessment to determine readiness for hormone therapy. Accompanying Jessica was her stepmother, Brooke, a 52 year-old white women, who was supportive of Jessica transitioning from male to female. Angelica was very bright and engaging. She explained that she had been living full-time as a female for over a year. As I explored Angelica's story, she shared that she "was not home in her body…I knew something was different since I was 4 years old." As she came into her teen years, Angelica thought of her different-ness as gay because she was attracted to young men.

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[4] Angelica has given her permission to have her story told in this format.

As a 14-year old, the term 'transgender' was not something she was aware of and gender variance was rarely discussed or portrayed in popular culture or societal institutions. However, gay and lesbian representations were widely available to Angelica.

As our first interview continued, Angelica stated that gay identity did not quite fit for her. She said there was something, "not right, missing" when she tried on those ideas. While attending the Gay/Straight alliance group at her high school, the staff advisor wondered if Angelica was transgender. The advisor's speculation made complete sense to her. Angelica recalled that day during our meeting. "I thought, 'that's it! I'm not gay, I'm transgender!'" Angelica felt empowered and found courage to begin living her life as a woman, both in private and public. In medical discourse, and among members of trans community, this is known as, 'real life experience' (RLE).

Coming out as trans to her family wasn't only a challenge for Angelica. Brooke reported her own period of transition and struggle while adjusting to the permanence of Angelica's transition. "I wondered for some time," Brook said, "if it was just a phase. And I had just gotten used to her being gay, now this!" Brooke also had significant concerns for Angelica's safety. With time, she was encouraging of her stepdaughter's gender identity. A pivotal moment occurred, Angelica and Brooke shared, when they went shopping together for dresses and make-up. This proved to be a transformative and bonding experience for both women. Although Angelica's father was somewhat ill at ease with her transgender identity, he did attend our second interview. Because she was under 18 years old, Angelica needed parental consent to get hormone treatment and her father agreed to provide this according to the Harry Benjamin Standards of Care, the consensus opinion for medical and psychological care of transgender individuals (Butler,

2004). Angelica qualified for hormone treatment. The Harry Benjamin standards state that people need to have three months of RLE and/or three months of counselling before qualifying for medical interventions.

Working within the pathologizing and medicalized system that provides the hormonal and surgical options that many trans people (such as Angelica) seek creates an ethical dilemma for us. Positioning ourselves within the politics of queer theory, we reject the universalized and expert constructions of gender, sexuality, and, more broadly, 'normal' that define this system. Trafficking in diagnostic categorizations such as so-called 'Gender Identity Disorder' has invited us to work through the dilemma by assuming a position of strategic essentialism (Spivak, 1987). Until other structures and discourses are in place, GID is a strategic means for transgender clients to gain access to trans-friendly doctors and Sex Reassignment Surgery (SRS). Hence, we use the medical category of GID against itself to empower trans clients. Furthermore, as a way of challenging the opaqueness of the medical hegemony, we share our critique of GID. We believe that this transparency serves to honor and make room for individual client stories.

In therapy, Angelica would converse about her experiences in a trans youth group she had been attending. She focused a great deal on her feelings of not measuring up to the group members' ideas of passing. Angelica began to see how the group, while empowering on one level, was disciplining due to specifications of what it meant to be an 'appropriate' trans female. Angelica and I were unpacking the politics of gender by questioning the effects of homonormativity and more specifically, what we have come to call *transnormativity*. Critical, deconstructive questioning that problematizes binary constructions of gender and universal notions of identity is a cornerstone of queer theory.

Through this process of inquiry, Angelica and I exposed the specifying discourses that had her measuring herself against transnormative standards that did not support her preferred way of performing her gender identity. One of the limiting criteria imposed by the group involved judgments surrounding Angelica's sexual object choice. The accusation that Angelica was not 'normal' emerged after she shared that, as her transition advanced, her sexual object choice changed from male to female. Angelica left the group thinking that there was something 'wrong' with her.

Queer theory challenges this kind of privatizing and pathologizing discourse that obfuscates broader cultural narratives (e.g., the gender binary, specifications for femininity, etc.) that influence individual narratives, in this case, that 'there is something wrong with me.' In response to this de-contextualized, self-incriminating comment, I asked her the following questions:

- Who gets to decide what is normal?

- Might these sexual and gender categories be more fluid than what is typically thought of?

- How did you fight off homophobia and trans-phobia to courageously honor your preferences and desires?

- What freedoms are possible if you stand outside of a gender and/or sexual binary system and fixed categories of identity?

- How might you inspire other queer youth to ward off the policing of gender and sexualities to live a life of their own preferences?

Furthermore, situating the group's understandings within the broader culture and acknowledging the effects of normative discourses on its members was critical, as well.

This was important in order to subvert the reproduction of wrongly privatizing responsibility--casting blame—at the individual level. Angelica's liberation did not have to come at the expense of individual group members. By externalizing (White and Epston, 1990) effects of normative discourses, Angelica was able to gain space for herself and the group members from these effects, thus inviting a contextualized understanding of and compassion for the group members. Angelica came into this understanding through questions such as:

- Do you think that trans people invented ideas of femininity and masculinity?

- How have other group members experienced gender policing?

- Have the gender police always been trans and queer people?

- What do you admire about some of the group members? What have some of them taught you that you want to carry forward in your own way?

- What are some possible differences in each individual's life that may influence them to more or less take up gender-typical presentations and practices?

- How can you honor peoples' personal preferences that may be different form your own without having to meet their criteria?

- Would you say that making room for a range of trans identities—including those that may be seen as gender-typical-- helps to stand up to the policing?

These questions loosened the grip that homonormativity and transnormativity had on Angelica as we shifted the gaze from identitarian ways of living to the real effects of normative gender and sexuality that resides within the LGBT community. Engaged

in a therapy informed by queer theory, Angelica reacted to these questions with deep thought and critical refection.

In our next meeting, Angelica said, "I don't like the term trans as much anymore. It's too confining—queer fits me better." This revelation led to another queer expansion for Angelica. She decided that, while continuing on hormones, she no longer desired sexual reassignment surgery. "I don't need to have a vagina to be a woman," she insightfully exclaimed. I was moved by her ideas of unhinging sex and gender from a narrow biological, medicalized view towards a more socially constructed version of sexuality and gender. Angelica's declaration of queer independence exemplifies the powerful utility and fruitful possibilities embedded within queer theory-informed therapy.

Conclusion…we've only just begun…

Queer youth resistance to homonormativity can be viewed and leveraged through the lens of queer theory as a way to contextualize, historicize, and politicize the ever-changing landscape of youth identity development. As previously noted, while Foucault viewed the claiming of a gay identity as potentially liberating for individuals, he cautioned against its potential to reify heterosexuality as the norm. The great success of the modern gay rights movement that dates back some 40 years and the relative acceptance of gay identity (and the people associated with it) has led to the centering of a homonormative identity that has pushed to the margins those individuals embracing identities that don't define them neatly on the male/female, homo/hetero binaries. Bren, Courtney, Renu, Sarah, Angelica, and many others have in essence, returned to a

Foucaultian sensibility, defining themselves not solely by sexual partners or gender expressions, but based on political values and ethical positioning that informs how they want to show up in the world. By reversing the successful reverse discourse that is contemporary gay identity, queer youth are re-working the meaning of sexual and gender identity in the post-stonewall landscape.

Although we find that queer theory offers a theoretical/political foundation that supports our preference for conceptualizations that oppose universal truth claims and the hegemony of the psychiatric system, in practice (and in life outside of the consulting room) we want to be sure that our theory—queer or not—does not take precedence over the lived experiences and preferences of our clients. Indeed, privileging clients' experiences over theoretical assumptions is a queer practice! While there has been a queer theory revolution in the academy that we can now bring into our applied work with individuals, families, and communities, we encourage clinicians and youth workers to stay close to the inspiring stories of revolution that are happening daily in the lives of youth such as Bren, Courtney, Renu, Sarah, and Angelica.

> 'Sit back and watch—watch this new generation unfold with new ways of being. You did things completely differently from how we're doing them because your context was so completely different…' (Courtney)

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