DISRUPTING NORMALCY: LESBIAN, GAY, QUEER ISSUES AND MENTAL HEALTH

AN INTRODUCTION

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The timing for the publication of this special issue, *Disrupting Normalcy: Lesbian, Gay, Queer Issues and Mental Health*, is not insignificant. In Canada, we have seen in the recent election, and will no doubt continue to see, public debates over the issue of same-sex marriage. Many Canadians are supportive of increased rights for gays and lesbians and are tolerant—if not accepting—of gay men and lesbians as equal and contributing members of society. Nonetheless, it seems that the definition of marriage and the extension of marital rights to same-sex couples has brought forward more blatant examples of the ways in which "homosexuality" is still perceived as too different from heterosexuality, as somehow "deviant" or "abnormal." These examples make it clear that gay and lesbian individuals continue to be seen as not deserving of the same entitlements and privileges as heterosexuals. Convictions about sexuality seem very deeply embraced.

The negative reactions which come to the fore in these debates stem from a long history of societal oppression that has pathologized gay men and lesbians. Historically, the fields of medicine, psychology, and psychiatry—each of which studies or, some might say, enforces standards of normalcy—labelled gay men and lesbians as inverts, as deviants suffering from arrested development, and/or as people with an illness. Within this context, it was impossible to ask about the needs of gays and lesbians or how mental health professionals might better serve their needs. Fortunately, knowledge changes and attitudes shift. "Homosexuality" was removed from the official list of mental disorders in 1975. Since that time, the American Psychological Association (APA) has encouraged mental health professionals to provide affirmative and appropriate services to lesbians and gay men. In fact, APA notes that the term "homosexual" is rarely acceptable because of the psychopathological connotations acquired when it was listed as a mental disorder (APA, 1991). In 1996, the Canadian Psychological Association (CPA) adopted a policy opposing discrimination against lesbians, gay men, their relationships, and their families. More recently, CPA has released reports that support same-sex marriage and same-sex couples' parenting. Such resolutions, however, are not enough to disrupt prejudice, ignorance, or the roots of historical trajectories. Debates continue about the suitability of gay and lesbian parents and the psychosocial and sexual development of their children. Some researchers continue to examine the controversial area of conversion therapy and the underlying causes of homosexuality (i.e., hormones, genes, size of hypothalamus) in ways that reflect an underlying assumption of heterosexuality as

the preferred and normative sexual identity. These same lines of inquiry are not asked of heterosexuality.

Given this contested terrain, we continue to need research that presents information on the diverse cultures and concerns of lesbian, gay, and queer communities. Our use of the awkward phrase lesbian/gay/queer reflects the diversity that we must attend to in the field of mental health. The term *queer*, for example, is now used by a range of individuals who are challenging gender and sexual-identity norms. It reclaims a formerly derogatory term and now uses it as an umbrella term to encompass many identities—bisexual, two-spirit, transgender, and intersex, to name a few. Our choice of title for this special issue reflects our interest in addressing a range of lesbian/gay/queer issues without essentializing sexual identities. We also use the term *queer* as a way to interrupt the heterosexist binary of straight/gay that too easily supports and maps onto other inaccurate binaries such as normal/abnormal and natural/unnatural (Ristock & Taylor, 1998). In other words, we wish to provide information about the needs of gays and lesbians while, at the same time, denaturalizing socially constructed categories of sexual orientation.

Over the last 10 to 15 years, there has been more and more scholarly work published in the field of lesbian/gay/queer mental health that does, in fact, increase our knowledge while counteracting the harmful biases and perceptions of gays, lesbians, and queer people. As guest editors, our own research projects reflect an effort to contribute to this growing field (see, for example, Janice's work on lesbian relationship violence [Ristock, 2001, 2002, 2003], and gays and lesbians and stress and coping [Iwasaki & Ristock, in press], and Danielle's research on gay and lesbian couples' communication and social networks [Julien et al., 2003; Julien, Chartrand, & Bégin, 1999] and gay- and lesbian-headed families [Julien, 2003; Julien, Tremblay, Leblond de Brumath, & Chartrand, 2002]). Across Canada, there are many important community initiatives that are developing and pushing the field of community mental health to include lesbian/gay/queer concerns. For example, the newly formed Canadian Rainbow Health Coalition—which is hosting its first conference in Ottawa in November 2004—is bringing together activists, community organizations, and academics to address the health (and mental health) concerns of lesbians, gays, bisexuals, transgender, and two-spirit peoples. The Canadian Mental Health Association (CMHA) has been hosting, since 1998, a annual conference on the family and homosexuality, and recently hosted "Out in Colour," the first conference to address issues of concern to members of Montreal's diverse cultural communities who are also lesbian, gay, bisexual, transgendered, or two-spirited (LGBTTS). Despite these positive innovations, and many others not mentioned, there remains a need for this volume.

From recent research, we know that gays and lesbians use therapy (and likely other mental health services) at a high rate and that psychologists and other mental health professionals report a lack of knowledge and information in the area of gay, lesbian, and bisexual psychology (Perez, DeBord, & Bieschke, 2000). We wish to help fill this identified gap by providing information and knowledge about gay men, lesbians, and queer people to the many practitioners within the field of Canadian community mental health.

What is striking, although not surprising, about the articles in this special issue is that each reflects the harmful and negative effects of homophobia and heterosexism rather than revealing any core, essential mental health difficulties facing lesbians, gay men, and queer individuals or communities. Some of the articles address the effect of

homophobia and heterosexism on individuals; others explore the ways in which institutions engage in exclusionary practices and prejudices that need to be altered. For example, the article by Karine Igartua, Kathryn Gill, and Richard Montoro explores the notion of internalized homophobia (where a gay or lesbian person internalizes the negative views about his/her sexuality that are found in dominant culture) and finds significant links to psychological distress, particularly depressive and anxious symptoms. The study reveals that the most psychologically difficult period is likely in the early stages of identity formation when internalized homophobia may be highest. The authors are careful to show that being gay or lesbian does not itself cause distress, but that distress is the effect of being lesbian or gay in a heterosexist context. The interview research by Sarah Baker suggests that lesbian survivors of childhood sexual abuse found it difficult to come out and accept their sexual selves in part because of the stereotype that sexual abuse causes "homosexuality." The study by Trish Williams, Jennifer Connolly, and Debra Pepler finds that gay, lesbian, bisexual, and questioning youth are more likely to be victims of bullying, peer sexual harassment, and dating-partner physical abuse than are heterosexual youth. As these articles suggest, so much of what is needed in the field of mental health is an understanding of the individual effects of hate, prejudice, and oppression on marginalized groups such as lesbians, gays, and queers as well as interventions to prevent such victimization.

The article by Jude Tate and Lori Ross explores the model of a university psychiatric service with the understanding that LGBTQ students are reluctant to use mental health services because, given the historical treatment of gay men and lesbians in psychiatry, they fear being pathologized. The authors make suggestions for ways to improve mental health care by utilizing a participatory, community-building approach. Another innovation in programming is offered in the article by Michael Chervin, Shari Brotman, Bill Ryan, and Heather Mullin, who discuss ways in which universities can be encouraged to address the mental health concerns of gay/lesbian/queer people from a perspective of solidarity. By reflecting on their experiences of developing Project Interaction within the School of Social Work at McGill, these authors offer a paradigm which may serve as a model for other programs. Finally, in keeping with the theme of disruption, Andrea Daley examines the way in which the assumption of female heterosexuality functions in hospitals' policies and practices and offers a case study that exposes the limiting and harmful effects of the normative assumptions, based on both gender and sexuality, which operate within institutions. Thus, each of these articles illustrates the value of researching institutions.

Each of the two French papers in this special issue addresses the adaptation of social and health services to lesbians. In a qualitative research study on residential services to aging lesbians, Line Chamberland tackles the problem of social invisibility among aging lesbians and identifies it as a major obstacle to the adaptation of residential services to meet their needs. She examines the social mechanisms which, within institutions and communities, reproduce this invisibility. The question of intervention and research on lesbian domestic violence is addressed by Suzie Bordeleau and Karol O'Brien, heads of the Groupe d'intervention en violence conjugale chez les lesbiennes (GIVCL), the first francophone community organization in Quebec to offer support to lesbians who are victims of domestic violence. These authors describe the development of the intervention program, analyze its limitations, and articulate the need to address systemic views of same-sex violence (victim and perpetrator) and to develop partnerships with the research community.

Overall, this special issue provides examples of new knowledge, innovative programming, and much disruption of assumptions. Our work in the field of community mental health must continue to understand the effects of hate and prejudice and to work against interlocking systems of oppression such as sexism, racism, classism, and heterosexism. This volume does not include articles that specifically address the way other positionings intersect with sexuality; we need to consider, for example, issues facing two-spirited people and the impact of racism, colonization, and homophobia on mental health. Further, none of the articles address the specific context of transgender issues, which is being identified as the new human rights issue facing Canada (The body within, 2004). Our hope is that future issues of this journal will include such work.

The field of community mental health is challenging and constantly changing as our understandings and definitions of normalcy are disrupted and as our knowledge of sexual identities are expanded. We dedicate this volume to those who are working in the field of mental health for the needs of lesbian, gay, and queer communities in the struggle for social change.

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