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The Dichotomy of Sexuality: A Narrative-Epistemological Framework for Social Work Practice and Research

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Abstract

This paper examines sexuality and the social construction of the sexual binary divide, illustrating how sexual identities have progressed, developed, and transformed. Social categories have been created as a form of social control and have therefore perpetuated stereotypical attitudes and discriminatory acts. This paper will illustrate how institutional and individual level harms have occurred due to the continued dichotomization of sexuality; and simultaneously how such categorizations have, in contrast, helped to form supportive and cohesive communities. Concluding, this paper will contend that dichotomous categories leave no room for individuals to question or explore their own sexuality; the sexual divide ignores the changing sexualities within today's modern western perspective. Deriving from a social work perspective, this paper argues that a narrative epistemological framework remains the best practice to recognize and address the complex and multifaceted nature of sexual identity.

Keywords: sexual identity; social construction; dichotomy; fluidity; narrative method; homosexuality

Language is a process of communication and a way by which to construct categories to cultivate meaning in human existence. To establish a shared reality, labels are needed to identify objects and to create an impression of mutual understanding. Labels, however, are not only employed to describe and clarify individual identity or experience; they are a social identifier, a means to understand and adapt to conventional standards and societal norms. In this way, social identities help to foster collaboration and enhance a sense of shared learning and collective consciousness. However, according to William James (1902), language may also place limitations on the capacity to build new knowledge and engage in critical dialogue. These restrictions, as Terrell and Lyddon (1996) suggest, may prevent opportunities that encourage and support individuals to analytically question their experiences or knowledge systems.

Edwards (1991) postulated that categories accomplish “social actions” (p. 517), described as patterns of exclusion and marginalization that blame and stigmatize individuals or groups based on social perceptions of difference. Language traps individuals into dichotomous categories that no longer provide an accurate depiction of the person’s own reality or worldview. Those with authority to foster inequality and create disproportionate power dynamics perpetuate socially constructed binary categories. Language, as Park (2005) asserted, is simply utilized as an “instrument of power and control” (p. 11). Certain policies and dominant discourses dictate who is valued, and ultimately lead to subjugation against those who do not abide to societal norms and conventions. Stemming from Foucault’s discourse on power, identities are formed through “exclusionary practices, whereby categories are utilized to separate individuals and marginalize those who deviate from societal norms” (McLaren, 2002, p. 123). When there are only two ways of being, these categories are contrasted as right or wrong, natural or deviant. Group formations are therefore created on a false sense of balance and equality, as the powerless social group will continually be deemed *the other* (Jenkins, 2000).

Although the literature has engaged in a critical analysis of the dichotomization of race, religion, and ethnicity, this paper will specifically highlight the ramifications of employing binary categories in sex and gender discourse. This will not be an exploration of biological, psychological, or other related theories that elucidate why one has same sex attractions or feels as though they were born in the wrong body. This paper is not a consideration of the origins of sexuality in and of itself. Rather, it is an attempt to consider how *homosexual* and *heterosexual* terminology have dichotomized sexuality and, in turn, gender identity development.

Foucault posits that by employing new words and concepts to describe unique experiences, sexual minorities can regain power through language (Foucault, 1978; McLaren, 2002). Therefore, the purpose of this paper is to call attention to a narrative epistemological framework that can guide social work practice and research, and acknowledge the complexity of self-identity development. This will have implications not only on direct clinical practice, but on how social work research has been conducted within the LGBT (lesbian, gay, bisexual, and transgender) community.

Historical Perspective of Binary Categories

In The Beginning

Heidegger once stated: “words are not objects or representations but...to name a thing is to reveal, illuminate, it in a certain light...Naming is not letting a word stand for something but achieving a stance as to how something is understood” (as cited in Deetz, 1973, p. 46). The earliest practice of naming appears in the story of creation, both in *Genesis* (the First Book of Moses) and the *Qur'an*. *Genesis* recounts that after God created Adam in the Garden of Eden, God gave Adam the privilege to name the beings of the earth: “And the Lord God formed out of the earth all the wild beasts and all the birds of the sky, and brought them to the man to see what he would call them; and whatever the man called each living creature, that would be its name. And the man gave names to all the cattle and to the birds of the sky and to all the wild beasts” (2 Gen: 19-20 The Jewish Publication Society). Within the *Qur'an*, the story is moderately different. God names all creatures and subsequently relays these names to Adam: “And He taught Adam the names of all things...They said: ‘Glory to Thee: of knowledge we have none, save what Thou hast taught us. In truth it is thou who art perfect in knowledge and wisdom’” (*Qur'an*, 2:31-32). The process of naming informs knowledge and establishes a “socially shared cognitive organization...in which people understand the world, act upon it and react to it” (Edwards, 1991, p. 517).

However, the naming of the animals consequently establishes a social hierarchy. In the *Book of Leviticus*, God separates animals between *kosher* and those that are impure and are forbidden to eat (11 Leviticus: 4-47). Animals marked as un-kosher were said to be unclean, impure, and comprised of blemishes, causing the person even touching them to be contaminated. Stemming from Foucault (1982), this language established a “dividing practice” (p. 777). It created binary categories that distinguished between good and evil, sick and healthy (Foucault, 1982). Kosher and un-kosher, therefore, symbolically represented one of the first instances of differentiating between normal and abnormal, and the existence of a structure of institutional power and superiority. Chimamanda Adichie, a Nigerian writer, posited in a 2009 Ted Talks lecture that “power is the ability not just to tell the story of that person but it is the continuous emphasis on difference rather than similarity” (Adichie, 2009).

Thus, although binary categories may have initially been a way to organize and transmit shared knowledge, this method of classification has ultimately led to inequality and discrimination. Hogg and Reid (2006) suggest that the idea of opposing categories “depersonalizes our perception of people” (p. 10). It illustrates difference and simplifies personal experience and social identity; it is easier to define someone as in contrast to another, rather than an individual with a unique set of values, beliefs, and characteristics. Individuality is no longer valued when people are associated only by their group norms.

Sexual Orientation

The concern over binary categories is particularly salient within the sex and gender paradigm. Oversimplified definitions have led to instilling feelings of inadequacy and exclusion for those who do not identify as heterosexual, promoting discrimination on the basis of sexual

attraction, desire, and love. From a historical perspective, homosexuality and heterosexuality terminology are fairly recent developments. According to Anne-Fausto Sterling (2000), the term *heterosexual* was not formalized until 1880, as compared with *homosexuality* in 1869. As Adriaens and De Block (2006) suggested, “only recently has homosexuality been redefined as exclusive sexual activity with others of the same sex” (p. 574). In fact, same-sex attractions were common practice before the need to establish such vocabulary was even considered. One such example is the practice of *pederasty* in ancient Greece, where older males would engage in sexual activity with younger boys (Dover, 1989). It was believed, at this time, that the fate of Spartan boys was closely tied to the intimate relationship with fellow warriors (Adriaens & De Block, 2006; Dover, 1989). It was therefore common for men to be attracted and married to women yet, at the same time, engage in same-sex behaviors.

In fact, as Hoffman (1980) has argued, few men ever engaged exclusively in so-called homosexual acts; “in a world where all men were presumed to marry and have children, the concept of labeling an individual as ‘a homosexual’ was alien” (Hoffman, 1980, p. 218). *Philia*, the Greek word for friendship, was considered the highest form of love and could only exist between men (Dover, 1989; Hoffman, 1980). Not only was *male-to-male* sexual activity widespread within ancient Greece, but it was a “universe of unbounded and unregulated sexuality” (Hoffman, 1980, p. 223). Sexual acts were ambiguous and there were no religious or political connotations or consequences. Sexuality was an open construct and, without guilt or shame, there was no need to rigidly define or dichotomize sexual behavior. Accordingly, those who reference homosexuality in this time period, do so mistakenly.

Beginning in the latter half of the 12th century, a shift occurred that would significantly alter the social and political attitudes of homosexuality (Weeks, 1996a). The Catholic Church took a position on a matter they had kept silent on for years, promoting the belief that those who had same-sex attractions were sexually deviant. This transition changed the way people viewed sexual behavior and those who engaged in same-sex relationships (Weeks, 1996a). Deemed a “product of moral insanity” (Weeks, 1996a, p. 50), physicians and psychiatrists acquired theories to understand the social, psychological, and biological causes of same-sex attractions. Same-sex desire and behavior ultimately transitioned from an immoral act to a pathological diagnosis presented in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (Rosser, Bockting, Ross, Miner, & Coleman, 2008). It became associated with illness and required scientific analysis. This included research on how to ‘treat,’ ‘convert,’ or ‘cure’ same-sex attractions, seeing these behaviors as fixable or reparable (Adriaens & De Block, 2006). Same-sex attractions were perceived as immoral and subversive, leading to a sexual binary that helped to perpetuate a “clear-cut, publicized, and recognizable threshold between permissible and impermissible behavior” (McIntosh, 1968, p. 183).

From the new position of the Church, those who engaged in same-sex relationships were treated as inferior and subjected to antigay violence, discrimination, and harassment (Clarke, Brown, & Hochstein, 1989); “by sanctifying and codifying cultural homophobia from the 12th century onward, the Church ultimately gave homophobia its blessing and thus insured that the subsequent symbiotic development of Church and society would exclude homosexuality from any degree of moral acceptability” (Clarke et al., 1989, p. 268). From the 18th century onwards, the degradation of same-sex attractions led to rigorous political changes. Specifically, the

criminalization of sodomy made it illegal to engage in same-sex sexual activity (Smith, 2005). Policies have continued to promote unequal power dynamics including a higher age of sexual consent than heterosexuals (Ellis & Kitzinger, 2002), a ban from the army (before the repeal of Don't Ask Don't Tell) (Belkin, 2003), unable to legally marry and adopt children (Chambers & Polikoff, 1999), and exclusion from anti-discrimination laws in both the public and private sector (Mazur, 2002; Rimmerman, Wald, & Wilcox, 2000; Smith, 2005).

As a result, the cultural, geographical, and temporal context of homosexuality became insignificant. Due to advances in medicine and psychiatry, biological essentialism, with respect to sexual orientation, infiltrated the political domain. Essentialist thinking evoked a certain understanding that one's identity was "natural, fixed, and innate" (Jagose, 1996, p. 8). Rather than attempting to understand the historical development of sexual identity, homosexuality and heterosexuality became a "universal phenomenon" (Jagose, 1996, p. 9). Subsequently, the socially constructed binary categories of sexual identity began to represent a type of objective and intrinsic knowledge.

Transgender and Intersex Identities

Western culture perpetuates a gendered hierarchy, fostered by innate differences between males and females. One's biology dictates how an individual should behave and act. Males and females are encouraged to perform specific gestures and actions that are in line with their biological sex and are easily deciphered as feminine or masculine. Gender and sex therefore are interchangeable, used to associate normative behavior to one's sexual anatomy (Whittle, 2000). Lorber (1996) explained that "linking the experience of physical sex and gendered social prescriptions for sexual feelings, fantasies, and actions are individual bodies, desire and patterns of sexual behavior, which coalesce into gendered sexual identities" (p. 148).

Sex is defined by the biological, centered on anatomy, physiology, and hormonal variation that segregate men and women (Istar Lev, 2004). Gender, on the other hand, is based on one's external gender presentation; how an individual feels about being male or female influences certain social behaviors, interactions, and dress (Istar Lev, 2004). Gender identity is a person's self-concept of his or her gender regardless of biological sex. Regulatory bodies have provided normative guidelines for gender behavior and expression, ranging from how males and females should behave to what they should wear. As Butler (1993) posits, "bodies only appear, only endure, only live within the productive constraints of certain highly gendered regulatory schemas" (p. xi).

The performance of gender is under constant judgment and scrutiny; those who reject conventions are closely monitored and subject to public evaluation and ostracism. This creates hesitancy to resist such norms and perpetuates stigma against those who have disconnected their gender and sex identities. *Transgender* is an umbrella term used to describe those who are *gender variant*, or individuals whose biological sex is discordant with their gender identity (Istar Lev, 2004). In the past, gender identity was often misperceived as a type of sexual identity, as females who took on male roles and appearance were classified as lesbian (Reis, 2004).

Individuals who are born *intersexed* may have the internal reproductive system of one or both sexes, as well as ambiguous or incompletely differentiated external genitalia (Fausto-Sterling, 2000). Fearing that intersexed babies will develop an 'abnormal' gender identity, the medical community has opted for surgical intervention immediately after birth to ensure that a dimorphic sex category of boy or girl has been assigned (Turner, 1999). This is also partially due to the presumed embarrassing and confusing experience for parents who must respond to the first question asked after the birth of a child: "Is it a boy or girl?" However, the relationship between one's natal sex and gender identity is far more complex than simply 'repairing' genitalia. As Fausto-Sterling (2000) asserts, "people of mixed sex but disappeared, not because they had become rarer, but because scientific methods classified them out of existence" (p. 39). Transgender and intersex individuals have challenged the division between gender and sex, broadening and re-negotiating what it means to be a man or a woman. However, stigma against the transgender and intersex community remains a prevailing force in most westernized communities. Transgender and intersex are considered pathological conditions, demanding medical treatment or psychological intervention and leading to difficult questions surrounding their legal, political, and economic standing.

The "One Story" Narrative

The dichotomization of gay and straight, or male and female, rejects the intricacy and fluidity of sexual and gender identity (Adam, 1998). They tend to generate *one-story* narratives, formulating group stereotypes and associating one's identity with distorted and inaccurate facts about the group as a whole, that are nevertheless held as true. The problem with this single story, as Adichie (2009) notes in her Ted Talks lecture, is that it propagates stereotypes and "the problem with stereotypes is not that they are untrue but that they are incomplete. It is that they make one story become the only story" (Adichie, 2009). For example, gay men are equated with HIV/AIDS, sexually transmitted infections, and promiscuity. This belief continues to be upheld through the actions of healthcare providers and through political legislation that ban gay men from donating sperm and, under most circumstances, from donating blood. Consequently, their group identity has been informed by one idea and their narratives simplified and distorted.

Creating a one-story narrative rejects multiple contingency theories, which demonstrate that people have multiple stories, and individual identities are oftentimes conflicting, multi-layered, and non-linear. However, society needs to re-shift these ideas and embody a poststructuralist framework that suggests there is no "true homosexual identity, but fluid, dynamic identities" (Eliason, 1996 p. 32-33). For example, in 1948, Kinsey, Wardell, and Clyde (1948) documented that nearly half of the male participants in their study on sexual behavior categorized themselves as neither exclusively homosexual nor exclusively heterosexual (Kinsey, Wardell, & Clyde, 1948). In the study, Kinsey demonstrated that heterosexuality is "too heterogeneous a phenomenon to be captured in a simple etiological scheme" (as cited in Adriaens & De Block, 2006, p. 579). Lisa Diamond's (2008), *Sexual fluidity: Understanding women's love and desire*, explores how identifying sexual labels, specifically for women, have changed over the years. Diamond (2008) proposes that traditional labels for sexual desire are inadequate and, for some women, newer definitions such as bisexuality are not specific enough to truly express or define their sexual identities. This research shows that people often do not have stagnant identities throughout their lives.

Diamond's (2008) longitudinal study therefore suggests that binary categories restrict the exploration of sexual identity. Within LGBT and queer theory discourse, identities have evolved that depict sexuality as more flexible than the rigid constructs of gay, lesbian, or heterosexual (Lorber, 1996). These dichotomies compel people to identify in a certain way and prescribe that they conform to socially held norms, behaviors, and interactions. When these binary categories exist, as Foucault suggested, heterosexuality is seen as the "default category" (as cited in Rust, 1992, p. 369) and, when any kind of same-sex attraction or experience ensues, heterosexuality is dropped and homosexuality assigned (as cited in Rust, 1992); this occurs despite the person's own confusion or narrative. Identity then is the ability to understand one's own reality only in opposition to somebody else (Jenkins, 2000). Personal narratives, however, are much more complex and there will always be a sense of uncertainty, flexibility, and changeability.

The Binary Divide: Consequences for Sexual Identity

Individual and Social Stigma

As a result, binary categories of sexual identity have influenced systemic oppression and discrimination. According to Foucault, the marginalization of certain groups may have numerous implications on individuals: (a) material consequences, such as less economic power or access to resources; (b) cultural ramifications, such as the ability to speak publicly; and (c) psychological effects, in the form of internalized oppression and homophobia (as cited in McLaren, 2002). The timeline of lesbian and gay rights has been defined by years of scapegoating, violence, and abuse (Adam, 1998). This is due to individual homophobia and transphobia, and attributable to political legislation that has embraced this stereotypical behavior. Institutions (political, social, and economic) hold a certain authority over mass media images, public policies, and cultural discourses that continue to privilege heterosexist ideologies.

This has led to injury of self-esteem and mental stability for some who identify as lesbian, gay, transgender, or intersexed. Some may struggle against social conventions that mark their gender or sexual orientation as abhorrent, sinful, or immoral. They have been perceived as "disrupting heteronormativity" (Goldberg, 2012, p. 10), constantly measured against society's standards of what is correct or morally right behavior (Hicks, 2008). Various levels of stigma consequently occur, including: (a) enacted stigma, when individuals face overt discrimination, in the form of violence, ostracism, or verbal expressions; (b) felt stigma, the expectation that they will, in all likelihood, face overt marginalization; and (c) internalized stigma, when a person's sense of self is defined by thoughts of being different, abnormal, and deviant, while struggling against feelings of shame, inadequacy, and guilt (Herek, 2007). This may result in *minority stress*, when some marginalized individuals experience mental health issues, substance abuse, depression, anxiety, and suicidal ideation (Otis, Rostosky, Riggle, & Hamrin, 2006). In recent media coverage, for example, many gay or lesbian youth are being bullied and harassed in their school, home, or community. This has led some to take their own lives. Despite revolutionary changes to policies and laws that have attempted to grant certain equalities, there remains a fundamental belief that homosexual and transgender identities are a sin.

Group Conformity

Hogg and Reid (2006) posit that systemic binary categorization can produce a type of conformity, where people feel as though they have to belong to a certain group or socially identify a certain way as to fit in or belong. These binary categories pressure some to comply with specific attributes that define the group's identity. Specifically, when they feel as though they are part of a marginalized group, they want to associate with others and yearn "for social acceptance and approval, and for validation of beliefs, perceptions, and judgments" (Abrams & Hogg, 1990, p. 197). When there is little support within the broader society, it becomes critical to find communities to receive support and acceptance.

However, there is often a challenge in finding a representative sexual community, particularly when one does not abide to rigid categorizations of sexual or gender identity. In particular, this has emerged, to some degree, with the identity of bisexuality. Rust (1993) argues that some sects of lesbian politics deny the legitimacy of bisexuality, as it devalues the lesbian community and threatens the social networks that have been created (Rust, 1993). Remarks have included that this type of identity is simply a phase, or the individual is not yet ready to admit he or she is gay so as to appear straight (Bradford, 2004). For this reason, those who wish to use the label bisexual or to have their sexual identity remain unlabeled often fear rejection, discrimination, or ostracism from both groups. Bisexuality is often associated with "conflict and confusion" (Bradford, 2004, p. 9). There is a marked invisibility and a sense of isolation from the straight and the lesbian sexual community. Those who label themselves as bisexual, questioning, or unlabeled are often told that they are indecisive, and must handle criticism from both sides of the binary divide. This fails to place value on the multidimensionality of sexual identity, and the intricacy and fluidity of attraction, desire, and love (Bradford, 2004). As one participant in Bradford's (2004) study stated, "The difficulty is just coming to the realization that both feelings are very real, that they can co-exist, that you don't have to choose" (p. 13).

It is important, however, to recognize that apart from conflict regarding the position of bisexuality, sexual categories still serve to create communities that help connect people who have shared attractions or behaviors. These communities tend to mitigate feelings of isolation, loneliness, and vulnerability. Social cohesion often occurs as a reaction to social prejudice and stigmatization (Kalmer, 2003). A sexual community helps to normalize and universalize desires that have been devalued by heterosexist ideologies and institutions. It creates a system of support from members within the group (Weeks, 1996b). Organizations that advocate for LGBT rights have confronted the inequality and marginalization against sexual minorities. Examples include the support for marriage equality, the *It gets better* campaign, and the lobby for equal rights within the public sector of government. Thus, sexual communities help to de-stigmatize sexual identities, and create a shared history and a sense of belonging. Being able to verbalize oppression with others can counter the social stigma and sexual prejudice that is widely held within broader society (Preves, 2000).

Moreover, those who self-label as intersex are developing a community of their own. The Intersex Society of North America has challenged immediate corrective surgery in an attempt to reexamine intersexuality from an ethical perspective (ISNA, 2008). Members recognize multiple categories of gender beyond the male and female dichotomy. Advocates

assert that children should be provided with options, and that corrective surgery should be delayed until the child is autonomous and able to make informed decisions about his or her body (Chau & Herring, 2002; Turner, 1999). As a result, sexual categories as a whole do not remain the problem but rather the dichotomies that are enforced by societal expectations that restrict sexual expression and sexual questioning (Chau & Herring, 2002).

The Fluidity of Sexual Identity

Adolescent Sexual Identity

In breaking down the dichotomization between gender, sex, and sexual orientation, new categories of identity are being developed, primarily among urban adolescents and young adults. There is an increasing acceptance of sexual fluidity among today's youth. "Teenagers are increasingly redefining, reinterpreting, and renegotiating their sexuality such that possessing a gay, lesbian, or bisexual identity is practically meaningless" (Savin-Williams, 2005, p. 1). In a U.S.-based study, for example, youth interviewed provided their own self-identity, labeling themselves as "still deciding," "no label," "open," "hetero-flexible," or "bisexually gay" (Russell, Clarke, & Clary, 2009, p. 887). These new sex and gender labels such as *queer*, *questioning*, or *unlabeled*, "eschew the historically typical sexual identity categories" (Russell et al., 2009, p. 888) and have redefined the binary divide.

Moreover, new and undefined terms may also be a way by which to reclaim power. Foucault (1982) asserted that power often derives from the ability to use language to define one's own experience. New concepts have filtered into sex and gender discourse which have challenged the discursive power of social labels that have been produced from dominant and oppressive discourse and, in turn, have redefined and reclaimed sexual identity. As McLaren (2002) suggested, "naming combats invisibility and often provides labels and language to articulate experiences in a new way" (p. 136). Adolescents and young adults have formulated a response to these imposed binary categories by demonstrating an acceptance of the flexibility of sexuality and gender roles. This has led to the creation of a "rapidly changing social climate of LGBTQ youth" (Russell et al., 2009, p. 888). This can be further illustrated by the evolving acronym of LGBT over the years to include more diverse sexualities, the more common being: LGBTTTQQIA (lesbian, gay, bisexual, transgender, two-spirited, queer, questioning, intersex, and asexual). Additionally, there have been other terms that have been utilized such as *polyamory*, *pansexuality*, *queer*, and *gender-queer* (to name a few). Pansexuality, for example, is sexual attraction, desire, and love towards people of all genders and sexes (attempting to deconstruct binary sexualities and genders) (Meyers, 2009). Many who self-identify as pansexual assert that sex or gender is insignificant or irrelevant. Another example is the term *men who have sex with men*, referring to men who engage in sexual activity with other males but may self-identify as heterosexual (Huber & Kleinplatz, 2000). As Huber and Kleinplatz (2000) suggested, "[sexual orientation] is not necessarily synonymous with sexual behavior. It was been theorized over the years to include such dimensions as sexual attraction, sexual behavior, sexual fantasies, emotional attachments, social preference, self-identification, lifestyle, sex-role identity, and biological sex" (p. 2). Sexual identity may, in this regard, be a sociopolitical choice in an attempt to overcome the "distinction between the oppressor and oppressed" (Rust, 1992, p. 383).

Queer Theory as Practice

Queer theory has played a critical role towards understanding and conceptualizing sex and gender fluidity. Heteronormative discourse has upheld the use of binary categories, utilized to label and dichotomize groups of individuals in order to foster power differences. Queer theory deconstructs sex, sexuality, and gender in an attempt to recognize and challenge binary divides that ultimately exclude people who do not meet social conventions of female and male behavior. Halberstam (2005) suggested that “part of what has made queerness compelling as a form of self-description...has to do with the way it has the potential to open up new life narratives and alternative relations to time and place” (p. 1-2). The premise of queer theory, as put forth by theorists such as Butler (1993), challenges the socially constructed boundaries that have restricted sex and gender discourse. It focuses on how these categorizations are inadequate and work to further exclude and alienate. The fluidity of sexual identity illustrates that love, attraction, and desire cannot be so rigidly defined.

Queer theory engages deeply with the subjectivity of sexuality and gender and, according to Warner (2000), it is a “frank challenge to the damaging hierarchies of respectability” (p. 74-75). Queer theory attempts to deconstruct these binary categories and recognize the heterogeneity of gender roles and sexual behavior (Lorber, 1996). Disciplinary power and dominant discourses are resisted and challenged through producing competing stories that reject these societal conventions (Watson, 2005). The ideology of queer acknowledges the complexity and differentiation of experiences surrounding desire, sex, and sexuality. Queer theory places value on those who do not fit naturally into these restricted categories. As McLaren (2002) asserted, “identity categories are exclusionary because of their failure to fully represent the diversity of group members” (p. 118).

Queer theory therefore needs to be employed within a practical and clinical framework, as to ensure that allied health professionals are trained on how to support and engage with clients as they navigate their sexual identities. The complexity of language indicates “important differences-- that how people interpret their lives, the world they inhabit and their interaction with others, can vary greatly-- and lead to fundamental differences in the way that people perceive events, and the understanding and meaning they give to experiences” (Trevithick, 2008, p. 1214).

Discussion

Implications for Social Work Research

Recognizing the complexity and fluidity of sexual experience and gender identity can transform how research projects are designed. Researchers look for patterns of differentiation between males and females or between individuals with dissimilar sexual orientations. Research on gay and lesbian individuals, for example, continues to be conducted in comparison to heterosexuals. Inherently, this encourages evaluation of gay men and lesbian women to a preconceived heterosexual norm rather than establishing individualized research that recognizes their specific needs, goals, and experiences. Additionally, demographic questionnaires often dichotomize gender and sexual orientation. Research conducted in this manner fosters a gap

between ‘normal’ and ‘deviant’ behavior and creates assumptions about individual identity and personal narrations. The design and organization of research projects should be adapted to create demographic questionnaires that have open-ended questions rather than multiple-choice responses that allow participants to self-label, which would regulate the power and authority of the researcher. Such changes may have implications on the way research findings are disseminated to specific populations. As Johnson and Repta (2012) observed, “relying on the male-female/masculine-feminine binary invariably homogenizes research participants and results, masking the variation that is inherent in populations” (p. 31).

Implications for Social Work Practice

Park (2005) stated that “social work, despite its avowed mission to oppose and to dismantle such oppression, remains entrenched within the paradigm which might very well enforces it” (p. 28). Within social work practice, it is critical that practitioners are aware of their own assumptions regarding conventional sex and gender norms that may impact their work with clients and their families. As Foucault (1978) demonstrated, generalizations about individuals or social groups reinforce imbalanced power dynamics. Social workers who are already in a position of power and work with at-risk and vulnerable clients need to consider the benefits of employing a narrative-based clinical approach that accepts an individual’s subjective reality, particularly those who have been marginalized and stigmatized (Walsh, 2006). Clients are granted a voice or platform to challenge deeply held assumptions and socially constructed dominant language that have failed to provide an accurate, inclusive, and multi-faceted picture of their background and identity (Besley, 2002). Narrative therapy, in this regard, attempts to break down the *one-story* and facilitate these individuals to describe their sexual identity within their own understanding of attraction, love, and desire.

Case Example

An adolescent natal female, Clara (pseudonym), attended her first therapy session with a social work practitioner to discuss her confusion surrounding her gender identity. She found herself at a crossroads in terms of labeling her sexual orientation and her gender identity. She focused on her confusion between the two and spoke of how her gender expression did not quite reflect what she understood to be “appropriately” female. As she spoke, she discussed how she used to identify as lesbian and now identifies as somewhat “gender fluid.” Clara indicated that her sexual orientation is still somewhat *unlabeled* because she remains uncertain about her gender identity. She was unable to give any one label or category to her complex and multifaceted emotional experience. She spoke of how she was unsure whether she was simply “just afraid” of being thought of as a lesbian because of her conservative family. She questioned how to categorize her sexual desire and gender in a way that fittingly defined her sense of self.

Clara’s feelings are common among adolescents who are in a process of developing a self-identity. As a social worker, it is important to address Clara’s experiences within a personal narrative discourse. In this scenario, Clara was not coerced into labeling herself in any one way or enforced in employing dominant discourse through her thought process. A supportive environment allowed Clara to question her identity and remain unlabeled. A narrative epistemological framework “rejects labeling the client as normal or abnormal, or ‘disordered,’ as

this is an oppressive practice” (Walsh, 2006, p. 256). Helping Clara to relieve her stress by referencing her identity without utilizing the traditional binary, the social worker permitted the inclusion of new and unique definitions, labels, and categories. Without being able to find such an environment in her daily life, either at school or at home, Clara was supported and encouraged to uphold her sense of being *unlabeled* and this allowed her to experience uncertainty, fluidity, and flexibility in developing her sexual identity.

Concluding Remarks

Burdge (2007) demonstrated that “it is empowering for oppressed groups to control the language representing them” (p. 244). Narrative therapy, in social work practice, is a tool used to explore a client’s world (Walsh, 2006), allowing the individual to construct a life story that shapes self-identity and acknowledges the fluidity and ambiguity of personal experience (Walsh, 2006). It is a practical application of social justice, as the client has a claim to knowledge and an understanding of how social context and power disparities have played a role in constructing a certain life history (Besley, 2002; Walsh, 2006). It becomes a form of story-telling that moves beyond the one-story and assigns power and knowledge to the client, supporting them to use their own language, label their own identity and, in doing so, reject the limitations of dominant discourse (Besley, 2002). These actions recognize multi-layered identities that may include race, ethnicity, religion, culture, and other characteristics that comprise each individual. It is to empower clients to articulate their experiences in a personal and new way. As practitioners, it becomes important to challenge such rigid gender/sex binaries. Burdge (2007) encourages social work practitioners to relieve this pressure by “educating clients about the sex-gender continuum and the social construction of gender and by giving them permission to identify themselves without reference to the traditional binary” (p. 245).

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