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A Public Silence

Discursive Practices Surrounding Homosexuality in Public Mental Health Services in Aotearoa/New Zealand

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A thesis submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy in Psychology

The University of Auckland

2006

Abstract

Considerable research points to an elevated prevalence of mental health problems and suicide for men who have sex with men (MSM). Yet there is little research on how public mental health services (PMHS) does, or could, address the needs of MSM. When such literature does appear, a common suggestion is that queer staff will be necessary to improve PMHS for MSM through a process of 'matching'. Yet, no research has specifically explored the views of queer staff or MSM clients on this. Further, a positivist trend within the existing literature contains individualising and essentialising assumptions that limit our understanding of relationships between MSM and PMHS. Adopting a critical social constructionist perspective, I argue that Foucauldian theory and its analysis of the relationships between discourses, power, and subjectivity, enables research to focus on the social and structural processes constructing mental health care for MSM. This thesis explores the discursive construction of the relationships between MSM and PMHS, and the implications of this for practice.

My analysis begins by explicating commonly circulating discourses of homosexuality, and of mental health, in New Zealand. These discourses are evidenced in (but not limited to) academic literature, governmental documents, and queer and mainstream media. They provide a framework for the analysis of interviews with 12 queer staff and 13 MSM clients of PMHS. The analyses illustrate the multiple discourses informing the MSM's subjectivities as homosexuals and show the predominant discourses they draw on to account for their mental health problems. I suggest the term 'homonegative trauma' to denote this. Analyses of the staff and clients' accounts around the 'disclosure' of homosexuality within PMHS reveal discursive power relations which restrain staff, and some clients, from acknowledging homosexuality.

I consider two strategies for disrupting this heteronormative silence within PMHS. I contend that the notion of 'matching' queer clients and staff is a minoritising one, with limited ability to counter heteronormativity. In contrast, a universalising approach requires all staff to initiate conversations with all clients about sexuality. Making a comparison between staff inquiring about sexuality, and the currently recommended practice of staff

asking about sexual abuse, I argue that this analogy provides useful resources to support such a universalising move.

I conclude by arguing for systemic and structural changes in PMHS to support staff to routinely enquire about sexuality. If done with an awareness of the discursive complexity involved, such a shift has the potential to disrupt heteronormative practices within PMHS. My analysis suggests that the power of the medical discourse in particular, will be a significant restraint to such a change. However, if heteronormative practices within PMHS remain unchallenged they will continue to silence some MSM clients, thereby, maintaining the homonegative trauma described by most of the MSM clients interviewed. This would reproduce a tendency within the medical discourse to focus on individual pathology and to evade the ways in which social marginalisation and oppression can be constructive of mental health problems.

Acknowledgements

I now know, a PhD is as much about process as about content. I have been fortunate in having support for both. I wish to thank the many people who have sustained me in the construction of this PhD:

John Read, and Debbie Payne, have been fantastic supervisors, colleagues, and friends. Their willingness and ability to work together, with their different perspectives, has helped me to balance the tensions often present between discursive and 'applied' research. I also thank them both for their constant wisdom, support, and encouragement throughout the research.

To the 13 clients, and 12 staff, who participated in the interviews. Without them, this research would not have been possible. I realise that discourse analysis often presents accounts that differ from how participants might view their own comments. Yet I hope that my analyses adhere to my declared intention to work towards queer-affirmative practices within public mental health services.

The many organisations, and individuals, within the wider queer communities, who in various ways enabled the research to take place. In particular, to the Burnett Centre of the New Zealand Aids Foundation, for agreeing to offer support to any participants who may have wanted it as a result of participating in the research.

Barbara Grant, has been a wonderful friend, academic mentor, and PhD companion. She has contributed greatly to my formation as a writer. I have many fond memories of shared PhD weekends in Waipu, filled with conversation, laughter, good food and wine, and of course, much writing.

Todd Brackley, Bernadette Guerin, and Jin Tai have engaged in much talking, reading and considerable encouragement. Over the last two years, Bernadette became a constant PhD buddy through our writing days on Thursdays and Fridays.

Jennifer Howarth, who through many sustaining conversations helped me navigate the various ways in which this research intersected multiple aspects of my subjectivity.

Two PhD writing groups - in the early days, Mei Lin Hansen, Lyn Lavery, Helen Mavoa, Barbara Grant. Then Debbie Payne, Melissa Spence, Rain Lamdin, and Bernadette Guerin. These groups provided opportunities to discuss the process of being a PhD student, grapple with theory, and provide each other with feedback on writing.

The Critical Psychology Group of the University of Auckland - thanks to Nicola Gavey and Virginia Braun for allowing me to intermittently attend the group and participate in the interesting discussions within it.

Auckland District Health Board, and Waitemata District Health Board, for granting me study leave to conduct this PhD. To both of these boards, and to Counties Manukau District Health Board for allowing the involvement of staff and clients within their respective mental health services.

To my colleagues and friends at St Lukes Community Mental Health Centre, who over the last four years have continually supported me and my research – Ruth Allen, Mike Batcheler, Annie Manning, Sara Nevezie, and Leigh Westgate. Also to Dave Graham, who has been a most supportive manager.

To Queer Rigour, a consultation group of gay therapists, for their continued interest and encouragement – Gavin Stansfield, David Thomson, Dale Wiren, and Jeremy Younger.

The Psychology Department of the University of Auckland, and the Postgraduate Research Fund, for supporting my attendance at conferences. I am also grateful to the Foundation for Research, Science and Technology for awarding me a Top Achiever Doctoral Scholarship.

My friends, and family, for their ongoing encouragement and support, and for accepting my often putting my PhD first. In particular, to Ernie Barrington, Liadan Cotter, Kirsten Van Kessel, Elisa Lavelle, David Petherbridge, Leena St Martin, Janet-Mae Stratford, and Dale Wiren.

Finally, to Jin Tai who, along with Toby, has accompanied and supported me in more ways than I could have hoped for through this long journey. I am truly grateful.

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Preface:

Noticing a Silence
Homosexuality in Public Mental Health Services

At various times in my life I have identified with (amongst other things) the terms 'homosexual', 'poof', 'gay', and more recently, in certain contexts, 'queer'. These varying labels represent how multiple discourses of homosexuality have been implicated in the production of my subjectivity and identity. For much of my adult life I have been strongly positioned by the equal rights discourse of homosexuality and its call for 'out', visible, and proud lesbian and gay people.

Consequently, when I graduated as a clinical psychologist my first job was as a designated gay counsellor within an alcohol and other drugs agency. An additional role of mine was that of 'gay community project worker'. The goal of the project was to reduce harm in the lesbian and gay community related to alcohol and other drugs (Semp & Madgeskind, 2000). I still recall being amazed and excited that a health care agency was being so proactive in inviting lesbian and gay people into their services. Accordingly, within my roles there I participated in, and was witness to, many queer conversations.

After three years I moved into public mental health services (PMHS), my current occupation, where I have worked in two different agencies for over seven years. In contrast to my time in alcohol and drug services, I became aware of a relative absence of lesbian and gay clients, and of conversations about their particular mental health needs. Yet, I was aware of the growing literature on the elevated prevalence rates of suicide and other serious mental health problems amongst lesbian and gay people. It was my noticing of this silence that prompted this research. I wanted to explore what this silence might mean? What might construct it? What might be its effects? This thesis is such an exploration.