Uneasy Bedfellows? Queer Theory, Human Rights, and Sexual Health

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1. Introduction and motivation for this theme: Why queer? Why here?

It was as the result of a sexual health crisis that queer theory (QT) first came into my life, although neither I nor any of those others who were fighting AIDS – the political and social crisis, the disease, or both – realised that it had arrived. Like AIDS, QT arrived unannounced, although unknown to me at the time the foundations for it had been laid in feminist, post-colonialist, and post-modernist thought, and in the work of thinkers such as Michel Foucault, Friedrich Nietzsche, Jean-Paul Sartre, Hanna Arendt, Audre Lorde, and Jacques Derrida (Hall, 2003). Like AIDS again, once QT had arrived, it was difficult to imagine the world any other way.

Leaning particularly on Foucault, AIDS activism, particularly the highly effective and disruptive direct action of the AIDS Coalition To Unleash Power (ACT UP), ‘reformulated many axiomatic understandings of sexuality in ways that were significant for the parallel development of queer theory’ (Jagose, 2005, p. 1981). While this will be addressed in detail below, for now it is enough to note that QT has been involved in sexual health from its earliest days, with early formulations that would contribute to QT directed at accessing equitable sexual healthcare in response to an international sexual health crisis¹.

This access to treatment, healthcare, and prevention was (largely successfully) gained as a result of an unlikely coalition of activists, gay and bisexual men, lesbians, women, intravenous drug-users, people of colour, sex-workers, and queers of all genders carrying out direct action against establishment figures and institutions. We were fighting for access to treatment, but also against societal factors that we felt were as responsible for our ongoing deaths as the disease itself. We were demonstrating, we were getting arrested, we were blocking traffic, we were making noise, we were fighting for our lives. We knew that, as our banners read, ‘Silence = Death’: if we were dying, we certainly weren’t doing it silently.

¹ For a full history of both the AIDS epidemic and the various political and activist responses to it, see Epstein (1996).
Human rights (HRs), on which sexual rights (SRs) are based, made a much more orderly arrival into my life. There is no doubt that ‘mainstream’ LGBTQIA+ politics - largely using as their starting point a HRs approach to sexual identity and the institution of marriage (Riemer & Brown, 2019) - are what made it possible for me, in 2012, to enter a civil partnership with my ‘same-sex partner’. It was, however, during the DAS in sexual health that I first started to think about HRs as a theoretical framework for the theory and practice of sexual health interventions. SRs are today at the centre of sexual health work, with both education and counselling in Switzerland (see for example Jacot-Descombes & Voide, 2014; PROFA, 2018) drawing on international definitions of sexuality and sexual health (WHO, 2015) and documents, most notably perhaps the declaration of the International Planned Parenthood Foundation (IPPF, 2008).

Amongst many other rights, HRs seek to protect our right to marry (or not), to have children (or not), and to privacy. On the surface, HRs have shown their value, we can depend on them, we can ‘be ourselves’ with them, free from ‘discrimination based on sexuality, sex, or gender’ (IPPF, 2008), and international documents protect our right to sexual and gender identity (see for example Alston et al., 2009), on the basis that ‘(A)ll human beings are born free and equal in dignity and rights’ (UN General Assembly, 1948). Universal human rights are just that: universal. As Giami (2015, p. 45), leaning on Foucault, notes, the discourse of HRs have become a ‘regime of truth’, whereby their statements are accorded a priori discursive and normative value, a point I return to more fully below.

Queer theory (QT), however, has no time for regimes of truth and their ‘uninterrogated norms and assumptions’, requiring instead ‘a recognition of partiality, of tendentiousness, of epistemological limitations’ (Hall, 2003, p. 1). QT represents – as illustrated by the meme on the cover page of this document - the unknown, the potentially dangerous, the one who will perhaps disrupt and trouble the way we think and feel, who may call into question our stable couple with HRs. QT, rather than protecting our right to a sexual or gender identity, will question the very notion of ‘identity’. Instead of asserting our right to marry, QT will suggest that marriage is an oppressive institution and seek to disrupt it. Rather than insisting on the right to privacy, QT is just as likely to explore the political and erotic interest of sex in public places. At first sight, therefore, QT is an unlikely bedfellow for either sexual health or HRs.

I am more attracted to QT than to HRs. I am more excited by the queer thought that we should fight for and ‘create new ways of loving, lusting for, and caring for one another’ rather than advocate to join a ‘1950s model of white-picket-fence, “we’re just like you” normalcy’ (Bernstein Sycamore, Mattilda,
2008, p. 3) as gay rights activists, leaning on early universal human rights rhetoric of being born ‘free and equal in dignity and rights’ have broadly chosen to do (UN General Assembly, 1948, Art.1). While I see the usefulness of HRs as a basis for sexual health provision, and as a way to possibly combat stigma more broadly, it doesn’t always sit comfortably with me, it feels too sensible, too ordered, too ‘universal’. Here then, I want to put QT in the room with sexual health, to see what the disruptive potential of QT may have to offer sexual health, elements that perhaps its ‘stable partner’, HRs, can’t give it.

To explore what QT and other radical sexual thinkers may have to offer sexual health in theory and in practice, I will proceed as follows. Following this introduction, I state the objectives and research question for this piece of work. I then explore the language I use throughout before exploring QT theoretically. After discussion of some of the tensions between QT and a HRs framework, I will consider what QT may have to offer to sexual health practice, before concluding. A brief résumé in French of this piece of work can be found at the end of this document.

1.1 Objectives

- To give an overview of some elements of QT pertinent to the theory and practice of sexual health interventions;
- To explore some of the tensions between QT and a HRs approach to sexual health;
- To consider the usefulness of a theoretical contribution from QT to discussion and practice around sexual health practice.

1.2 Research question

In what ways might QT usefully contribute, both theoretically and practically, to the ways in which sexual health professionals think about and practice their professions?

1.3 A (not so brief) word about words

Questions of terminology concerning sexuality are inherently value-laden and extremely complex (Eliason, 2014). Although an in-depth discussion would require a thesis in its own right, a detour into the minefield of language is necessary here. A discussion of language acts in itself as an introduction to some of the concepts that are central to QT and represents an initial disruption of some concepts (such as the use of ‘LGBTQIA+’) which have become common parlance.
1.3.1 ‘Alphabet soup’

The tendency to bring together a wide range of disparate and distinct groups of people into ‘one alphabet soup – LGBT, LGBTI, or LGBTQ’ (Corrêa, Petchesky, & Parker, 2008, p. 8) is arguably unsatisfactory, particularly at a time when these groups have distinct needs and demands (Lev, 2013). To put them under the same umbrella risks collapsing different individual’s (generally the most vulnerable) needs into ‘majority-minority’ – and relatively privileged – fights such as marriage for all or service in the military, while leaving less ‘respectable’ fights, such as the disproportionate rate of violence against and murder of (particularly) trans women of colour (Wirtz, Poteat, Malik, & Glass, 2018), relatively unmentioned. I will therefore avoid using alphabet soup here unless it is either unavoidable or how people describe themselves.

1.3.2 Queer: the noun and the adjective

‘Queer’, as a noun or an adjective, is therefore not used here as an alternative to LGBTQIA+, but more broadly to take into consideration that ‘many different people might in fact have something in common with one another in their opposition to an oppressive situation’ (Riemer & Brown, 2019, p. 20). This is contested ground, but in this use of the word queer, these people may identify as one, several, or none of LGBTQIA+. They may be sex workers, BDSM practitioners, people living in non-monogamous partnerships and so on: anyone whose sexual, cultural, or romantic desires, behaviours, or identities put them at odds with normative heterosexual or gender pressures: anyone ‘uncomfortable with or oppressed by a sometimes violent, sometimes dreary and debilitating dominant culture’ (Hall, 2003, p. 12).

If I avoid the alphabet soup of LGBTQIA+, how can I justify using the (arguably far more all-encompassing) adjective or noun ‘queer’? Two major reasons: firstly, ‘queer’, used in this way, ‘does something’ differently than LGBTQIA+ discursively: it is not a statement of identity, but of opposition, and therefore offers broad possibilities of coalition. Secondly, ‘using "queer" is a way of reminding us how we are perceived by the rest of the world. It's a way of telling ourselves we don't have to be witty and charming people who keep our lives discreet and marginalized in the straight world’ (Queer Nation, 1990). As this cartoon expresses, queer is not

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2 BDSM refers to bondage/discipline, domination/submission, sadomasochism. See Turley and Butt (2015) for full discussion.
polite or assimilationist, but angry and ready to fight. Both these points contribute to ‘keeping sexual health political’, as I discuss further on page seven below.

1.3.3 Queer: the verb

As well as a noun or an adjective, queer can usefully be deployed as a verb. Queer in this sense is not going to be anything: rather it is going to do something, it is going to act and even, as we will see later, ACT UP. In this sense, queer ‘demarcates not a positivity but a positionality vis-à-vis the normative’ (Halperin, 1997, p. 66). QT is going to queer, that is to say ‘to make strange, to frustrate, to counteract, to delegitimise, to camp up’ (Sullivan, 2003, p. vi) - normative tensions brought to bear upon sexuality. Queer will do this by:

a) Questioning the stability, usefulness, and possibility of sexuality, gender, or any other binary categories;
b) Keeping sexual health political;
c) Interrogating the effects, uses, and risks of gender and sexual identities.

This requires us to question the meanings and implications of our own assumptions about gender and sexual practice, and about our professional and theoretical practice as well. I will explain this further in following sections, starting with a necessarily incomplete and unsatisfactory summary of QT.

2. Queer theory: a thoroughly incomplete and unsatisfactory summary

Part of queer’s semantic clout, part of its political efficacy, depends on its resistance to definition, and the way in which it refuses to stake its claim

(Jagose, 1996).

As the above quote suggests, attempting a clear-cut definition of Queer Theory is, as (Hall, 2003) rather disconcertingly notes in the opening lines to Queer Theories, impossible. This makes, at first sight, a rather unpromising start to a brief section seeking to present QT as a theoretical framework for a diploma thesis. However, this complexity in tracing QT’s lineage represents an opportunity rather than a limitation, an invitation to political action as well as a theoretical exercise.

Here then I will not attempt to formulate a definition of QT, which would be not only a complicated – if not impossible - undertaking in its own right, but also a ‘decidedly un-queer thing to do’ (Sullivan, 2003). The most that can be attempted is a mapping out of three central and interconnected ways in which QT can be deployed, and which may have a concrete interest in thinking about sexual health. Firstly, I consider QT’s positioning as a resistance to the (generally uninterrogated) norm, including,
but also going beyond, questions of sexual orientation and identity; secondly, in ‘Acting Up: Affinity in a Time of Aids’, its tendency to coalition on the one hand and ‘doing not being’ (another nod to identity) on the other. Finally, in ‘Identity is Always a Fiction’, QT’s direct interrogations of identity. Clearly these are not fully discrete categories: identity as a fiction, for example, is inextricably wound up with a resistance to binary definitions, and there is therefore considerable overlap between following sections.

2.1 Resisting the uninterrogated norm and the ‘self-evident’ binary

For both academics and activists, “queer” gets a critical edge by defining itself against the normal rather than the heterosexual

(Warner, 1993)

While ‘there is no critical consensus on the definitional limits of queer’ (Jagose, 1996), QT’s principal arena has been that of sexuality and gender. QT questions the possibility of sexuality and gender as stable, naturally occurring, binary entities. Rather it considers them as contextual, socially constructed, and thus precarious (Barker & Scheele, 2016), and in doing so troubles the logic that holds them to be fixed and meaningful sites of identity (see below).

However, QT does not stop at questioning the binary nature of the sexual norm. Rather, QT holds more generally that ‘binary oppositions, of us and them…are never neutral, but hierarchical’ (Sullivan, 2003, p. 45). This is all the more pernicious as these binaries rely on the other for their definition: heterosexuality, for example, ‘depends on homosexuality to lend it substance – and to enable it to acquire, by default its status as a default, as a lack of difference or an absence of abnormality’ (Halperin, 1997, p. 44). The threat, while it may take on the appearance of, for example, ‘heterosexuality’ or ‘male’, is in fact the norm itself for in these binaries ‘(P)ower lies almost exclusively on the normal side’ (Warner, 2000, p. 44). Resisting binary norms implies reflection about all binaries, including that of ‘expert’ and ‘lay-person’ which may be present between doctors and patients and indeed educators and pupils or clients and sexual health counsellors as I discuss further below.

The interest of this broad resistance to the norm, rather than a concentration on ‘LGBTQIA+’ as a category that needs ‘accepting’ based on a right to exist free from discrimination will be explored further in Interest for practice, below. For now we will consider how the usefulness of this posture, of queer ‘not as a positivity but as a positionality, not as a thing but as a resistance to the norm’ (Halperin,
1997, p. 66) was brutally crystallised during the most acute and still chronic sexual health crisis of recent times at the beginning of the 1980’s, in one of QT’s multiple origins (Jagose, 1996): AIDS.

2.2 Affinity in a time of AIDS – keeping sexual health political

Coalition and ‘doing not being’

_Then there was Aids, which, through the intense discussion of sexual practices (as opposed to sexual identities), spawned the Queer movement in America_

(Lane cited in Jagose, 1996, p.76)

At the beginning of the 1980’s, gay men, bisexual men, and men who had sex with men (MSM), started dying from what came to be known as AIDS. The response, from social and professional entourages of those dying, the media, and the legal and political establishment (Ronald Reagan, President of the United States at the time, never mentioned the word AIDS during his term of office) made clear that the progress made through assimilationist gay politics had been something of a chimera.

Furthermore, all were not equal in the face of the epidemic. While initially AIDS primarily affected gay/bisexual men and MSM, a National Research Council study (cited by Bersani, 1996) noted that, ‘…as (it) progressed, Aids has increasingly been an affliction of people who have little economic, political, and social power.’ Sex-workers, poor people, intravenous drug-users and people of colour (Harper, 1993) were massively and disproportionately killed by AIDS, and burdened with the additional stigma it brought. Deadly discourses that held that women were not at risk from AIDS meant that women were excluded from diagnostic definitions and thus were not able to access care and benefits: women with AIDS died twice as fast as men (Hubbard, 2012, 58.34). ACT UP made the fight to change diagnostic criteria a central part of its policies in the late 1980’s: today, in a tragic confirmation that this was necessary, and that contrary to political and media discourses of the day (Hubbard, 2012, 58.56) women were and are heavily impacted by AIDS, ‘women now comprise 50%

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3 I use ‘gay’, ‘bisexual’, and ‘MSM’ here because ‘MSM’, now used in sexual health discourse to designate men who have sex with men without using ‘identity’ terms such as gay or bisexual, may be useful as it acknowledges the reality that many men who have sex with other men identify as heterosexual (Ward, Jane, 2015). This allows for both an inclusive (of heterosexual’ men) and a non-stigmatising (of ‘gay/bisexual’ men) approach to sexual health. However, while ‘MSM’ for these reasons was seen as useful in the early days of the AIDS epidemic, there has been pushback since, with some theorists feeling MSM may ‘obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and do not sufficiently describe variations in sexual behavior’ (Young & Meyer, 2005, p. 1144).

4 For a full history of both the AIDS epidemic and the various political and activist responses to it, see Epstein (1996).

5 See Riemer and Leighton (2019) for a full history of both assimilationist LGBTQIA+ and queer activism.
per cent of those infected with HIV worldwide and are the fastest growing group among those newly infected’ (Corrêa et al., 2008, p. 184).

The response from activists reflected this intersectionality. The Aids Coalition To Unleash Power (ACT UP), founded in 1987, brought together members of all affected communities in a series of effective and highly publicised direct-action events and public demonstrations (The ACT UP Oral History Project, 2015). In this way, ACT UP represented:

‘a political movement that is genuinely queer insofar as it is broadly oppositional…link(ing) gay resistance and sexual politics with social resistance around issues of race, gender, poverty, incarceration, intravenous drug use, prostitution, sex phobia, media representation, health care reform, immigration law, medical research, and the power and accountability of experts’ (Halperin, 1997, p. 63).

Here we can observe an essential ingredient of what was to become QT. This broadly oppositional project holds the roots of a politics – and a theory – that recognises the intersectional reality of oppression. It follows then that, while we have seen that queer can be many things, it ‘cannot be unwilling to affiliate with others who are uncomfortable with or oppressed by a sometimes violent, sometimes dreary and debilitating culture’ (Hall, 2003, p. 12). Hence an ‘emphasis on coalition building, on making links among diverse groups’ (Hall, 2003, p. 5) is an essential underlying tenet of QT.

ACT UP further sought to divert the stigmatizing discourse of risky groups, or ‘identities’ (those defined by their identities as homosexual, prostitutes, or drug-users for example) to consider instead ‘risky behaviours’ (the risky nature of activities such as sharing needles or unprotected anal/vaginal penetration). Rather than sexual (or other) acts being defining factors of identity, they were just that: acts, or ‘doings’, rather than identity, or ‘being’. This is an essential point as regards sexual health, which I will return to below. Finally, the activists of ACT UP became, in their own rights, experts on AIDS, on drug trials, on political and media discourse etc. (Epstein, 1996): In this way they further ‘queered’ another binary, that of ‘experts who know, and lay people who are known about’, another point I return to below.

In undertaking these projects, QT turned to one of the most influential thinkers of the 20th century. The membership of ACT UP included many students through whom the link was made between the radical activist agendas mobilised in the fight against AIDS and social oppression, and the theorisations that were to become known as queer theory. The ‘single most important source of
political inspiration for contemporary AIDS activists’ (Halperin, 1997, p. 15)? The History of Sexuality, by Michel Foucault.

### 2.3 Identity is always a fiction: Performativity & the instability of identity

Nothing in man - not even his body - is sufficiently stable to serve as the basis for self-recognition or for understanding other men

(Foucault in Dreyfus & Rabinow, 1983)

It has become a ‘common-sense assumption that identity is a natural and self-evident characteristic of any human subject’ (Jagose, 2005, p. 1982), that, contrary to Foucault’s above statement (in Dreyfus & Rabinow, 1983), certain elements of an individual’s ‘being’ are stable and meaningful enough to understand others and ourselves. To take the example of ‘the (male) homosexual’: Foucault points out that previous to the 19th century, ‘(T)he sodomite had been a temporary aberration; ‘the homosexual’ was now a species’ (Foucault, 1978, p. 43). Same-sex desire evolved in public and scientific arenas from being a question of acts to become the indication of ‘a distinct sexual and personal identity: the homosexual’ (Seidman, 1996, p. 6). Furthermore, what we now call sexuality has an increasingly important place in relation ‘to our most prized constructs of individual identity, truth, and knowledge’ (Sedgwick, 2008, p. 3): it has become an important part of ‘who we are’. A resistance to the last phrase is an important part of QT. QT proposes that the division of acts, and people, into ‘opposite’ categories of ‘homosexual’ and ‘heterosexual’ is ‘not a natural given but a historical process, still incomplete today and ultimately impossible’ (Sedgwick, 2008, p. xvi), and ultimately oppressive in nature.

The example of the formation of a (homosexual) subject given above, ‘[t]he elaborating of certain erotic preferences…into a kind of erotically determined essence’ (Bersani, 1996, p. 3) – thus laid the foundations for a paradox. Queer theorists see this ‘attempted stabilizing of identity (as) inherently a disciplinary project’ (Bersani, 1996, p. 3): it opens the door to regulation. This may be direct, through criminal, psychiatric, or social institutions. It may also be indirect, through individuals themselves ‘embracing one identity or one set of tastes as though they were universally shared, or should be’ (Warner, 2000, p. 1). On the other hand, in the case of ‘gay rights’ or ‘gay identity’ this can feel, and indeed be, emancipatory, a point that will be further discussed in the section on Interest for practice below. It is important to note here that while QT urges us to consider the tensions inherent in identity, it does not reject the usefulness of identity altogether, rather it asks us to hold in tension that identity

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6 From Hall (2003)
7 This is necessarily over-simplistic and European/North American-centric; correcting this lies well outside the scope of this piece of work.
(of any kind) may be both a powerful tool and also, perhaps, an own-goal (Gamson, 1996), holding promise (for collective organisation, and access and belonging to a group for example), while at the same time it may, from a Foucauldian reading as described above, bring regulation and pressure to conform.

If Foucault’s *History of Sexuality* was the most influential text for AIDS activists, it was also criticized for underplaying the power of gender. Judith Butler, in *Gender Trouble* (2007), the most pervasive text in QT more generally (Hall, 2003), corrected this, doing for gender what Foucault had done for sexuality. Butler (1990, p. 25) proposes that ‘there is no gender identity behind the expressions of gender’. Gender is posited by Butler as a construct that becomes a ‘reality’, ‘performativity’ in constant need of repetition, ‘a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being’ (Butler, 1990, p. 33).

Thus, as this cartoon suggests, all gender is to some extent ‘drag’, a performance of itself that relies on ‘the various acts of gender (to) create the idea of gender, and without those acts, there would be no gender at all’ (Butler, 1988, p. 522). By extrapolation, a similar argument is made for heterosexuality: desire for ‘the opposite sex’ relies on a binary reading of sex and gender as ‘divided into two clearly distinct groups of men and women’ – it is through the ‘repeated acts of culturally constituted performance, (that) male and female sex is thus seen to cause masculine and feminine gender’ (Corrêa et al., 2008, p. 124). This binary reading, in turn, ‘is constitutive of heteronormative desire: the desire of one gender for the other’ (Corrêa et al., 2008, p. 124). Nor does QT allow us to take shelter behind the separation of ‘sex’ (as a ‘natural’ physiological attribute, free from cultural meaning) and gender (the social meaning attached to the biological body) which thinkers such as Butler, but also biologists such as Anna Fausto-Sterling, reject, considering that sexed bodies too, far from being culturally ‘neutral’ are in ‘continual and complex interactions between bodies and their environments’ (Corrêa et al., 2008, p. 125).

All of the above run into tension and trouble when considered alongside human rights discourse. I will now consider some of these tensions more directly.
3. Some tensions between human rights discourse and queer theory

The very underpinnings of the ‘universal subject inherited from the European Enlightenment and entrenched in the epistemological bedrock of human rights’ (Corrêa et al., 2008, p. 203) are at odds with the post-modern reading (on which QT is based) of multiple subjectivities. The claim for human rights is based on *commonality*, on the presumption that ‘we are all human beings despite differences in secondary characteristics such as the gender of our sexual object choices’ (Sullivan, 2003, p. 23). This is the basis on which tolerance and respect should be accorded. In other words, HRs are ‘achieved by making differences invisible, or at least secondary, in and through an essentialising, normalising emphasis on sameness’ (Sullivan, 2003, p. 23). These three words, essentialising, normalising, and sameness, are not words that generally represent queer ambitions (Sycamore, 2008).

However, this is not a blanket refusal of HRs as being ‘un-queer’: indeed, a blanket refusal implies another binary vision, and as we saw earlier, binaries are not a queer tool. On the contrary queer argument is required to ‘embrace and encourage a variety of styles, forms, perspectives, and insights, none of which can accurately claim the status of the “natural”, “definitive”, or “real” ’ (Hall, 2003, p. 6). Rather than rejecting HRs as a possible framework we perhaps need to hold it in tension and ask what it could ‘do’ rather than what it ‘is’, as we have done with identity. To consider this question, we could turn to Corrêa and colleagues (2008, p. 190), who ask if it is possible to ‘embrace a broad enough understanding of sexual rights to guarantee the freedom to be who one is, whatever that is, to seek pleasures across so many erotic possibilities, and to share a home and raise children in a variety of homes’?

Let us take, in this context, the example of pleasure, which has found its way into SRs documents. In the World Association for Sexology’s Declaration of Sexual Rights ‘the right to sexual pleasure’ constitutes Article 5, and the World Health Organisation ‘s Sexual Rights Proposition names pursuit of a ‘satisfying, safe, and pleasurable sex life’ as a right (See Giami, 2015 for full discussion). The International Planned Parenthood Foundation clearly unhitches sexual pleasure from reproduction in its fourth principle, whereby ‘(s)sexuality, and pleasure deriving from it, is a central aspect of being human, whether or not a person chooses to reproduce’ (IPPF, 2008, p. 14). All well and good. But how can we decide an acceptable universal framework for ‘pleasure’ be formulated? How do we protect the right to a notion which is so highly subjective? What are we to do in the case of BDSM
practices, which may involve consensual bodily harm (that which is considered by the law to be bodily harm)? United Kingdom law does not recognise the right to consent to any act which will cause bodily harm, thereby in one swoop rendering null and void both the right to pleasure and the right to consent (Chatterjee, 2012). This is not subject to HRs rulings, as what constitutes legally acceptable ‘harm’ (including between consenting adults) relies on national jurisdictions. In other words, my human right to a ‘satisfying, safe, and pleasurable sex life’ is subject, even to the extent of over-ruuling my own consent, to what a national court considers that these words can be interpreted to mean.

Let us turn to another site of tension, that of sexual and gender categories. We saw above how QT seeks to destabilise and question these and other categories, which have themselves become ‘pivotal in the contestation of human rights discourses’ (Waites, 2009, p. 137), including, but not limited to, the Yogyakarta Principles (Alston et al., 2009). These categories depend, in large part, on the possibility of naming and identifying ‘fixed, universally applicable categories’ (Corrêa et al., 2008, p. 189). The very act of naming people of a certain sexual orientation or gender identity can be read as reifying those categories as fixed and universally comprehensible on the one hand, and recognises ‘the state’s authority to regulate morality, health, and reproduction in public or private, and the types of sexual subjects who merit specific kinds of rights and recognition’ (Thoreson, 2011, p. 5) on the other.

We saw above, in Resisting the uninterrogated norm, that QTs project is less about resisting heteronormativity per se than resisting hegemonic normativity more broadly. Clearly, HRs can be seen as both a normative project, laying out a ‘common standard of achievement’ (UN General Assembly, 1948), and also a hegemonic project, representing, to return to Giami (2015, p. 45), one of the ‘main contemporary “regimes of truth” for sexuality’ whereby:

‘…at a given moment in history, statements made, whether they are true or false, have the power to command respect and to be recognised as truth-bearers, thus becoming self-evident facts within the environment concerned by such statements.’

This is all the more worrying (from a QT perspective) in the case of sexual and gender identity, in that these are categories that lean on bio-medical and psychiatric conceptualisations, ‘in which ‘sexual orientation’ is conceptualized as a fixed and given characteristic of an individual’ (Waites, 2009, p. 145). For QT, as we saw earlier, sexuality and gender identities, while they may have their uses strategically, are profoundly performative and unstable rather than being ‘fixed and given’. This said, QT itself has a problem. While claiming an identity such as ‘gay’ or ‘trans’ sometimes opens us up,

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8 See (Wikipedia, 2019) for full discussion of this and other cases.
as we saw earlier, to state and medical control, it has also paved the way to some powerful social movements over the last half-century: how do we reject the former and yet retain the latter?

Some of these tensions, such as this final one, are insoluble. Perhaps, as I suggested in the introduction, we need not look to choose between one or the other for the ‘solution’, but rather seek to hold these apparent contradictions in tension, to allow that identity can be dangerous as well as liberating, that HRs may be both normative and perhaps ineffectual as in the earlier discussion of pleasure. Indeed, as I write this it occurs to me that the very interest of considering HRs alongside QT is not their potential points of convergence but the insolubility of their divergence which requires us perhaps to think more creatively about the project of sexual health, a point I return to in the conclusion. For now, word count makes further analysis of the tensions between QT and HRs impracticable, and I turn to ways in which these theoretical musings may translate into more concrete reflections and practice specifically in regard to counselling and education in sexual health.

4. Interest for thinking and practice in sexual health interventions

Queer theory is often seen as difficult to get to grips with, lacking in use outside academic realms (Barker & Scheele, 2016), and belonging to ‘academic arcana’ (Wilchins, 2014, p. 3). However, part of the painful birth process of QT was through ACT-UP, as I discussed above, whose concern was initially activism around access to treatment for HIV/AIDS, and de-stigmatisation of HIV+ individuals, and their work today is still largely concerned with access to sexual health services (ACT-UP, 2019). Here, discussing the relevance of queer in the practice of sexual health education and counselling, I am going to examine ways in which QT concepts are or could be exploited to render sexual health practice richer and more pertinent to those they serve. This section is loosely organized around the three elements of QT explored earlier.

4.1 Questioning the stability, usefulness, and possibility of sexuality, gender, or any other binary categories

In a field which takes as its broad theoretical framework international human rights, it is a risky and complex proposition to deconstruct gender and sexual identity, on which many human rights are built (IPPF, 2008) and indeed which have their own international document (Alston et al., 2009). I
will leave much of this discussion to point c) Interrogating the effects, uses, and risks of gender and sexual identities, below.

However, some of this work of questioning binaries is present in the initial course given by Caroline Dayer (2017) in the current DAS training programme in discussions around gender, sex, and sexuality, and in the reading list proposed for the first evaluation of the DAS which includes, for example, Anna Fausto Sterling’s (2000) book, Sexing the Body, which deconstructs sexual binaries, illustrating that ‘biological sex’ is as much a construct as ‘gender’.

In following courses though these binaries are re-affirmed: it is near impossible to move away from ‘male-female’ binaries when discussing reproduction, if only because the binary is so firmly established in the social imagination and in the language we use. In practice too, both in counselling and in education, we are, in my limited experience, largely still at the ‘man’s seeds and woman’s eggs’ stage. The social and scientific worlds though are changing: it is absolutely possible, and becoming increasingly common, for trans men for example to carry a pregnancy to term (Broughton & Omurtag, 2017; Doussa, Power, & Riggs, 2015).

It is interesting to note that some children are more aware of the breaking down of gender binaries than some sexual health professionals: in an intervention I observed in a class of 6h pupils in Fribourg, when faced with the images of boy/girl man/woman anatomic images, a pupil said ‘but what about people like my daddy who isn’t a man or a woman?’, leaving the educator to scabble behind him with the information that yes, for some people this is the case. In this way, a child is doing the work of ‘queering’ the binary divide between ‘expert’ and ‘learner’. However, our language is built around binary. We do not as yet have easily available tools to de-binarise language; the best we can do is be aware that the language we use is not neutral. What we do have is an increasingly aware group of sexual health professionals struggling to think about how to be more inclusive and less binary, in large part thanks to the existing DAS which attempts to encourage thinking in this direction: in struggling with these concepts these people are, knowingly or not, queering existing understandings, ‘delegitimising’ them as self-evident defaults. One challenge, that has been noted during courses and also in private conversations with the people concerned is that social and scientific changes are happening so fast that those who were trained 10 or 20 years ago often feel at sea with these concepts: a programme of continuing education in this direction is vital.
This further illustrates the queering of another binary, that of sexual health professionals, who hold knowledge and self-awareness through their training, and ‘clients/patients’ who need that knowledge. I was present at a consultation at which a young woman consulted because she was questioning her gender identity and felt she wanted to ‘be a man’. The counsellor directly started discussing ‘the transition’, particularly the medical process by which the client could ‘become a man’. This assumes that ‘only normative, binary, ‘cis’ gendered identities and experiences are real’ (Pearce, 2018, p. 86), and forecloses the many possibilities of ‘Trans*’, for example, ‘to think in new and different ways about what it means to claim a body’ (Halberstam, 2017, p. 50). The professional’s presentation of, as it were, ‘the two possibilities’ is really a reflection of her own reliance on an increasingly out-dated gender binary: the risk is that the credibility that she is given by default due to her perceived semi-medical status might give her words more power than they merit (Fricker, 2007), thus setting a gender questioning youth on a medical route to ‘being trans’ which might not be their choice if the question was left more open from the start. The devolution of this power can come through professionals educating themselves and then positioning themselves as allies to increasingly knowledgeable queer clients.

4.2 Keeping sexual health political

ACT-UP, as described briefly above, did indeed break down ‘the cult of the expert’ (Hubbard, Jim, 2012, 49.54), with patients organizing and becoming as, or more, knowledgeable than the majority of policy or healthcare ‘experts’. Above all though, for the interest of this brief section, it recognized that access to healthcare is a right not equally available to all: poor people, people of colour, disabled people, and queer people all have their access and health impacted by reactions to their minority statuses (Dahlhamer, Galinsky, Joestl, & Ward, 2016; Hsieh & Ruther, 2016; Kuenburg, Fellinger, & Fellinger, 2016; Nonzee et al., 2015). ACT-UP realised that communities most affected by AIDS as the disease progressed had poverty and social exclusion as their common denominator (Hubbard, 2012, 01.01.45). In this way the link was made of ‘sexual politics with social resistance’ (Halperin, 1997, p. 63). I understand politics here in the sense that queer theorist Alison Kafer (2013, p. 9) refers to any object that ‘is implicated in relations of power and that those relations, their assumptions, and their effects are contested and contestable, open to dissent and debate’.

The interest I see here is of the reminder of the political nature of sexual health provision, and of the necessity of not fracturing the fight for access to sexual and reproductive healthcare into
competing arenas but rather recognising that the fight is neither over, nor won, nor limited to any one group. The sight of American states rolling back laws permitting abortion as the state repeals the healthcare rights of transgender individuals reminds us of this (CNN, 2019a, 2019b). Thus, when we note a heterocentric discourse in the classroom and when (as happened to a colleague during her ‘stage’) we point this out to the ‘PA’, to hear in response that ‘we cannot spend too much time on a small minority’ (true story, that I return to in the conclusion), we can take strength from the work of others, many of whom are cited throughout this essay. They show us clearly that the fight for sexual health (in the broadest sense) is not a question of minorities ‘taking up time’, but of a collaborative project, ‘queer insofar as it is broadly oppositional’ (Halperin, 1997, p. 63), resisting powerful (and often unrecognised) religious and political lobbies that seek to dictate the power (or here, the lack thereof) that people are permitted to exercise over their own bodies and sexual ways of being in the world.

4.3 Interrogating the effects, uses, and risks of gender and sexual identities

I discussed above how ACT-UP recognised the importance of discussing acts that put health at risk, rather than identities, and also the potential power of activating against the norm rather than necessarily for a particular identity group. This, theoretically, allowed groups of people who apparently had little in common to find that what they did have in common was an oppressive system. QT argues that it may be an own-goal to argue sexual or gender identity as being an essential part of identity, in that this may lead an individual to ‘suppress complexity and isolate a defining characteristic’ (Hall, 2003, p. 46). However, QT does not fall into a binary trap of ‘sexual/gender identity politics are good/bad’. On the contrary, QT requires us to hold in tension these opposing positions: that identity can be both oppressive at certain moments, and a powerful tool at others (Gamson, 1996). This has certainly been my experience of a ‘gay male’ identity, that I have used positively at some moments of my life (in seeking community, or in being politically active), and felt as oppressive at others (in limiting the behavioural or ‘life-choice’ possibilities that I felt were open to me as a ‘gay man’). This leads me to feel that a pragmatic approach of ‘strategic essentialism…foregrounding …group identity in simplified ways to achieve…goals, or to prevent assimilation’ is highly effective (Barker & Scheele, 2016, p. 134), and uses sexual identity as a weapon but not as an oppressive over-simplification of one’s own life and experience.

An example of strategic essentialising of sexual identity in sexual education is in the fight against prejudice and stigma, which negatively impact health and well-being in a multitude of ways, affecting
an individual’s ability to access ‘structural, interpersonal, and psychological (resources) that could otherwise be used to avoid or minimize poor health’ (Hatzenbuehler & Pachankis, 2016, p. 7). Homophobia in the school environment represents the 2nd highest cause of bullying with considerable negative impacts on mental health, a high rate of attempted suicide (Annor et al., 2018), and an elevated risk of absence from class and dropping out from school amongst youth who identify as ‘queer’ (Dayer, 2017). The violence to which queer youth are subject at school, and the severe social, personal, and health consequences of this violence (Lucia, Stadelmann, Amiguet, Ribeaud, & Bize, 2017) makes combatting homophobia - both through direct targeting of homophobic acts and comments, and use of inclusive language and content of interventions - a priority for sexual health education. It would be extremely difficult to do this without discussing – and for many people, claiming’ - ‘sexual identity’, giving access to potentially supportive communities and a common cause.

From my experience in class, this message has to some extent got through: when discussing rights or bullying, for example, educators are quick to discuss LGBTQIA+ (although generally limited, it has to be said, to LG!). However, research from around the world indicates that sexuality education is largely experienced by queer youth as being basically about how to make babies and penis-in-vagina sex (Hobaica & Kwon, 2017; Shannon & Smith, 2015), findings supported by some research that I am currently carrying out myself. In other words, educators discuss non-heterosexual sex as an abstract human right, but perhaps less as emotional and material realities. Is this because sexual health practitioners are currently overwhelmingly heterosexually-identified, a hangover from the period when sexual health was conflated with reproductive health and so perhaps largely perceived as being a heterosexual theme? Is it because of pressures of a ‘what will the parents say’ nature, as expressed to me by another PA? Is it simply through lack of comfort – or knowledge - when discussing sex/uality outside a reproductive/heterosexual framework? All these are possible, and understandable. These difficulties will evolve naturally I think, as training (as is the case with the DAS) insists on the importance of this area. There are also, however, changes that could be made that should not be too challenging. For example, I notice that educators (including those presenting to the DAS) have a habit of being ‘partially-inclusive’. This is to say that they will say something like this ‘for example – I will give a classic example here of a man and a woman, but of course it could also be two men or two women…’. I never hear ‘I will use as an example two women – of course it could also be a man and a woman’! This partial-inclusivity is also, clearly, partial-exclusivity, given that it is systematic –using same-sex examples directly, rather than just mentioning their existence would render visible and normalise same-sex intimate experience, rather than just paying lip-service to it.
While it is clearly important to be inclusive of LBTQIA+ youth, this should not blind practitioners to the need for inclusivity in other areas, and it is here that I find the QT form of queer the ‘resistance to the norm’ rather than the resistance purely to the heteronormative, useful. For example, research indicates that levels of stigma are higher towards consensually non-monogamous (CNM) couples of both heterosexual and homosexual couples than they are towards monogamous same-sex couples (Rodrigues, Fasoli, Huic, & Lopes, 2018). Just as we speak about heteronormativity, we could also talk about homonormativity, that Lisa Duggan (2002, p. 179) describes as ‘a politics that does not contest dominant heteronormative assumptions and institutions, but upholds and sustains them, while promising the possibility of a demobilized gay culture anchored in domesticity and consumption’. The stigma felt towards CNM couples perhaps illustrates the success of homonormativity: while we may increasingly believe that ‘straight/gay’ is becoming less stigmatised as a category, there are still ‘good/bad straights/gays’ in the sense that some people – however they may be defined - still fall outside the charmed circle of ‘good, healthy sex’ that Gayle Rubin (1984) theorised over 30 years ago. Returning to the definitions given earlier, this is largely why I consider CNM couples, whatever their erotic or romantic orientation, to be queer, just as I do BDSM practitioners of all genders or orientations, inasmuch as they resist norms more broadly, and so need fighting for and alongside.

On a different note, I was at a workshop recently, in which parents of autistic teenagers were discussing why they found it difficult to discuss sexuality with their offspring. One mother said, ‘I think he is gay, and I am worried that he will get AIDS, so we try to avoid the subject’. Clearly this is counter-productive, and indeed prejudicial: in avoiding discussion the parent is both putting her son at risk of not getting essential information and denying him the possibility to discuss his sexuality, making homosexuality even more ‘invisible’ than it currently is in many educational situations (Löfgren-Mårtenson, 2009). However, when I responded that it is not ‘being gay’ that puts a person at risk of HIV, but unprotected penetrative sex with someone who is infected and not undergoing successful treatment, this seemed to reassure the mother. It is not her son’s identity (frightening to her, perceived as stable, unchanging, and difficult to ‘act upon’) that may put him at risk, but certain specific acts that can be taught and navigated.

‘Doing not being’ also allows (indeed requires) us to move away from preconceptions that may obstruct our capacity to promote sexual health. For example, penetrative anal sex may be associated in the popular imagination largely with gay and bisexual men and MSM. However, a recent report notes that 49% of 22-24 year-old youth in Switzerland had had anal sex in the context of heterosexual relations (Barrense-Dias et al., 2018), and it is reasonable to suppose that this percentage would only
increase in this population as they grow older and have more sexual experience. While *being* (identity) may put one at risk from (potentially deadly) social stigma, it is perhaps *doing* which needs examining for behaviour which might put an individual at risk of infection.

5. Conclusion

My initial research question was: *In what ways might QT usefully contribute, both theoretically and practically, to the ways in which sexual health professionals, notably in education and counselling, think about and practice their professions?* Starting from a purely theoretical perspective and moving into an application of those theories to some aspects of sexual education and counselling, we have seen how QT, from its roots as a largely political project initially deployed around the sexual health crisis of AIDS, has many tools that may disrupt – and therefore, I suggest, bring added value to - sexual health practice and theory.

We have seen too how the very basis of HRs discourses seem to be at odds with QT: questions of identity, of universality, of state – or supra-state – statements as to sexual ways of being are all deeply problematic in attempts to bring HRs and QT together. Indeed, the ‘universal’ versus the ‘local’, the collective versus the individual, the pleasure versus the risk, protecting ‘minorities’ without in the same breath subjecting them to regulation, all these elements seem to be tensions around human rights that are largely unresolvable. How then do we reconcile the HRs project of ‘universality’ without in the same gesture suppressing local and individual subjectivities? How do we ‘create meaningful…linkages across identity-based groups without erasing the real social differences between them or returning to the empty…abstraction of ‘humanity as a whole’’ (Corrêa et al., 2008, p. 223)?

We need, perhaps, to go beyond binary thinking of HRs versus QT, of individual rights versus collective rights. And where might this ‘beyond’ lie? Perhaps ‘(t)he ‘beyond’ beyond dichotomous thinking is political solidarity’ (Corrêa et al., 2008, p. 224). If we take my proposition of queer, the noun and the adjective, as those ‘who are uncomfortable with or oppressed by a sometimes violent, sometimes dreary and debilitating dominant culture’ (Hall, 2003, p. 12) then surely the ‘margins’ of queer become not peripheral, but central? Who has never felt oppressed by the need to conform, including perhaps those who appear to do so without difficulty?
With this in mind, I recall the ‘PA’ mentioned in the previous section who felt that we should not be spending too much time on ‘minorities’. I would answer that ‘minorities’ are exactly where we should be spending time, for they illuminate, as I hope to have shown in some small way here, the supposed norm, that norm which becomes, I suggest, more ‘mythical’, in the words of Audre Lorde (2003) the more we observe it, for normality, as much as gender, is a performance, in constant need of repetition. Indeed, we could perhaps re-formulate Butler’s (1998, p. 522) statement about gender, replacing the word ‘gender’ with the ‘(the) norm’, whereby the latter relies on ‘the various acts of the norm (to) create the idea of the norm, and without those acts, there would be no norm at all’. This can only be seen, however, if the norm is no longer our sole point of departure, but a place we can understand only if we consider the margins, the ‘minorities’, as a creative re-imagining of what may be possible in human relations.

The journey I have taken here through QT and HRs has been eye-opening for me: from my initial suspicion of HRs that I expressed in the first pages, I have come to feel a certain affection for them: I can see why the young man in the meme on the cover page is so attached to them. However, I can also see his attraction for the dangerous stranger that is QT. Does he have to give up one for the other? Or is my hope for a creative re-imagining, the possibility of a threesome between sexual health, QT, and HRs, not only possible but desirable? Both QT and HRs have their blind-spots, their limits, their zones of incoherence, points at which they fail to function. This is not a problem of either QT or HRs, rather speaking to the complexity of sexuality: no framework could claim to hold all that is necessary to encompass sexuality in every state, country, region, identity-group, individual across the world. On the ground, however, in sexual health contexts be they the classroom, the cruising area, the street, or the consultation room, both QT and HRs have something to offer.

However, I realise, as I finish this piece of work, that I have done something that it seems to me that we do too often in sexual health practice: I have failed to talk about erotics. Erotics, ‘those physical, emotional, and psychic expressions of what is deepest and strongest and richest within each of us, being shared’ (Lorde, 1993, p. 341), their power to transcend the division between frameworks, between theory and practice, between pleasure and risk, most probably need to be put to the centre of sexual health, as I should perhaps have put them at the centre of this diploma thesis.

While I hope to have responded to my research question, I find myself at an endpoint that I did not see coming. I find myself thinking that the one thing above all that QT can bring to sexual health, the ultimate resistance to hegemony, to norms, to impositions of identity, to state regulation of our bodies,
is to encourage an understanding of our own desires, limits, needs, and dreams. As Judith Butler (cited in Ambrosino, 2019) remarked, ‘maybe the truly queer thing to do with sex is to just enjoy it’. This is not such a simple statement as it may seem: the true enjoyment, joy, that comes from erotics, requires the ability to recognize ‘our deepest feelings’, and the strength to follow those feelings where they lead us, whether they be socially sanctioned or not, and this then becomes a fiercely political act, for then:

‘we begin to give up, of necessity, being satisfied with suffering and self-negation, and with the numbness which so often seems like their only alternative in our society. Our acts against oppression become integral with self, motivated and empowered from within’ (Lorde, 2003, p. 90). 

This then is the final answer here to my research question: In what ways might QT usefully contribute, both theoretically and practically, to the ways in which sexual health professionals, notably in education and counselling, think about and practice their professions? As so many times in both my thinking and my life, QT has confused, frustrated, and disrupted my thinking about the themes at play and at tension in this piece of work. In doing so, QT has brought the possibility to arrive at an endpoint unexpected at the outset, and has permitted me to look at HRs, sexual health, and indeed QT itself with a new eye.

This has allowed me to consider that an understanding of our own erotic functioning may be at the root of sexual emancipation and autonomy beyond anything that the frameworks of HRs or QT alone could ever bring. As sexual health professionals, encouraging and accompanying this understanding may therefore be the point at which HRs attends to singularity above and within universality, and at which QT fulfils its political ambitions in the most personal and yet, as Audre Lorde makes clear in this final quote, most political site of all: erotic desire.

When we live outside ourselves...on external directives only rather than from our internal knowledge and needs, when we live away from those erotic guides from within ourselves, then our lives are limited by external and alien forms, and we conform to the needs of a structure that is not based on human need...when we begin to live life from within outward, in touch with the power of the erotic within ourselves, and allowing that power to inform and illuminate the our actions upon the world around us, then we begin to be responsible to ourselves in the deepest sense.

(Lorde, 1993, p. 342)
Annexe

Résumé en français


Ces deux cadres sont pourtant plus en contradiction qu’en accord. Là où les droits humains se veulent universels et sont aujourd’hui incontournables au point de devenir ce que Foucault (cité par Giami 2015, p. 45) appelait un ‘régime de vérité’ dans le domaine de la santé sexuelle, la théorie queer nous incite à reconnaître ‘la partialité, la nature tendancieuse, les limitations épistémologiques’ (Hall, 2003, p. 1, ma traduction) de nos propres cadres de référence. Là où les droits humains cherchent à protéger les droits des individus à vivre leur identité sexuelle et de genre sans discrimination, la théorie queer remet en question la notion même d’identité. Là où les droits humains défendent le droit de se marier (ou non) et de fonder une famille (ou non), la théorie queer cherche à déconstruire les notions mêmes de ‘famille’ et de mariage. Si les droits humains relèvent l’importance du droit à la vie privée, la théorie queer aurait plutôt tendance à vouloir explorer le potentiel émancipatoire d’une sexualité publique.

Il me semble néanmoins qu’une dialectique entre ces deux cadres pourrait se révéler utile à notre façon d’appréhender la santé sexuelle ; comment les mettre en dialogue pour que leurs différences ne soient pas un frein, mais au contraire un moteur qui nous propulse vers des nouvelles pistes dans le domaine de la santé sexuelle? Comment utiliser l’apport de la théorie queer dans la pratique comme dans la théorie de l’éducation et du conseil en santé sexuelle en Suisse ?

Pour répondre à ces questions, mes objectifs pour ce travail sont :

- De donner un survol des éléments de la théorie queer qui ont, à mon sens, une pertinence directe pour la théorie et la pratique de la santé sexuelle en Suisse ;
- D’explorer les tensions entre la théorie queer et les droits humains dans le domaine de la santé sexuelle ;
• D’explorer l’utilité concrète d’un apport de la théorie queer à la réflexion et à la pratique des métiers de la santé sexuelle.

Pour arriver à ces objectifs, j’ai formulé la question de recherche suivante :

*Quelles contributions la théorie queer peut-elle apporter dans la réflexion et la pratique du conseil et de l’éducation à la santé sexuelle ?*

Je m’appuie sur la théorisation de la première partie de ce travail pour mieux mettre en lumière des pistes professionnelles dans la deuxième. Je ne m’arrête pas aux contradictions susmentionnées entre la théorie queer et les droits humains ; au contraire j’utilise les tensions entre les deux pour mener une réflexion sur divers sujets au centre de la santé sexuelle. Ceux-ci incluent, mais ne se restreignent pas, à l’homophobie, la normativité sexuelle plus largement, le langage utilisé par les professionnel·le·s, l’utilité et les risques des notions de ‘minorités sexuelles’, et la place que nous donnons (ou pas) au plaisir et à l’érotisme. Tout au long de ce projet, j’explore le potentiel émancipatoire à considérer la sexualité, et donc l’éducation et le conseil en santé sexuelle, comme étant des domaines à la fois profondément intimes et éminemment politiques. Ceci m’amène à conclure, en m’appuyant sur Audre Lorde, qui ni les droits humains, ni la théorie queer, ni la pratique des professionnel·le·s de la santé sexuelle, peuvent fonctionner au plus juste ou au plus efficace sans tenir compte de l’importance d’un élément de la sexualité qui est peut-être trop rarement évoqué mais qui, pourtant, relie le personnel au politique, et la singularité de la théorie queer avec l’universalité des droits humains : le désir érotique.
References


