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Diversity: are we doing enough?

Laura Baines-Ball urges practitioners to explore the thoughts and feelings that arise when working with any gender, sexually or relationship-diverse clients

As a psychotherapist and supervisor in private practice, I have been reflecting on my experiences within the therapeutic community regarding diversity, particularly gender, sexual and relationship identity, though my thoughts can be readily transposed to any area of diversity. My aim is to offer some insights here into how we might better serve our clients, supervisees and colleagues. All examples are anonymised.

While I recognise that change is slow within wider society, we have a duty as counsellors, psychotherapists and supervisors to be robust enough to challenge, be challenged and expand our knowledge and understanding, rather than live in a bygone era of oppression, judgment and ignorance. LGBT+ hate crime has increased by 78 per cent in the last five years.¹ It matters to clients, supervisees and supervisors. Indeed, it *needs* to matter for change to occur.

Over the years, I have worked with a number of supervisors and peers I have a lot of respect for. Supervision in particular is a place where I hope it will be as safe for me to discuss my clinical work as I aim to make it for the clients I work with. When a client identifies as non-binary (outside the male/female gender binary) or trans, and asks to be called by a name, perhaps not the name their parents chose for them, and use a particular pronoun, I do just that. The frustration for me, at times, has been when I might need to think about the client in supervision (individual and/or group) and state that the client uses the pronouns 'they/them', for example, only to find that the supervisor or peer forgets or doesn't feel comfortable using said pronoun. Many times, gentle correction is all that's needed to get us back on track, but sometimes a supervisor or peer continues to use incorrect pronouns. This has happened on several occasions over the years with different colleagues. I have a thicker skin now than when I first started out, so I don't accept this and correct the supervisor each time. I challenge back.

Language

The English language is built on binaries, so it might be more difficult than, for example, the German language, where there are three genders built in – but it's not rocket science. It simply takes a bit of effort and regular correction to re-wire

the brain. If a friend or colleague asks us to call them by their middle name, we do it. So why is it so difficult to use specific names/pronouns with clients who identify as trans or non-binary?

I have also experienced a supervisor asking what felt to me to be somewhat negative questions regarding the possibility of a non-binary client undergoing chest surgery. I'd been meeting with this client for a long time and they'd always identified as non-binary, so surgery felt a natural progression for them. Yet my supervisor appeared to be struggling to accept this as a valid choice.

At training events, I have heard fellow therapists say, 'I've always used that language, so I can't stop now.' Really? Once upon a time 'nxxxxr-brown' was a colour referred to all over the world; thankfully, we have learned not to use it because it's offensive and oppressing. I find this frustrating. I realise that change takes time but don't we owe it to our clients and peers to do better? There may be colleagues within your team who are too afraid to be themselves, even within the profession. If your given name is Sarah, for example, would it be OK for me to call you Helen just because I think that name better suits you? So, what gives anyone the right to determine whether someone has the 'right energy' for a particular pronoun or whether the chosen pronoun works or not? Perhaps it's irrelevant whether it works for us as practitioners; it's about whether it works for the client.

Maybe there's an expectation as therapists and supervisors that we will miraculously be able to be non-judgmental, to not act from a place of assumption or fear? I feel this is misguided. We all have fears and prejudice, and we all make assumptions. Perhaps it is in understanding our fears and prejudice better that brings about changes in how we view the world? This means having safe-enough spaces to explore, to be non-PC, to see how our views/language might harm another and to learn not to make assumptions.

Training

This takes me back to my initial training. While I feel it was robust in comparison with other courses on offer, both then and now, the space for experiential learning was often lacking, particularly around issues of difference. I looked into this

further during my MA research in 2010, 'A qualitative study of critical learning incidents of recently qualified therapists working with sexual minority clients', which was subsequently published in 2014.² Evidently others felt similarly. Having the space to say, 'I don't understand your position' is vital, both in terms of learning to widen our views and sit with a difference of opinion but remain respectful to each other. Eight years on from this research, I am keen to see more evidence of gender and relationship diversity being thought about in initial training, so that trans, non-binary, kink and polyamorous identities, for example, are also included, along with specific knowledge about working with lesbian, gay and bisexual clients.

I've learned a lot since conducting this research. I would now not use language such as 'sexual minority', given that there are so many more inclusive, non-oppressive ways of describing the same thing, such as using the term 'diverse' or 'different', using the client's name, or using a term the client finds useful. Basically, anything that does not come from a 'normative' stance is likely to be more helpful. This, in turn, invites us to understand more about our places of privilege and oppression. This was reflected in the final published article.² Wherever we have privilege, it can be difficult to see

In the immediacy of the moment, I challenged back, but later I felt closed down. While I do not identify as poly myself, several of my clients do. Immediately, I felt I had to hide parts of my clients to protect them, or choose to fight for their right to be heard. Yet, what I wanted to feel was an unconditional place of safety for each client, a place where safety was assumed rather than fought for. Essentially, I hoped my colleague would examine their feelings about this identity in their own time and not impose it on my client. Maybe this reflects the process for many clients trying to find a way to be authentic in a world that keeps saying, 'No, you can't be that, you have to choose male or female, gay or straight, monogamous relationship or single... you can't be genderqueer, non-binary, gender fluid, gender neutral, poly or bisexual.'

Social conditioning

As if this wasn't difficult enough, there are also demands on each individual to express their gender identity in certain ways, otherwise they are not woman or man 'enough'. In some instances, clients are told they are not even trans, bi, or gay enough, such are the limits of understanding. I wonder: are we perpetuating this in the therapy/supervision room?

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the ways that we 'other' those who are different to ourselves. Given that minority stress is a real thing,³ we need to have the capacity to put ourselves to one side and get into the shoes of those in a different position. It may not make sense to us, but it does make sense to the individual; it's their experience of the world we are attempting to understand.

Be aware of limitations

I was chatting to a colleague recently who said that there was only one group of clients they do not work with: sex offenders. Perhaps it's a good thing that they know they could not work with this particular group. They are aware of their limits of empathy and could potentially do more harm than good working with these clients. Maybe one of the difficulties with gender, sexual or relationship diversity is that many therapists now willingly work with this client group, but many also do not have the knowledge and language to give the client the most helpful experience. Thankfully, following the Memorandum of Understanding on Conversion Therapy in the UK,⁴ reparative therapy is prohibited, but there is a large area in between affirmative and reparative therapy that sadly still involves erasure of identity, which may be just as damaging as reparative therapy.

I recall a group supervision setting where a respected colleague made a disparaging remark about a specific identity, essentially criticising all those in polyamorous relationships.

From the moment a child is born, they are presented to their parents as a boy or girl. Even some intersex babies will have been 'assigned' a binary gender label early on. For some intersex clients, therapy will need to be a space to explore identity, sense of self, and/or manage the knowledge of historical non-consensual surgery. Babies are often put in gender-binary clothing, given binary names, and expected to express the characteristics of their assigned gender. By the time they go to school, they are conditioned as to what male and female roles 'should' look like, and with the exclusion of other genders. If we happen to fit into the boxes, all well and good. But if not, life can be extremely difficult. No wonder there is so much confusion, fear, and shame for any client who identifies outside of societal norms.

When I provide diversity training to trainee and qualified counsellors and psychotherapists, one of the exercises I invite them to take part in is role-playing a non-binary or trans client whose therapist refuses to use their chosen name or pronoun, and role-playing a therapist presenting a non-binary or trans client in supervision where the client's chosen name or pronoun is not being used by the supervisor. These can be powerful exercises. Some find it difficult and sit back defeated, while others feel protective of their client and can get quite upset.

I don't have all the answers and there is still much personally for me to learn about difference. If we can all be more willing to ask questions rather than make assumptions, it would be a great start. My feeling is that much of the

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discomfort is based in fear of difference to 'me and my clan'. Might it be possible to explore our own fears about people, beliefs, processes different to our own in a way that helps us evolve and better respect ourselves and those around us? This in turn could help us to be better therapists/supervisors and a more compassionate society in general.

Inclusivity

Many therapists and supervisors, myself included, advertise that we are inclusive in our practice but what changes do we make? Once we learn a word or phrase can be experienced by a group or individual as judgmental, oppressive or phobic in any way, we need to make a conscious decision to not use it again. Why continue to use it, when we have so many alternatives? One change we have made in my practice is to label both our single-occupancy toilets as 'All-gender toilets'; this way, anyone using them can feel comfortable.

In my practice, I find some clients seek me out specifically because they have had a previous negative experience of therapy. For example, the client told by their therapist that chest surgery amounted to disfigurement; therapists refusing to use the client's chosen name or pronoun, encouraging the client to fit a 'norm' for an easier life; disclosing the gender identity of another client in the waiting room, pathologising identities; the therapist consistently changing or cancelling regular appointments, and therapists seeing clients socially. Some of the stories I've heard make me shudder; how can a fellow practitioner respond in this way? Over time, with consistent boundaries and by meeting my clients right where they are, whether questioning and exploring their gender, sexual or relationship identity or simply needing to know on some level that I 'get it' and will honour their perspective, they have the opportunity to simply be. I work at depth, I challenge greatly, but the foundations are built on acknowledging and affirming who they are, as they are, throughout the therapy, however their identity changes.

As CN Lester points out, we are all shaped by cultural forces beyond our personal control.⁵ For example, pink has only been associated with girls in the past 100 years. Pink equals girl isn't a given, it is a social construct. Rather than less stereotyping, I wonder if we are experiencing more now than ever before. The detrimental impact on all of us is people feeling that they have to fit a certain kind of box. If we can truly encourage our clients to be who they are, with the interests and desires they have, rather than buying into ideas about what others want for them or what might be 'right' according to the gender assigned to them, we will all be happier and healthier individuals. Being trans, non-binary or any other diverse identity 'isn't a fate anyone needs saving from. Everyone, every child needs to be loved for who they truly are, without condition.'⁵

It is OK to ask a client how this part of their identity impacts them, but certainly not OK to start from a pathologising stance. Affirmative therapy doesn't simply happen, it takes time and thinking and talking about difficult things; something that even qualified therapists and supervisors can find hard to do. We are allowed to make mistakes, as long as we acknowledge and apologise (and learn from them). There is something incredibly empowering for clients to hear us apologise when we get something wrong, like using the wrong pronoun; it can validate who they are. If we cover it up or hope they haven't noticed that we just used the wrong pronoun, we erase them right in front of us.

I would urge all practitioners to assess the thoughts and feelings that arise when working with any gender, sexually or relationship-diverse clients and explore them with someone you can trust to challenge you. Irrespective of the area of difference involved, I wonder if it's enough to 'do no harm', a guiding principle within BACP's *Ethical Framework*. Maybe we all need to be more actively 'working until each and every one of us is freed from this most pernicious, divisive, and destructive insanity called gender-based stereotypes'.⁷

Someone once said to me, 'People are simply people.' Whether you're a counsellor, psychotherapist or supervisor, I would like to think that together we could enable people to simply be people, wear whatever they feel comfortable wearing, using names and pronouns that they feel most comfortable with, doing jobs and hobbies that make them feel fulfilled, loving whoever they happen to love. It's a vision I still hold most dear, but I fear we, as a profession, are not there yet. ●

About the author



Laura Baines-Ball is a senior accredited psychotherapist and supervisor in private practice and has particular interests in working with difference and diversity and the impact of early separation on adult relationships.

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