Lane, Jennifer. "Using queer phenomenology to disrupt heteronormativity and deconstruct homosexuality." ***Journal of homosexuality*****, 2020, pp. 1-20.**

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1 In her article 'Using Queer Phenomenology to Disrupt Heteronormativity and Deconstruct Homosexuality' (2020), Jennifer Lane traces the legacy of the pathologization of "homosexuality" as a "mental disorder" (6). Until 1973, the Diagnostic and Statistical Manual of Mental Disorders (DSM) contained homosexuality, contributing to the equation of non-heterosexual identities with "abnormality" (6). Lane calls attention to mental health disparities between 2SLGBTQ-identifying persons and heterosexual persons and argues that this is perpetuated by the legacy of pathologizing homosexuality. Although homosexuality has been removed from the DSM, stigma pervades. Using Sara Ahmed's queer phenomenology, Lane uncovers the continued ubiquity of heteronormativity as it works in tandem with stigma and its effects on those with 2SLGBTQ identities. Queer phenomenology and its surrounding discourse attends to embodied realities in a heteronormative world and how deviation from these norms can result in violence (Ahmed 160). Lane extends this discussion by situating queer phenomenological frameworks within the health care institution. Furthermore, she argues that the "closet" is a heteronormative tool used to police and punish non-normative identities, ensuring that 2SLGBTQ-identified persons are "kept in line" through violence and stigma upon coming "out of the closet" (8). Thus, Lane is attending to how individuals who may not be 'out' also feel the embodied effects of stigma surrounding 2SLGBTQ identities including internalized queerphobia. Experiences of witnessing harm to other 2SLGBTQ-identified persons, the reality of what she terms "*a priori* homophobia," can result in the need to hide non-normative sexual and gender identities as an adaptive response (10). Lane calls for health care providers to acknowledge that most health care settings are institutions that continue to perpetuate heteronormativity and stigma surrounding 2SLGBTQ identities. She suggests that health care providers should use "strategies that center the experiences of patients" (15) and recognize that all 2SLGBTQ patients have a history of accumulated harms.

2 Lane bridges queer studies and health care practice, and, despite what appears to be a burgeoning acceptance of 2SLGBTQ identities, Lane shows that deeply embedded homophobia exists within our institutions. By using queer phenomenology in a novel way through the metaphor of "closet," Lane argues that 2SLGBTQ persons must continuously negotiate whether they 'hide' or

'expose' their identity depending on their circumstances (10). Moreover, the very existence of the "closet" indicates that heterosexuality is always presumed as the norm and continues to marginalize divergent identities (9). By acknowledging the minority stress that is necessarily imposed upon 2SLGBTQ-identified people by virtue of existing in a heteronormative world, Lane postulates a reasonable explanation for "hostile" attitudes of 2SLGBTQ patients toward health care workers (14). Her research suggests that this can be a result of expected rejection and stigma felt through constantly navigating heteronormative worlds and the potential for harm caused by deviation (14). Often, health-care workers lack the training or knowledge of systemic processes that serve to marginalize certain identities (15). The tools that Lane uses throughout her article can work as a starting point for understanding the insidiousness of homophobia and heteronormativity and have the potential to be transferred to training in health care (16).

3 There are some considerations that are not wholly addressed throughout the article, which offer the potential for further rich inquiry in queer studies. While she does not attend to intersectional identities for the sake of simply addressing heteronormativity, I suggest that Lane's position might be expanded by investigating how heteronormativity is manifested depending on an individual's cultural location and/or identity; indeed, this is central to much of Ahmed's phenomenological framework (111). Lane's inclusion of two-spirit identities is important. Yet, her description states simply that they are "found within Indigenous populations in Canada and throughout North America that possess two spirits – one female, and the other male" (3). This frames these complex identities through binary and colonialist assumptions of heteronormative gender. In 2019, Two-spirit and Indigenous scholar Margaret Robinson published the article "Two-Spirit Identity in a Time of Gender Fluidity." Robinson notes that "having [Indigenous] languages eradicated undermines our ability to describe who we are to ourselves and others, outside of colonial ways of knowing and doing" (3). Thus, while this is not the intent or overall point of Lane's argument, the language chosen may not adequately describe a nuanced way of being in the world, because of the restrictions of the gender binary within colonialist language. This highlights the need to explore heteronormativity through lenses of cultures and situated circumstances beyond the white North American experience. Robinson also notes that many two-spirit persons have spoken of always being comfortable with their identity as "not every indigenous community embraces Settler homophobia" (7). Furthermore, critical intercultural scholar, Shinsuke Eguchi, has written about the different implications of heteronormative masculinities for Asian and Asian-American men. They

argue that racialized stereotypes of Asian men as "feminine" work concurrently with "sissyphobic" attitudes perpetuated by heteronormativity (Eguchi 38). Consequently, queer Asian men do not experience heteronormativity outside of their Asian or Asian-American identities. While this does not change that a two-spirit person or queer Asian person might feel the embodied effects of heteronormativity in a health care institution in Canada, it does suggest that "*a priori* homophobia" does not look the same for all worlds and contexts, and that heteronormativity is coded differently for different cultural identities. Nonetheless, Lane shows that queer studies, particularly if we continue alongside Indigenous and critical race studies, provides crucial methodological tools that can be used in the field of health care.

Works Cited

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