

## **Queering evidence-based practice**

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That which is currently understood as evidence-based practice within the discipline of psychology primarily relies upon a positivist interpretation of the world around us. Whilst such an interpretation may be argued by some to be useful, others argue that it fails to recognise the impact of social contexts, and the role they play in producing particular negative mental health outcomes for marginalised groups. In this paper I argue for an alternate account of evidence, where the fact of social norms is taken as our evidence base, and where practitioners actively strive to examine power in the counselling setting and in the lives of clients. Building on work in the field of narrative therapy in productive ways, I explore four case studies from my own practice in order to elaborate an approach to counselling in relation to issues of gender, sexuality and identity that 1) recognises the operations of top-down power both within the counselling space and in the world more broadly, 2) understands individuals as a 'fold' of the social, and 3) holds practitioners to account for the evidentiary claims that we make.

Keywords: counselling gender and sexuality, queering, evidence, power, accountability, subjectivity

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## **Introduction**

As is the case for many of the health and social sciences, psychological knowledge has traditionally been influenced by a desired relationship to the physical sciences. Striving for recognition of this relationship has led positivist psychology to engage in a range of knowledge claims that largely mirror those made within disciplines such as medicine, the most troubling of these claims being the drive towards ‘evidence-based practice’. Of course it could be argued that psychological knowledge claims made in alignment with the medical model can be seen as providing useful interventions into the lives of those experiencing mental health issues (provided such claims are assessed against the specific terms and definitions of evidence-based practice). Indeed, it has been suggested (e.g., Lerner, 2002) that any critique of positivism that aims to dismiss its utility in its entirety simply perpetuates the epistemic violence that some would accuse positivism itself of (i.e., by forcing all forms of knowledge to conform to one particular account of what constitutes knowledge). Nonetheless, I would argue that we must remain suspicious of the ideological frameworks into which current understandings of evidence-based practice force a range of marginalised groups (as I outline in the sections that follow).

Furthermore, it is important to recognise that there may be a considerable gap between research-based evidence claims, and the actual skills that go into working with marginalised groups of people. Perhaps more worrying, however, are the ways in which the drive for an evidence base for working with marginalised groups of people can result in a very narrow and prescriptive understanding of marginal identities. Understandings of such identities within a positivist framework typically encourage either a liberal approach (‘everyone is the same’) or an ‘ethnic identity model’ approach (‘marginalised groups of people are entirely different, though knowable and

homogeneous'). Both of these approaches are problematic due to their potential to give rise to a simplistic 'tick box' method of conducting research and practice that fails to challenge normativity both inside and outside marginalised communities. More specifically, the liberal approach is typically apolitical (on the basis of its presumption of an 'equal playing field' upon which all individuals are presumed able to enact rights accorded to them) and thus fails to adequately examine the impact of social norms upon marginalised groups. The ethnic identity model, by contrast, and in its drive toward recognising group differences, tends toward the reification of identity categories and the construction of marginalised groups as internally consistent (Hicks & Watson, 2003).

In response to these problems, and taking up Langdridge's (2007) challenge to develop a 'queer hermeneutic within the therapeutic process' (p. 37), I outline in this paper what a queer approach to 'evidence' may look like, and explore some of the ethical considerations required in working within such a 'queered' approach (which I define as an approach to practice in relation to gender, sexuality and identity issues that focuses upon examining and challenging social norms and which emphasises the effects of social power upon the lives of individuals). In order to do this I begin by first briefly outlining some of the negative implications of current understandings of evidence-based practice for working with lesbian, gay, bisexual and trans (LGBT) clients (whilst also highlighting the negative implications of such practice for heterosexual clients as well). I then briefly outline the ways in which narrative therapy (as an example of a more critical approach to therapy) has been used to 'queer ends', highlight two of the limitations that I believe exist in relation to understandings of power and subjectivity in narrative therapy, and provide an alternate account of them that may form the basis for 'queering' therapy in more productive ways. From there, I

discuss four brief case studies from my own practice in which I have used such an approach to emphasise issues of power and social norms. I conclude by suggesting that any approach to 'queering' what constitutes evidence-based practice must involve developing ways of holding practitioners to account for our actions, and to radically rethinking what it means to make evidentiary claims.

### **What counts as 'evidence'?**

Most readers will no doubt already be aware of the 'rules' that shape evidence-based practice within psychology at present. Knowledge gathered in this way, it is claimed, is objective, neutral and realist in its interpretation of people and the world around them (Humphries, 2003). One of the negative outcomes of the privileging of this type of knowledge is a directive towards funding public mental health programmes that are premised upon findings from clinical trials. As such, it is important to examine how the 'evidence' derived from such an 'evidence base' becomes about individual differences, where individuals are treated as the primary locus of intervention.

In relation to LGBT people, there are a number of potentially negative implications of these types of evidentiary claims. First, it is still recent history that LGBT people were depicted as pathological on the basis of individualistic (and indeed normative) understandings of sexuality and gender. Within this framework of pathology, mental health practitioners could authorise the incarceration of non-heterosexual and non-gender normative people, could engage in extreme behaviour modification techniques (such as the simultaneous presentation of images of naked men and the administration of an emetic to gay men), and in some cases could authorise psychosurgery (Terry, 1999). As such, the history of the application of

‘evidence-based practice’ to LGBT people would suggest that what counts as ‘evidence’ (and the practice that follows from it) will always be historically- and contextually-specific, and that this can result in extremely negative outcomes for individuals who do not conform to a particular set of societal norms.

A second problem with individualistic approaches to contemporary practice (which on the whole do not endorse explicitly pathologising approaches to working with LGBT people) is that they tend to reify both the liberal and ethnic identity models of LGBT identity described earlier. One effect of this is that those LGBT people who refuse these models (i.e., by refusing to buy into notions of a ‘level playing field’ or by asserting a radically oppositional understanding of identity) may be positioned as unintelligible within existing western gender/sexuality binaries. An example of this is that of relationship therapy with LGBT people. Research overviews of best practice in this field (e.g., Spitalnick & McNair, 2005) often privilege notions of monogamous coupledness as the norm to which all relationships should aspire (Ralfs, 2002). LGBT people who refuse to conform to this expectation of what relationships should look like may potentially be denied services (or if they receive services, may be treated in implicitly pathologising ways). Third, and relatedly, this drive toward reifying a particular narrow model of LGBT identities serves to render LGBT people as a whole complicit with the functioning of regulatory norms through which individuals are inserted into dominant frameworks. In other words, LGBT people who request psychological services are expected to conform to a model of practice in which they are encouraged to act as agents of change in their own lives, where change is typically marked by a relatively normative account of identity (i.e., feeling a sense of cohesion with others presumed to be ‘like’ the individual engaged

in therapy, or accepting that change can be achieved on the presumption of a ‘level playing field’ upon which all individuals have equal opportunities to succeed).

What an individualistic approach to evidence-based practice in psychology fails to take into account, then, is the contexts both in which evidence is produced (i.e., a discipline that privileges positivist approaches to knowledge production that have in the past been used to negative ends against LGBT people), and the broader social context in which the discipline sits (i.e., one founded upon very particular neo-liberal forms of white heteropatriarchy). This would suggest, and as I elaborate in the following sections, that what is needed is a reorientation of what counts as evidence: not simply recognising a wider range of methodologies and clinical approaches, but also treating as evidence the fact of social marginalisation (Baum, 2007). In other words, queering evidence-based practice requires as its starting place recognition of the fact that the evidence we have about, for example, anti-LGBT hate crimes, constitutes an evidence based upon which to develop practice responses. Recognising the significant social stressors placed upon LGBT people (amongst others) requires both researchers and practitioners to treat heteronormativity (for example) as a significant, if not key, ‘variable’ when engaging with LGBT people in a therapeutic setting (Meyer, 2003). Furthermore, recognising both heteronormativity and hegemonic understandings of masculinity and femininity as powerful forces shaping western societies can afford us increased opportunities for working with heterosexual clients in ways that explore the limitations placed upon all people by normative gender binaries. In other words, the ‘queered’ approach that I advocate for in the following sections is useful not solely for working with LGBT clients, but also for working with all clients in relation to issues of gender, sexuality and identity more broadly, as social norms hold the potential to negatively impact upon all individuals

(even if at the same time they function to privilege certain groups of people over others).

### **Are ‘critical therapies’ queer?**

A small but growing body of researchers and practitioners have done exactly what I indicated above: they have taken insights from queer theory as to the effects of heteronormativity, along with Derrida’s (e.g., 1981) deconstructionist approach to normative binaries, and have applied these to working with LGBT clients (e.g., see chapters in Moon, 2008). This approach has often drawn upon work by the late Michael White (1991) in his elaboration of narrative therapy. White argued for the use of deconstruction as a tool for working with clients to ‘externalise’ the negative stories that have shaped their identities, with the goal of re-narrating alternate ways of seeing themselves, thus opening up the possibility for change. Much of White’s writing (and those who utilise it) draws upon the work of Foucault, and focuses on a ‘productive’ (rather than repressive) account of power, and in so doing argues for the capacity of individuals to change the ways in which they relate to normative structures. Yet whilst the account provided by White and others is important for its use of postmodern theory and its non-pathologising approach, there are aspects of it still that tend towards the under-theorisation of power and subjectivity.

To elaborate: White (1991), and more recently Butler and Byrne (2008), emphasise an idea of power as productive. Whilst I acknowledge that recognising the capacity of individuals to change, resist, and re-work is important, I am wary of any account that fails to recognise that top-down power continues, and that it does so in insidious ways. Certainly, it could be argued that in western nations we do not live under a dictatorship. But this does not mean that the terms upon which national

belonging or rights are offered are not tightly governed so as to ensure the production of docile subjects in much the same ways as under sovereign power. Furthermore, enactments of sovereign power continue to occur, such as in relation to those individuals who experience marginalisation on the basis of racial categories (as is the case for those seeking refuge as a result of threats of violence in their home countries). As such, it is vitally important to recognise that power does still impact in a very top-down way upon all of our lives, but especially upon those who are rendered vulnerable by the norms of white heteropatriarchy. This of course does not mean that resistances do not occur, nor that impositions of sovereign power are (as they always were) incomplete in their erasure of incommensurabilities. Nonetheless, it would be disingenuous to suggest that therapy can occur in a context where the top-down imposition of power (including that accorded to practitioners) has no impact upon the ability of people to re-narrate their lives.

In relation to issues of subjectivity and the ‘externalising’ of problems, I would suggest that any application of Foucault’s work must involve a more adequate theorisation of the individual. There is of course a long history of critique of individualisation and internalism within psychology (e.g., Rose, 1998), but unfortunately this often seems not to be adequately taken up within critical approaches to practice (such as narrative therapy). For example, it is important to ask from where social norms are being externalised, and how notions of agency and narrative may at times align closely with a liberal account of the autonomous subject. Whilst White’s (1991) work (and those who have subsequently used it to ‘queer’ ends) has elaborated a relational account of subjectivity (where individuals are seen in a relationship to the social world, and where change can proceed on the basis of shifting one’s relationship to the social world and the stories we hold about it), this

can easily slip back toward a highly individualised account of the locus of change. Certainly narrative practice adopts a political approach that involves advocating for social change. Yet at the same time, the focus upon re-narrating individual life stories potentially falls short of adequately recognising how ‘the individual’ and ‘the social’ are part and parcel of the same fabric, as I will discuss in the following section where I elaborate one response to the issues of power and subjectivity raised above.

### **An alternate account of power and subjectivity**

Undertaking the work of queering what constitutes evidence then, requires two primary areas of focus: 1) continually placing issues of power at the centre of the research/practice nexus, and 2) maintaining a critical stance towards that which already counts as ‘queer’ or critical within therapy (with a focus upon the account of subjectivity that is engaged). As such, and as Hegarty (2001) suggests, queering evidentiary practice requires those of us working with/as LGBT people (in addition, as I have suggested, to those of us working with heterosexual people) to continually interrogate the complexities of power as it operates upon and through individuals via normative categories of sexuality/gender (and how these categories are then treated as ‘variables’ to be explained away rather than seeing them as constitutive of particular subjectivities in a broader social context).

In regard to the first point, Langdrige (2007) suggests that a central focus of any project aimed at queering psychology must involve examining the power held by practitioners (see also Hodges, 2008). One suggestion for doing this, as advocated for by Brown (2007), is to consider how practitioners manage our own sexual and gender identities within the counselling space. Brown proposes that we need to consider how clients may have a right to know the identities of practitioners, and that denying this

information to clients not only perpetuates the unequal power relations that exist (whereby clients are expected to divulge their most personal details with nothing comparable in return from practitioners), but can also compound some of the reasons that clients may come to therapy (i.e., feelings of shame in relation to their identity). In this sense, revealing our own identity locations to clients can potentially serve a role in the democratisation of power: it provides clients with information about our lives that to at least some extent opens us up to a similar vulnerability to that undertaken by clients.

Of course it could be argued that giving clients information about our identities will provide them with ‘ammunition’. That, I think, is largely Brown’s (2007) point: that, on the whole, clients are unlikely to (mis)use that information, and the very fact of having such information creates not only a more open relationship, but also a possibly more balanced one in which each party is held to account by the knowledge they hold about one another. Elsewhere, I (Riggs, 2009) have suggested that teaching students in Australia about LGBT issues requires a central focus upon colonisation and race privilege. Coming out, in this context, requires me to talk about my identity as a white middle-class man, and the attendant privileges that I hold. I might also come out to students as a gay man or a parent (amongst other things). All of these categories hold the potential to be used in educational ways if they are rendered visible not to simplistically account for my location or build rapport with students (or in the case of this paper, clients), but rather to demonstrate my location within networks of power, and to render myself accountable for that location. Doing so, I would suggest, can model to students and clients modes of accountability that are less about punitive or guilt-laden understandings of power and privilege, and more about locating ourselves within the contexts in which we live.

This point about locating ourselves within a social context brings me to the second point that I identified above, namely the account of subjectivity that we employ. In contrast to an account of ‘the individual’ who ‘externalises’ oppression or problems (as a narrative account would suggest), it is instead possible, following Curt (1994), to understand ‘the individual’ as a ‘fold’ of ‘the social’. Curt suggests that rather than seeing the two as distinct entities with the latter always superimposed upon a pre-existing version of the former (seen as individual *tabula rasa*), it is possible to see relationality as the product of beings ‘caught’ in the same thread that binds them together as much as it keeps them apart (i.e., being a fold of the social means that we are, for the most part, able to claim an intelligible speaking position, even if that speaking position often constrains us at the same time). Recognising the relationships that exist between clients and practitioners and within the lives of clients themselves, then, provides opportunities for a truly intersubjective approach to counselling, one that puts practitioners and clients in a relationship to one another, and which refuses to simplistically locate power ‘within’ institutions, but rather emphasises the investments we all have in the social norms through which we come to be, as I elaborate in the following case studies.

#### **Four case studies**

In this section I broadly outline work that I have undertaken with four clients/couples/families in the past two years. My intention in so doing is to explore how together we undertook some of the work of challenging normative binaries and exploring alternate ways of accounting for our selves and experiences. Of course it must be acknowledged that my work with clients is very much guided by my own approach to practice, and thus the outcomes and claims that I make from them are not

generalisable. Regardless, my intention is that exploring my own practice will help to illustrate some of the points I have made throughout this paper thus far.

### *Amy and her family*

I came to see Amy and her family through a personal friend who stated that she was looking for a referral for a young transgirl whose family needed counselling and support. Amy's mother Kathleen came to me for an initial session and we spoke at length about the challenges she felt in recognising her child now as her daughter, and the loss that she felt for the person she had known as her son. Kathleen was clear throughout that she accepted her daughter's gender identity, but reported that she had considerable fears about Amy's future. We spoke at length over ongoing sessions about gender identity and expression, and worked on an understanding of gender that uncoupled it from bodies. This of course did not mean that we ignored the pragmatics of possible future sex reassignment surgery or the soon-to-come effects of puberty upon her child. Rather, we spoke about an understanding of her daughter as being a 'girl with a penis', and that this was a valid gender identity that was experienced as a core belief by her child. This was an instance where it was important for me as a practitioner to speak from a position of relative knowledge in a top-down fashion. To do otherwise would have been to fail to potentially meet the needs of the child to be supported, and to work with her mother to meet these needs.

At the same time, however, there were often times when I was called upon as a figure of authority to legitimate Kathleen's thoughts, or to provide witness to the 'realness' of her child as a daughter. In these instances I was critical of the 'expert practitioner' position, and instead encouraged Kathleen to reflect upon Amy's clear

claims to a gender identity as a girl. Additionally, Kathleen and I also talked about our own non-gender normative behaviours throughout our lives, and in so doing discussed the construction of gender norms. This was important as it allowed Kathleen to reconceptualise gender as part of a binary system that produces inequalities such as those faced by her daughter. In so doing, Kathleen was able to avoid adopting either a 'we are all the same' ('she is just my child') or 'ethnic identity' ('my child is trans') approach, and to instead see her daughter's experiences in a social context *where her body is forced to matter*. This approach was an enactment of Curt's (1994) discussion of the individual as a 'fold' of the social, where rather than treating Amy as an object of change (i.e., that she must conform to her assigned gender, or that she could learn how to 'function' in a gender-normative world), we were instead able to see how our experiences (and bodies) are shaped by social norms, but that Amy is able to live her life as a female of her own making and definition in a relationship to her family.

When I eventually met Amy we put this approach into practice by discussing the many differing ways of 'being a girl', and that whilst at present Amy is infatuated with all that is pink and sparkly, she has available to her many ways of thinking about her body and identity. We also spoke about how, regardless of current legislation or rights, Amy's family have the right to celebrate their family and their identities in their own way. We also spoke at length about my role as an 'expert witness' in the future, and that playing such a role would be undertaken pragmatically to meet the needs of Amy as they arise, rather than perpetuating the idea that my knowledge as a practitioner should automatically be privileged above those of Amy and her family. In exploring these issues my aim was not to be disingenuous, and deny the authority I am delegated as a mental health professional (and which I deployed at times, as discussed above). Rather, my intent was to recognise that such top-down authority

must always be accountable – that my ability to speak for Amy and her family in the future (i.e., to other professionals) must always be contingent upon recognition of the reasons why this may be necessary (i.e., existing social norms that perpetuate top-down authority through the privileging of ‘professional’ over ‘lay’ knowledges).

### *Bill*

Throughout the duration of my work as a counsellor I have been fortunate to have one long-term client with whom I am working. Bill, a heterosexual man, came to see me originally to address traumas from childhood that were affecting his ability to function socially. Primary amongst these was abuse from his parents, but closely related to this was his experience of living in a small country town with his family who had migrated to Australia from India when he was young, and his struggles in developing a positive sense of himself as a man later in life.

Much of our early work involved coming to see himself as a person of worth who could not be blamed for his parents’ actions. Doing this enabled Bill to be able to recognise that he did not deserve abuse, and that he could learn to trust people in his life. The starting place for this, by his admission, was learning to trust me. All of this work was a challenge for us both, as Bill initially presented with extreme scepticism about my capacity to care about him or to have any knowledge that could be of use to him. More recently Bill admitted to me that this was largely due to his own fear of engaging in forms of homosociality with someone he perceived as both much younger than him, and who he viewed as non-gender normative. Previous to this admission in the session Bill had fallen very quiet, and when I asked what was the matter, he said he had only just realised, by looking at me, ‘how beautiful another human being can

be when we can see them as they are, rather than through our own lens of mistrust and anger'. This was a significant moment for us both as it demonstrated Bill's own realisation that the binaries and norms being imposed upon our relationship were some of the same ones that resulted in his trauma in childhood.

Of course this experience of transference only tells part of our story. The other part is that we undertook considerable work for Bill to be able to talk about his experiences of racism, his anger at white Australians, and his immense sense of injustice. Some of this arose from me stating my belief that it is important for white Australians to be accountable for the privileges that we hold. As we spoke more, we explored a relational account of racism in Australia in which I did not hold my hand up to be the 'bad white man', but rather recognised the contingency of my privilege upon the disadvantage of others, and the injustice of this. Owning the power I hold as a white person, and regardless of any marginalisation I may have experienced in the counselling setting as a result of Bill's gender normative assumptions, was an important part of our work together in acknowledging the legitimacy of his anger stemming from living in a society where top-down power has very much shaped his entire life (i.e., as a result of racialised hierarchies). Putting us both in the same relational fold (i.e., one where privilege and marginalisation are seen as corollaries of one another) avoided either an approach that would render me completely removed from his experiences of trauma, or one that would hold me solely accountable. Instead, seeing ourselves as folds of the one social fabric that is founded upon racialised and gendered hierarchies (amongst others) enabled us to explore our location in each other's histories.

*Sarah and James*

Sarah and James came to see me for couples counselling following James having what they referred to as an 'affair'. Sarah presented with considerable anger towards James and what she depicted as his dismissal of the affair as meaningless. Contrarily, James himself repeatedly represented himself as sorry, as having no excuse, and as not deserving Sarah. Early sessions often involved a lot of silence as both parties refused to speak to one another, yet when we spoke separately both stated clearly that they loved the other and wished to remain together. It became apparent in early sessions that James and Sarah had experienced considerable pressure on their relationship, both from their parents who refused to recognise it as a 'real' relationship (due to their being in their late teens), and from their friends (who reportedly attempted to force a separation between the couple in many instances). A lot of this early work thus focused on recognising their relationship as one, and thus as something deserving of both respect and work.

As the sessions progressed James repeatedly asked to see me by himself. In these sessions James spoke very candidly about his actions, the depth of his feelings for Sarah, and the expectations placed upon him by both his parents and male friends. In particular he spoke about the expectation that he would 'play football, sleep with lots of girls, and have fun'. As we spoke more it became clear that James struggled with these expectations, and felt unable at times to resist the injunction to perform a hegemonic masculinity. As it turned out, this struggle was in no small part due to James identification as bisexual. At first James explained his actions away as situational – that he was living in a boys home in his mid teens and that his intimacy with other males had only been a 'passing phase'. But as we spoke more about the clearly happy memories he had of that time and the acceptance he felt of himself as a

person, James was more willing to articulate a version of himself where he could be attracted to a range of bodies and identities.

When James eventually chose to talk about these experiences and feelings with Sarah in a session it became clear to us all that much of what they had been through as a couple was a result of the fact that despite them both feeling deeply connected to one another, there were aspects of himself that James felt unable to share. Sarah was at first very confronted by the idea that James was bisexual, and saw this as another devaluing of her as a woman. Through talking in sessions about the legitimacy of bisexuality and acknowledging the validity of their relationship as young people, Sarah was able to see an image of their relationship where they could connect in ways that had previously been impossible. James also reported feeling more able to 'be the person he was, not the person people expected him to be'. Importantly, this did not appear to mean that James had a stereotyped image of who he thought he should be as bisexual man, but rather that he felt about to reject the stereotyped image of a man that he felt expected to live up to. Again, my work with this couple required in places my assertion of knowledge in a top-down fashion (i.e., in regards to bisexual identities and 'mixed-orientation relationships'), whilst in other places we were all able to work together to acknowledge the role that social norms play upon individual relationships.

### *Harry and Mark*

Harry and Mark came to see me for couples counselling with the desire of 'getting in early before the troubles start'. Harry and Mark had both been heterosexually married and had children in that context before coming out. Harry had a relatively positive

experience of coming out and enjoys a friendly relationship with his ex-wife and children. Mark, in comparison, has only recently been able to talk to his children and is still dealing with much anger from his ex-wife. Harry has enjoyed almost a decade of being out, and in that time has not entered into any long term relationships, preferring instead casual sex in saunas or in private homes. Mark too had no experience of gay relationships prior to his relationship with Harry, and Harry was his first male sexual partner.

What became apparent early in the first session was a dynamic between Harry and Mark whereby Harry was positioned as 'experienced', and Mark as 'immature' or a 'student' in relation to being gay. Harry often spoke of himself as the 'teacher', and of needing to instruct Mark as to what it means to be gay. Furthermore, Harry often spoke of gay men's sexual practices to me (knowing that I was gay) as if they were homogenous, and in so doing presumed that I would be familiar with his experiences. At first Mark agreed with much of this, and admitted that he knew nothing and still felt he had a long way to go. As the sessions progressed, however, it became clear that Mark was unhappy playing the role of student, and that he did not necessarily agree with Harry's interpretation of what it means to be a gay man. In response to this, I gently introduced the idea that all gay men are different, and that whilst men who come out later in life will have a very specific experience of coming out, it is also true that gay men of any age will have their own individual experience of being gay. This was an example of when top-down power played out in the counselling space: where I spoke from a position of knowledge about a range of experiences of being gay, and where I used this to productive ends. In other words, rather than simply (and what I would see as disingenuously) acknowledging Harry's position without challenging it,

I instead worked from a position where in some instances practitioners need to assert an alternative viewpoint in the service of opening up the conversation.

At a relational level between us all, looking at the hegemony of certain images of 'gay life' meant that we could more honestly talk about our differences. One interesting conversation revolved around the men's perception of me as unknowledgeable about their lives. When I shared that I had been married to a woman when I was very young and that I have three children in the context of a gay relationship, we were able to explore in greater depth how exclusions and inclusions operate in gay communities, and how normative assumptions can limit our ability to connect with people's actual experiences, rather than the stereotypes we may hold about them. Talking about shared experiences of marginalisation meant that we could affirm our collective awareness of the effects of heteronormativity (and for Harry and Mark to be aware of how relationship norms play out for them), whilst also recognising the differences between us. In this sense, we could better see ourselves as both a 'fold' of the social (with a set of shared experiences as gay men living in a heteropatriarchal society), whilst also having our own unique configurations of what it means to be a gay man, and how our differing locations (particularly in relation to age and socio-economic status) position us in regard to networks of power. As such, and whilst at times I engaged in a top-down model of power to challenge some of Harry's relationship practices, our sessions in general often also involved examining how such forms of power can be resisted both within the relationship and within gay communities more generally (i.e., by recognising the differences between our experiences).

## **Conclusion**

My intention in writing this paper has not been to provide a prescriptive model for how to practice with LGBT people or other marginalised groups, nor has it been to advocate for how LGBT practitioners must operate. What I have sought to draw attention to are the limitations of what currently counts as evidence, and to suggest that some queer or critical elaborations of therapeutic practice have resulted in an under theorisation of power and subjectivity in the counselling space. As a counter to this I have suggested the need for counsellors to come out in a range of ways, dependent on the opportunities that such coming outs may create for destabilising the practitioner/client hierarchy at the same time as acknowledging its existence. I have also suggested that central to this approach to practice must be open discussions about normative binaries and power relations as they are experienced by clients, and to work with clients to challenge their dominance. Different to the 'externalising' approach advocated for by narrative therapy, however, such an approach attempts to move away from the 'internalising individual' as the starting place, and instead emphasises the everyday practices that produce us all as folds of a social that functions through norms and hierarchies that potentially marginalise us all. In this way I have suggested that our multiple differences from one another can be placed into a relationship in ways that provide an evidence base for practice that is grounded in the experiences of norms that clients bring with them into the room.

Having said all of this, I recognise that funding bodies will continue to call for evidence in the form of positivist scientific knowledge upon which to make decisions about services. Furthermore, it is important to acknowledge that dominant approaches to mental health services may, at times, have much to offer specific clients dealing with significant mental health problems. This, however, does not undermine my argument in this paper, which is primarily about the evidence base from which

practitioners undertake our work. All of us working in the mental health sector are aware of gaps between the rhetoric of evidence-based practice and the actual practice we engage in. Practice, no matter what its approach, will always be driven by what a client brings with them, will always be subject to the personality of the therapist, and will always be necessarily reactive to social contexts. In this sense, making evidentiary claims can still occur on the basis of recognising normative binaries at the same time as challenging them. From such an approach, 'queering' evidence-based practice becomes less about 'proving' the merits of one approach to therapy over another, and more about a willingness to take a different set of 'facts' as our starting place (i.e., the existence of social norms and power relations), and to be accountable for our location as practitioners.

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