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Peter [00:00:01] From the University at Buffalo School of Social Work, welcome to the inSocialWork podcast. I'm Peter Sobota, thanks for joining us, everyone. Despite a number of bio psychosocial challenges, many CIS and transgender queer men find a way to resilience, strength and joy, both within themselves and in their communities. The broader society remains a complex place. For example, on December 4th, the United States Supreme Court heard a case, and from the sounds of it, appears likely to support a Tennessee law that bans gender affirming care for minors, a reminder that rights and agency for this community remains a work in progress and aspirational. On today's show, our guest, Rahim Thawer, brings his unique perspective as a social work clinician, writer, advocate and instructor to examining the challenges and innovations of this population at the intersection of mental health and systemic oppression. Mr. Thawer will draw on his wide experience regarding the drivers of well-being for queer men and what skills they need to thrive in a society that still marginalizes their identity and experiences. He will also describe innovation in queer relationships and the role of politicized social work practice in affirming queer individuals and communities. Rahim Thawer, MSW, RSW is an instructor and a student in the Doctor of Social Work Program at the University of Alabama. Hi Raheem, thanks for joining us. Welcome to InSocialWork.

Rahim [00:01:50] Thanks for having me, Peter.

Peter [00:01:52] Rahim, I don't know what's going on here, but we um last month we also did a podcast featuring a guest from Alabama. So Alabama is clearly the center of the universe. And it's… thank you for letting us in. It's good to have you.

Rahim [00:02:12] You're very welcome. It is a center. I mean, it's the center of my universe. There's a lot going on over here.

Peter [00:02:17] Well, that's what our podcast was about. So … well we're not going to talk about that one. That one's… that one's already done. Let's talk about you. So, again, it's a pleasure to have you. Thanks for taking the time to join us. I usually start before we kind of get into the kind of the nuts and bolts. I always I, I always ask guests how they kind of found their way to social work and also found their way to, you know, what was the path to the topic for discussion today. So if we could if we could do that in a could you give us the, you know, the shorter version of that? Because we I know we have a lot to talk about, but if you're game, I would be willing to I would love not be willing I would love to hear you tell your story about. They're usually pretty fascinating.

Rahim [00:03:09] I'm happy to share. I did my undergraduate degree at the University of Waterloo, which is just a short distance away from Toronto, my hometown, and my undergraduate degree was in psychology. I did a double minor in English lit and poly-psy, and I thought throughout the degree that I wanted to be a post-secondary teacher and I wanted to teach social sciences and English, not a post-secondary. Sorry, I wanted to be a high school teacher, a secondary school teacher. And then I kind of got interested in the idea of clinical work and counseling. And so in the last year of my undergraduate degree, I applied for a counseling psychology program, but I didn't get in. And I think it was kind of great that I didn't get in because I.

Peter [00:04:01] It makes sense in the end, right? In hindsight, it always fits together totally.

Rahim [00:04:06] Totally! And so I went and did I worked at an organization called the Alliance for South Asian Aids Prevention, and I only did that for about a year or year and a half. And I immediately applied to a master's of social work program, and I made the switch from counseling psych to social work because I really wanted to do clinical work or direct client practice in a setting that also acknowledged systemic issues. I wanted to be in a space where we can also learn about talk about the ways racism and homophobia impact our mental health. And that was back. In. So I finished my undergraduate degree in 2008. I began my MSW in 2010 and carried over to the end of 2011 to year program. By then I was 24 or 25 when I began my MSW, and by then I had already been out for several years out in terms of my sexuality and out to my family specifically. And, you know, coming out is a big deal. But once you're out, there's a whole other set of challenges. And I think working specifically in LGBTQ communities got me interested in the specific things that affect our mental health. So we all know that coming out can affect your mental health because it's such a big developmental milestone or or developmental event. But I was encountering all kinds of other things like substance use looks, different body image issues. I didn't have body image issues really until I came out, you know. And so for the years I continued to work in the HIV sector, in LGBTQ health care, I worked on a family health team for a number of years. And as I was presenting at conferences, we were always talking about things centered around HIV because that's like that. There was an epidemic. And finding the way funding works is that anything you talk about in relation to gay men in particular or programs you develop, they often have to be connected to HIV prevention, treatment and support in some way. And while that's very valid, I thought we need to actually talk about a range of things that affect our mental health, that are not specific to sexual health and HIV. You know, I think we need to broaden it a bit. And so that's how this book came about. So this book is about I thought, let's write about the social determinants of mental health for queer guys, and that includes cis and trans guys.

Peter [00:06:56] Perfect. If we could just back up for a second. My curiosity got piqued in your story. Can I ask you, where did you do your MSW?

Rahim [00:07:06] Yeah, I did it at the. At the University of Toronto.

Peter [00:07:10] You did? Okay.

Rahim [00:07:11] Yeah. And I did a specialization in mental health and health because that was my primary interest.

Peter [00:07:18] Got it. So I have to tell listeners that, you know, the University of Buffalo, we consider Canada here in Buffalo, our neighbor. And, you know, it's it's literally a two minute bridge ride from downtown Buffalo and and Toronto is is just a place where many of us just for all of our lives have been going. And it's interesting because I remember going to Toronto when I was young, like a child. And I remember it. And who knows? You know, maybe this is just not this is through the lens of somebody who doesn't who was quite young. But it struck me as at least the Toronto my parents took me to, let's put it that way, was a kind of conservative place. And it also it also struck me as a kind of religious place, too. I just remember there being churches everywhere we went. But the longer we went, we kept going to Toronto. It became, of course, more and more and more cosmopolitan. And then by the time I was probably old enough to understand it, it seemed like Toronto was a like on the cutting edge in developing queer community. Is am I do I have that completely wrong or does that.

Rahim [00:08:40] No, you're not completely wrong. The LGBTQ community there is really big, you know, and I think we have the same phenomena that you see in a lot of big American cities where queer people who maybe don't fit in or find their place in a smaller community, they will think about moving to the, you know, to the big smoke, as it were. Now, I think a lot of smaller communities and cities have their own pride and their own communities. Yeah. But you have to realize that, you know, in Canada we also don't have as many big cities as you do in America. So, you know, there's like, you know, there's Vancouver, there's Victoria, there's Winnipeg, a medium sized city. We've got Toronto, Ottawa, Montreal and then some East Coast cities. But Toronto is one of the biggest or the biggest, you know, So that's where people want to often go as far as religious and conservatism. I'm not sure. I find that there are a number of churches in residential communities and they're spread out around the suburbs right in downtown Toronto, one of our biggest hospitals. St Mike's and, and the West end of Toronto. We've got St Joseph's. They're both religiously affiliated. I wouldn't say that they are. I would say that like they offer treatment to a range of people, you know, and they become part of a large university hospital network. So I don't see it as being particularly conservative, however.

Peter [00:10:19] Not anymore. Yeah. Yeah. You know.

Rahim [00:10:21] Yeah. I mean, nowadays the conservatism comes around, you know, which is the same everywhere, which, like, it's about, there's debates around sex education. Yeah. And there's debates around rising property taxes and things like that.

Peter [00:10:41] Sure. Yeah, that kind of stuff. Fiscal conservative.

Rahim [00:10:45] Fiscal conservatism and anxiety is. It's around those kinds of things.

Peter [00:10:50] All right. All right. Well, thank you for indulging that. So. So you you have, you know, part of what caught our attention was the book that you mentioned that I, I don't believe has quite been released yet as we sit here or has it correct. Okay. It's still waiting.

Rahim [00:11:08] Yeah, it's still waiting. It comes out June 1st of 2025, which is, you know, pride month for a lot of a lot of folks in North America. And we just thought that would be like a fitting time to have this book.

Peter [00:11:21] And yeah, and I think you've already told us why you wrote it, but I also get the impression just looking at the outline of the book is that this is a self-help guide. This is a this is a book, I think, and this is what I want to check check out with you. That is, I think, geared toward the public. Is that fair?

Rahim [00:11:39] Absolutely.

Peter [00:11:40] Okay. Can I ask you why you took that route?

Rahim [00:11:43] Yeah. You know, I wanted in many ways, I wanted to take my own experiences and what I had seen in a clinical setting. And I wanted to get the idea and the concept in the in in the public right around our determinants of mental health. And then I also wanted to democratize mental health interventions. So, you know, the subtitle of the book is Skills to Cope and Thrive as Your Authentic Self. And for me, the kinds of interventions I do or the kinds of modalities I'm interested in are cognitive behavioral therapy, psychodynamic approaches and inquiry and gestalt interventions, gestalt, ways of thinking. And so I combine those three in this book, and I thought, wouldn't it be cool if

people could look at determinants of mental health like shame or internalized shame coming out your family of origin, aging, and then be presented with the issue and how it affects your mental health outcomes and then be given concrete exercises that you can engage in to think about how you're affected by these determinants.

Peter [00:12:56] Got it. All right. So before we jump fully into that. Yeah, I want to ask you just one more thing, because I think you have a unique perspective, at least from the folks that we usually talk to. So you are a Canadian citizen, but you're also embedded in the United States and you are in, you know, one of our one of our states that is really a hotbed of political conservatism. And and you might have read we had we had an election recently here in the States. I don't know if you caught that, but so something about how you heard you might have heard it mentioned. Yeah. So, you know, as a as a Canadian citizen and and I know you teach in in Alabama, too. So you're you're a Canadian citizen. You're an instructor and you're also in a doctoral degree. Yeah. In Alabama. I'm wondering how you see your work. The book that will come out quite soon in the light of the recent election here in the States and really the movement really in a lot of Western countries toward, you know, kind of far right authoritarian leaders who are not necessarily the friendliest folks to the community that you write about and work with and are a member of. So I'm just wondering, like, what if you could just give us maybe if you want to you can pass entirely. I'm just curious how you're thinking about this list these days. Yeah.

Rahim [00:14:40] You know, I think what America is experiencing right now in terms of like this red wave is a foreshadowing of what we're or what we're going to be experiencing in Canada. And essentially, it being here is preparing me for what's to come, I think. And in both places, there is huge risk to current protections being rolled back and there being limits to how we see what I would I would consider basic human rights. And I know from my lived experience and the people I work with, even when. You know, queer and trans people are represented in popular media. Even when we have rights entrenched in a charter or a constitution. Growing up, in a sense, heteronormative world still means that we struggle in unique ways. We're still marginalized in unique ways. And so if you have liberal progressive policies, we're still struggling because we're dealing with growing up in a straight world that tells us we're not okay, that we're sinful, that we're bad, that we're not normal, all of that. And so when I think about this red wave, my concern is that we're going to be dealing with these issues for much, much, much longer. Right. And there's going to be a desire and a need a need based on safety for people to not explore what their authentic self is, even right. For fear of, you know, rejection, violence, incarceration. I don't know. It can look like so many things. Yeah. And so I'm deeply concerned about that. I also think that, frankly, I know this country is really divided like red and blue. But I think by and large, there are lots of people that care about affordable living and they care about living in conditions that feel sustainable. Yep. And I think those are social work issues and those are social policy issues. And if you remove the political strategy of scapegoating groups and people for those problems where actually a lot of us are on the same page about what we want. And so if we could stop being mad at each other for our political affiliations and think about how to hold politicians more accountable to giving us a more sustainable life, we could get a lot further. And I think that that's going to be the work of the next four years, because research actually already shows us that immigrants aren't to blame for increased crime rates. You know, there's a lot of research that already shows that the kind of scapegoating that's happening is not rooted in anything. So it's just going to take, unfortunately, a bit longer for people to get there. But when they do, and I hope they do, I think the issue is really holding our politicians accountable. Like, you know, instead of funding wars, please find housing. People have them. The money is there. The money is there to give people housing and food. And so we've bought into some other

story. But our needs are clear. People need health care. It's not just queer and trans people that need adequate health care. Everybody needs that.

Peter [00:18:27] But of course. And thank you for even going there, quite frankly. Of course. But I think of of course, folks that are marginalized in any society bear the brunt or the the stronger brunt of of these struggles that we have as a society. But yeah, I do appreciate your perspective. So that said, yeah, I'm going to ask, I think, a pretty simplistic question and just let you take off about something that you're passionate about, I hope. Is that what could you spend some time talking about your sense of of what kind of skills? Queer men need to thrive in this society. We were just talking about that despite some some gains. You know what I think continues to marginalize, marginalized their identity and their experiences. Because I know, you know, you refer to these as the social determinants of mental health. But I guess I wanted to open it up larger than that.

Rahim [00:19:33] And I appreciate that question. I think the specific skills, first and foremost, is being able to understand your own story up against like a template or a map of the kinds of things that affect your mental health. Right. So not everybody is going to think about how the process and the experience of coming out has left an imprint on their lives. So coming out isn't just an event. It starts at a young age. When you when you when a lot of people anticipate rejection. Right. So I want us to be thinking about how young was I when I first worried about my family, my community and my peers would say that I'm not enough or that I'm not man enough, or that I'm going to be punished by God, or that they you know, they sent us a message that if we don't have a family that looks like theirs, we're going to disappoint them. Right. Those are all the underpinnings of what internalized shame looks like. Or anticipating rejection. Looks like when we think about coming out or grow up in a straight world. So there's a skill there around just identifying what we've internalized from the outside world and then thinking about how much of that still sticks with us after coming out. So it's breaking down the illusion that just because I came out and I have a party and I'm really I feel great about being shirtless at a dance party, which is fun. One should do that, you know, But, you know, but I still carry the weight of shame or, you know, the weight of fearing disappointment. Something in the book that I call milestone heteronormativity. Like when my straight counterparts are reaching certain milestones in their lives, such as, you know, buying property, getting married, or having long term partners, having children. There's so many things that are going to get celebrated which are nice. They ought to get celebrated. But if my trajectory as a queer person looks different, what are my milestones and how am I going to feel when I'm in the presence of their milestones and when my milestones aren't identified, acknowledged or then celebrated? Right. So this is a skills the skill set here is thinking about like what are the things that affect my mental health? And then it's about how do I continue to operate in this world without pretending that I'm completely liberated to recognize, you know, how the world still works against me in some ways, and the ways that it might work against me are also embedded in queer community, right? So, for example, a lot of people, a lot of a lot of queer guys, cis gay men in particular, might be really concerned about body image and how they look and and musculature, you know, or weight loss for some. To me that sounds like because we see such a difference in emphasis between straight and queer communities, it's clear to me that that's community specific, you know. And we have to think about what does that mean? Is it grieving masculinity? Is it fear of aging? Is it compensating for not having the same milestones as straight counterparts do? Is it equating our worth to. A certain physique because we're embedded in a culture of fat phobia and having, you know, a sculpted physique means we're disciplined. You know, there's so many things to think about, so there's no one way to think about it. But we're dealing with it in a different way. And so we ought to think about where this came from and

how do we engage with it. You know, if you go to the gym five times a week and you feel great about your body, amazing. I don't want you to stop that. There's a lot of us for whom that model doesn't fit. And there's some people who have done that but don't necessarily feel more worthy or like their relationships are any richer necessarily. And I want us to think about that.

Peter [00:23:57] Absolutely. And later, I you know, in our kind of pre podcast discussion, you you mentioned innovation and I want to get to that. Yeah. But I think that's what that's the light bulb that just went over while I was listening to you just now. Yeah. So you also mentioned something called Disenfranchized grief. Could you just kind of flesh that out a little bit?

Rahim [00:24:27] Absolutely. So this isn't a theory I've come up with. It's well noted in the literature. As we know, grief is a response to loss. Right. And grief can take many forms. But there's a many kinds of grief that are unacknowledged or disenfranchized, meaning people around us might not always appreciate that a loss has taken place. And so therefore, we don't have the opportunity to, in our in our social and cultural settings, acknowledge or process that kind of grief. A common example people give is the grief you feel when a loved one is incarcerated. You know, it's hard to talk about the grief you feel of losing that person because their behavior or their life, their their whole being has become stigmatized. If somebody you're in a relationship with passes but you're not married to that person, you would also feel kind of unacknowledged or disenfranchized grief. Losing a pet is a common form of disenfranchized grief. Now, when it comes to queer guys, I think there are many kinds of grief that are disenfranchized and many of us are in relationships that aren't recognized because not everyone is getting married. Not everybody sees that as an option. I think we are one of a number of communities that are embarking on or bringing a lot of innovation to what the landscape of relationships looks like. So, for example, it's very common for gay men in relationships to be non-monogamous or to be in that can look like open relationships or polyamory. But when those relationships experience challenges where there's there's ruptures, there's conflicts, there's breakups. People on the outside are often going to say, like, they're just not going to recognize that. They're going to kind of look at us. And I've had people when I was in a non-monogamous relationship and we were having challenges, a straight friend of mine said, you know, I think maybe like, you just need to commit to each other and settle down, you know, like really serious about it. And I said, there's something that's missed here. I love my partner dearly. This is not about not loving my partner. This is about something we both want. And it is highlighting kind of a gap or it's highlighting an insecurity in our relationship. And we want to work through that insecurity. We don't want to make it go away. And, you know, if we were to close the relationship and the model was open to the model of openness was important to us, then we'd be grieving something else, right? You'd be grieving, not having the possibility of exploration and expression that is seen in our community as like quite central and important. So Disenfranchized grief can look like many things, I think, you know, for a lot of folks who I've, I've worked with who struggle with substances. In particular, you know, like a heavy alcohol use or crystal meth use. One of the things people will talk about is pairing substances with sex and those substances, allowing them to feel free and to have access to people, sex, bodies, connection. And it's a kind of connection a lot of people feel like they don't otherwise get. And if you ask why don't you otherwise get at they'll say things like ageism, racism, xenophobia. But also, I missed out. I missed out because I came out late in life. I missed out because I was struggling with coming out while other people were in relationships. So it's kind of interesting to me because then we're thinking about substance use, body image, all of these kinds of things that are not really there about those things, but they're also about a sense of loss. They're

about grief. They're there's a longing for connection and going to the gym a lot or using substances becomes your conduit. It becomes a really strategic thing that you can use to give you access to people in connection. And it alleviates it mitigates some of the loss you've experienced. So to me, I think we need to complicate, you know, the idea of like if somebody says, I'm struggling with crystal meth, you could talk about, you know, the stages of change that is important. You could talk about, you know, harm reduction goals. But please, we also need to talk about disenfranchized grief and people who want to reduce their substance use. They're talking about losing that community then that they felt closer to when they use substances.

Peter [00:29:38] And what is going to you know, you take that away. What fills that need, that connection, if you will. And it's kind of I and traditional approaches don't address that. You know, I don't think they do that for hetero populations. And so the fact the fact that that's probably not even on the radar, not surprising, but also equally as sad given how fundamental you know, you just. Yeah.

Rahim [00:30:09] Absolutely. And if we think about so going on substances if we talk about substances as a way to keep you connected to people. A it's serving a very important function. If it becomes a problem and you try to reduce that problem or the symptoms. So you try to reduce your substance use, if it's become a problem, you have to address what's left. Now, part of what's left is going to be, you know, difficulty with self-esteem, anxiety, depression, potentially past traumas coming from here, but also deep isolation that comes from dissatisfaction like a lot of people are unhappy in their working environments. They're unhappy that they can't get jobs or are unhappy that they can't be out their authentic selves, in their workplaces, in their families. They're feeling a lot of like there's a lot of disenfranchized grief I see with people in their, you know, between their mid 30s to like late 50s often where they're like, where do I fit in, you know? I'm not necessarily having a family in the traditional sense. I live in a city and I'm perpetually single, you know, and that can be okay. But I feel sadness around that because I thought my life would look different. And I think being single for your entire life can be fine. But yeah, it could bring up sadness for a lot of us.

Peter [00:31:32] Absolutely. Thank you. Again, I'm going to ask another kind of broad question. So. What, in your opinion, are the drivers of well-being for queer men, given their unique needs?

Rahim [00:31:52] Yeah, thank you for that. I think by and large, there's lots of research that shows a sense of belonging is really, really important for lots of people's well-being for queer guys. I think if we were to think about belonging and also a sense of self, like feeling good about who you are, we need to talk about community support and your barriers to being around people like yourself. So if I think about men that I've worked with who are not out there, not out, and that presents a barrier to meeting other people right off the bat and what they are struggling with and what gets in the way of their sense of belonging is fear of rejection. And if we go deeper, okay, what if you do experience rejection from one community? What would be a barrier from being connected to another community? I think that will sometimes come up as well. I'm not quite like them. Meaning I'm quite not like other gay men. And you would say, okay, well, what's tell me about what's different in you compared to them? I'm not as feminine, you know, they're feminine. I'm not. So I don't really fit in. And so to me, that actually sounds like internalized homophobia more than not being accepted by feminine gay men. But, you know, I think there's a worry about being attached to a community that has been labeled or tagged as being deviant. Having, like the stigma of Aids and the legacy of Aids attached to us. And I think for a lot of people, the

idea of a long term relationship with another man, it feels intriguing but also perverse. I think it brings up a kind of disgust, you know, and that is part of the internalized homophobia, right? Like there's this desire I have, but how can I be all of these things? So that's some people. It's not everybody, right? That's a subset of people. But if we're talking about belonging for that community, these are some of the barriers for other folks. You know, if we talk if we think about if you think about a gay man in popular culture, for a lot of people, it's the queer as folk kind of gay man. Queer as Folk is a popular TV show. And it's like, you know, these these guys who go to the gym together, they live in a city, they live in Pittsburgh. And that challenge is like 30 years old now. But they go to the gym, they go dancing on the weekend. Their community spot is the bar, and that is the story for many people. Yeah. However, a lot of our barriers are like trying to figure out how to participate in this subculture. So we live in a subculture where sex is celebrated and prioritized because the kind of sex we're having and our sex in general is what has been politicized. It's been labeled as a vector of illness that's been labeled as unnatural. If Aids has been labeled as a punishment from God, all of its kind of nonsense. So we're in this subculture where we're trying to figure out how to connect with each other and we say sex is important. Well, how do you get sex if you go on an app? We are going to be evaluated by our body types because that's how apps work. Yeah. So then we think that, you know, there could be 100 of us in just a two mile radius, but we're not going to hang out with each other or see each other because we're looking at these metrics that makes us think about who do I want to be around? Right. Yeah. And so when I talk to guys who are in, you know, big cities like Toronto and that come to therapy and like, I'm lonely or relationships are hard, we come up against what I would call the landscape of connection seeking. And I think it's not talked about often enough. I'll say it again.

Peter [00:36:00] So, yeah.

Rahim [00:36:01] You know, it's not about whether you're in a relationship or not. It is the landscape of connection seeking. It is the unique things we encounter when we are seeking casual sex and long term relationships. So, for example, if you are looking for a long term relationship or you're in one, you might look at the communities around you and say, am I missing out on singleness? Is my relationship a barrier to experiencing other things? You might be single and saying can able to have a lot of casual sex, but it's hard to meet somebody, you know, that wants to have a long term relationship. So people are feeling a kind of loss on both. Sides of this. And then there are people who are able to incorporate many sides of this into their lives, but they also don't have a script. They don't have a model for how this looks like they're trying to figure it out.

Peter [00:36:52] Everything's hidden. It's sad.

Rahim [00:36:55] And I meet a lot of guys who they'll complain, though. They'll be angry at the gay community. They're like, Nobody wants to be in a relationship. Everyone just wants sex. And I say, Actually, I think we need to reframe this. Don't be mad at your peers. Let's think about how we are at the forefront of innovation in relationships. And what we really need to figure out is what our barriers are in this landscape of connection seeking. Right. Because I think there's a lot of things that get in the way. So if we're looking at a dating grid and that grid is about body types, why are we focused on that? Well, certain bodies represent power. They represent dominance, They represent masculinity. And so my question is, in what ways is proximity to that body or a person of that race, that height, that caricature? Why did that become so important to you? What does it represent to be able to have sex with somebody like that? And how does an ongoing valorization of that

body type and that racial group prevent you from meeting other people that could be very worthy relationship partners?

Peter [00:38:07] Yeah. So, you know, I think you have I have one more question that I want to make or one more area that I want to make explicit, and I think you've addressed it along the way. But I but I do want to just give it its own space in terms of of of drivers, of well-being and also unique needs. And that's around health. Yeah. What if you haven't said everything you already want to say about that? What would you what would you say is unique about the health needs?

Rahim [00:38:39] Well, there's a lot of gay men and LGBTQ people at large that don't have adequate access to health care. And I was just talking to my a social worker class today about the concept of accessibility. It's not about having a doctor that exists within a few mile radius. Accessibility is about. Are they going to understand me? Are they going to ask the right questions? Am I going to feel judged? And when I access their service, like am I talking to people who are like me or at least understand me? Right? Because we want to be able to talk about very specific things, right? I want to be able to talk about the interaction between my antidepressant and potentially using MDMA on the weekend. Like that needs to not be a big deal, right? That needs to not be a big deal or people need to be able to talk about the interaction of like their HIV medication and another substance they might be using. We need to be able to talk about choosing to have condom less sex and also being able to get SCA testing without the judgment in between. You know, when straight people have condoms, less sex, it's just called sex.

Peter [00:40:04] Yeah, that's me too.

Rahim [00:40:06] Yeah, but when gay people have condoms, sex, it's like bareback thing and it's risky and it's an epidemic and all of this stuff. And like, sure, some for for there's going to be a portion of people who are. Experiencing a kind of vulnerability because, you know, for systemic reasons, they feel like they can't insist on safer sex practices that they're comfortable with or they want a certain kind of safer sex measure like condoms, for example. But they might forgo those because they are going to prioritize in that moment connection over insisting on something because you don't want to be rejected and you don't want to lose out on that opportunity. We need health care professionals who just kind of understand that that's not groundbreaking really, you know, But we need people who kind of get that. I think for our trans can, you know, they need health care services that are really gender affirming. And if they're like the demographic I'm speaking to in my book is guys and to guys, you know, so trans guys who are into guys, they're operating in a really unique space where a lot of folks will have had a lot of queer community that's more on the Sapphic side, like having, you know, more queer women as friends potentially. And then they're in a community where they're seeking other men. And so they're also hanging out with like or operating in CIS gay men's culture. The ways people talk about safety, consent, safer sex are really wildly different in these two communities. And so health care professionals need to be aware of how to support that community and to also be able to talk about things like the impact of hormone replacement therapy on sexual pleasure, for example. You know, so I think. Health care and adequate health care is about access. It's knowledge. It's not being stigmatized, but it's also about subcultural knowledge and an understanding of what's important to us and what we need, and then being able to get some of that stuff in a timely manner. You know, does that answer it or were you looking for something?

Peter [00:42:32] No, no, no. That's it. That's that's really it.

Rahim [00:42:35] I will say one more thing. And it's just about a year ago, I started facilitating this monthly group for gay men and queer guys who are affected by cancer. And that group, It's a small group. But there's so much isolation because they talk about a having difficulty in dating relationships, fear, and even with challenges in their relationships, if they're in a long term one to talk about the changes that they experience around radiation, chemotherapy and if they're going to get a surgery and have a prostate removed. They're finding by and large, physicians or specialists are not talking about the impact on sex and sexuality. And that's quite important. I'm sure that's important to straight folks, too. But gay men are more like now we need to talk about this. And of the people they're asking, don't. They're not bad humans. They just don't know. And then they're they're finding that the services like they're just not quite they're not adequate. So it's really challenging.

Peter [00:43:45] Well, that you know, what's running through my head as I listen to you talk is, you know, we're talking you know, you hope. I hope that there are physicians who are angels out there, right? Who? Yes, Get it. And or if they don't get it, they're like open to being to learning. Imagine that. Learning from your patient, if you will, and just seeing what you don't know. But I'm thinking about just how hard it is. You know, to find a physician no matter who you are. And if you have all the benefits of being, you know, in the in the so-called I don't know what to call a dominant culture, whatever. Yeah. But, like, where would queer people find? Other than in their own community?

Rahim [00:44:41] Absolutely.

Peter [00:44:42] Where these people are, you know, where where are these docs? Yeah. And. I would imagine that you have a number of poor experiences.

Rahim [00:44:53] I think people do have a number of poor experiences. However, I will say I think LGBTQ communities are also quite resilient and they're like, it's really it's really interesting, like how people will find an LGBTQ group wherever they are, or they'll find the bar and they'll find, you know, the poster that says there's this thing happening and they'll find the health care center and they'll just find some of the things they need to connect with people, and they'll get connected to services that way. But is there like a well laid out system navigation plan? No, but people people do tend to figure they'll figure those out. I will say one thing, which is, you know, America is very privatize in their health care, though. There are some public clinics that accept, you know, Medicaid and so like a government sponsored kind of insurance. But Canada is moving in that direction, too. And I think one of the biggest downfalls is that. There's less accountability in a private sector. I think for all public, we can say, you know, there are. Core competencies that you need. And those core competencies include working with marginalized communities. And I worry you will lose that if we move toward a public model. So I just want to put that out there that that like that's a huge benefit of a public model, more accountability, more standardized training. And like we tell everybody like trans health care is health care. So everybody should know about that, just like every doctor is going to know about. They're going to know something about ADHD and diabetes. Right. So these things, you don't have to be an expert, but you have to know something.

Peter [00:46:39] Absolutely. So we're you know, I'm starting to get nervous because we're bumping bumping up against the clock already.

Rahim [00:46:47] Which is not best for.

Peter [00:46:49] Yeah, it's well, it's it's stressful, but it's it just happens all the time and it's the. Let's get let's get to the innovation piece, because when we spoke briefly before we, you know, agreed to do the podcast together, you you've made it a professional. And and even as as part of your training and research an important thing for you and that's innovation in queer relationships. I'm sure everybody understands, including me, by the way. Yeah. That means.

Rahim [00:47:26] Okay, So at a baseline, I think it is taking what we already talk about, which is a common experience of non-monogamy in relationships and some like unconventional relationship structures. So, for example, you know, I have a friend who's dating somebody who used to be married to a woman and has two kids. And now the friend is co-parenting with his partner. These two kids and those two kids also see, you know, their mom is like a shared custody. And so I think there is a kind of there's a way that we're already living that is unconventional, not scripted. And instead of thinking about it as from a deficit model and thinking like, ooh, non-monogamy is about promiscuity and it is pervasive in our communities, like, that's silly. Let's think about it as we are creating a new way that is inherently resisting oppressive structures that have told us. How to be right. Like, yeah, I don't know why people are like straight communities in particular. No offense, you know, but they're just out of it on like getting married. Like, why are people so adamant on doing a thing that has a 50% failure rate? Like, like if there was a 50% chance that your vacation destination was going to have a volcano erupted and a hurricane, would you go? Cool. While people are running toward the disaster, I think for a lot of us folks, we judge ourselves harshly for not fitting that mold. But actually we need to frame it as innovation. And when we frame it as innovation, we can say to ourselves, okay, there's a new norm in our community, but also. When we come up against that norm. We have other challenges, right? So there is the idea of what you see an ideal relationship structure looking like. So I might say my ideal model is non-monogamy. Now. When I meet somebody, how do I know when to tell them that? And if my non-monogamy is politicized, I see it as a resisting an oppressive structure and somebody who says, you know, I want to be monogamous and maybe I want to get married one day and I want to have kids. Am I going to judge them? We need that's what we need to talk about. How can I create space for that person and not think about them as less than. And for that person who wants that, if they want monogamy, how we could at least have a few dates and think about what our connection is like and worth. Because I would be willing for someone to say like, you know, for me to think about under what conditions and in what circumstances might I be willing to be monogamous. I don't think that you meet somebody and you decide right away that we're going to be committed and then all the growth happens from there. If we were to follow that model, that would be called arranged marriage. Yeah. So, yes, I don't think anyone is thinking of a commitment on the dates. I think we need some space to talk about. Our preferred model and then what that could look like with the other person and give ourselves some space to figure that out, you know, and to think about what flexibility could look like. And then if we are going to be non-monogamous, I think it's that people don't know what that could look like. So we need to talk about what are the rules. Everyone says communication is key. But look, communication doesn't guarantee anything. It just guarantees that you're saying something. But what are you saying? What are you asking for? What are the limits? What happens if we can't follow these so-called rules? Those are the conversations we need to be having in the context of innovation.

Peter [00:51:27] Yeah. And yet thanks. And you know, and I know that you use evidence based practices in your work and I and I know you're partial to I think you're a CBT and psychoanalytic models. Yes. But I have to admit, as I especially in the last like five

minutes, I've and I don't know if if this is your thing, but for me the fit with narrative therapy is, is just really a at least to me sounds like a really good fit, you know, separating yourself from those dominant narratives that exist in the culture. And I've always admired narrative, the narrative therapists who I've known or who I've studied, who who like from the get go talk about separating themselves from that and and from the get go. It's like, okay, this is this is external. This might not be your meaning. And that sounds like a very good fit, at least to me, with many of the things you're saying.

Rahim [00:52:29] Yeah, absolutely. You know, narrative therapy has become very popular. Yeah, it's. Yeah. And I think there. If we zoom out for a second, there's some similarities with psychoanalysis. There is a strong emphasis on the subjectivity.

Peter [00:52:46] Yes.

Rahim [00:52:46] Of the other person. We want to know their story and their inner world. And when something occurs, we are also in both camps interested in exploring the meaning of that phenomena the, the incident, the experience. And both could be used to deconstruct dominant discourses. I think it's more forthcoming in narrative therapy. It's more explicit. Whereas in a psychoanalytic frame, I might say, okay, unconsciously you're doing this thing that's quite stigmatized and you feel not great about it. I'm thinking about how, you know, from an id, ego, drive perspective, you're coming up against a dominant narrative. And so I think there's different ways that I think both models can maybe approach similar issues.

Peter [00:53:41] Exactly. Yeah. And also there what you just said and then we'll just leave this alone. What I what I also like about the narrative approach is that it is like overtly political. They're just going to they're just going to they're going to go there straight away.

Rahim [00:53:56] Yes.

Peter [00:53:57] And that makes sense given a lot of the things that you said. So we are we are definitely running out of time. So I I'm I want to thank you, number one, for for taking the time to talk with us. You've minimally had me thinking about a lot of things and and it reminded me of something when I.. years ago in the beginning of, you know, this is almost 40 years ago, actually, when I was a practicing social worker, I was working in chemical dependency. And as you mentioned, you know, if things are bad now, 40 years ago, things were a hell of a lot worse. Yeah. But I remember I had a client who was gay and he brought me a book one day and I still remember it. It was called Loving Someone Gay. And and it was just a wonderful gift that he gave me. And it was like, you know, if you want to understand me, Peter, Here, here's a path for you. Here, here's a framework. And I actually think that your book is going to serve very, very I think it's going to serve all sorts of purposes, but I don't think its application in utility is going to be limited to, you know, queer men as well. So I'll I'll give you the last word, Rahim. Is there anything that you'd like to say to to kind of take us out here?

Rahim [00:55:33] Yeah. Look, I appreciate conversation. And so conversation about important issues that affect our lives, is addressing the social determinants of our health and mental health because it nurtures and cultivates community and a sense of belonging. And when we see ourselves reflected in others or other people hear our stories, we get a lot of our like, very important self object needs met, which a lot of us are longing for. So these conversations are important and I think we need to keep having them. When my book comes out in June, I am planning to do a few, you know, book promotion events. And

so I'm hoping to have some nice conversations in those as well. So if people are following me on social media, you can look out for that. So, you know, if I'm in a city that you're in, maybe you'll show up. That could be that could be sweet.

Peter [00:56:28] Yeah, that would be sweet. And we can put some of these links in our show notes for listeners who would maybe like to learn about, you know, the title of Rahim's book and and some other ideas. We can link those in our show notes. Rahim, thank you again. It was a pleasure to talk with you. And thank you again for taking the time.

Rahim [00:56:50] Absolutely. Take care.

Peter [00:56:54] The inSocialWork podcast team is our web and tech guru, Steve Sturman. Ryan Tropf, our GA production assistant. Say hi, Ryan.

Ryan [00:57:02] Hello.

Peter [00:57:04] And me, Peter Sobota. All of us wish you a reflective holiday season. In fact, we wish everybody a bunch of goodwill all year round. Hey, you can now listen to our podcasts on YouTube. I'm going to leave that right there. See you next time, everybody.