

# Moving Counseling Forward on LGB and Transgender Issues: Speaking Queerly on Discourses and Microaggressions

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## Abstract

Using a case example, the authors explore how the counseling field's participation in the discourse of heterosexist dominance fosters microaggressions toward sexual and gender-transgressive minorities. Specifically, the authors deconstruct four linguistic assumptions of the discourse of heterosexist dominance: (a) the sex/gender binary, (b) decontextualized disposition language of homophobia, (c) hierarchical disposition language of affirmation, and (d) gendered pronouns. The authors will also examine how these assumptions influence egalitarian, well-intended counselors and counseling psychologists to engage in microinvalidations of LGB and transgender clients. Implications regarding more effective practice, training, and research will be discussed.

## Keywords

queer theory, LGBT, transgender, sexual minority, homophobia, affirmative, gendered pronouns, diversity, social justice

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The following case example is a snapshot of some of the struggles that egalitarian, well-intended counselors and counseling psychologists who identify as heterosexual may experience when working with clients who identify as sexual and/or gender-transgressive minorities (anyone whose sexual or gender identity falls outside of the dominant culture's idea of what is normal—e.g., lesbian, gay, bisexual, transgender, intersex, queer, and gender-nonconforming persons; transsexuals; cross-dressers; and others who identify outside the gender binary).

### *Case Example*

A client presents for counseling. On the office door, the client notices a rainbow “Ally” sticker. The counselor who is seeing him for the first time identifies as a heterosexual female. The client identifies as gay and rates himself as a 4 or 5 on the Kinsey Scale. The client also identifies as cisgender (individuals who are comfortable with the gender they were assigned at birth). The counselor has never heard of the term. The client is entering counseling due to some relational difficulties with his transgendered significant other. By the end of the first meeting, it is clear to the counselor that the session has not gone well. In fact, the client flatly states that he is unsure of whether he will return for a second session because he does not know if the counselor can help him.

In reflecting on the session, the counselor can identify some of the things that went wrong but is confused about other aspects of the interaction. For starters, the counselor holds to the firm belief that there is not a homophobic bone in her body. Furthermore, in an effort to fortify the counseling alliance, she disclosed that she is affirming of lesbian, gay, bisexual (LGB), and transgender persons and confronts homophobia whenever she sees it. However, she was thrown off by the client's somewhat cold reaction to this pronouncement.

The counselor is much clearer about the fact that she did not handle the client's disclosure about his partner well. Throughout the session, she struggled with the correct pronoun to use when referring to the client's significant other. She recalls with shame and horror a brief moment when in her mind she associated the word *it* with the client's partner. At this point, the counselor's greatest concern is how her supervisor will evaluate her performance. The counselor is convinced that her supervisor will be extremely disappointed with her performance and possibly even wonder whether she is homophobic. She ultimately decides not to present this case to her supervisor.

## Introduction

This article seeks to respond to the call for more complex, critical, and even “painful” explorations of the norms within counseling professions regarding LGB and transgender issues (Bieschke, Croteau, Lark, & Vandiver, 2005; Smith, 2009a). The authors will argue that language currently used in the counseling fields reinforces the discourse of heterosexist dominance, resulting in unintended microaggressions towards, and oppression of, sexual and gender-transgressive minorities. This claim will be supported by exploring problematic linguistic assumptions that are ubiquitous within the fields of counseling. Throughout this article, with the aid of the case example, we will offer linguistic alternatives that may result in more efficacious therapeutic work, while also providing strategies for how counselors and counseling psychologists can advocate for a more inclusive society for those persons who identify as LGB and transgender.

## *Why Language Matters: Discourses and Microaggressions*

This article is grounded in the epistemological assumptions of Derrida (1997) and Foucault (1978), which consider language as not merely descriptive but constitutive. The language counselors and counseling psychologists use reinforce and “write” societal notions of appropriate roles and behaviors (Fassinger, 2000), shaping and constructing the counseling fields’ approach toward sexual and gender-transgressive minority issues in ways that may not be immediately apparent.

Furthermore, our epistemic assumptions are that identity categories of race, class, gender, sexual orientation, and (dis)ability are less about reflecting neutral, biological, essential differences in people’s abilities, orientations, and intelligences and more about social constructions which serve the primary purpose of promoting social privilege for dominant groups (Fassinger & Arseneau, 2007). These identity categories are written into society and maintained by way of discourses that position individuals and groups in power relations with each other (Winslade, Monk, & Drewery, 1997). According to Robinson (1999), discourses write “the ways in which people act on the world and the ways in which the world acts on individuals” (p. 73). Dominant discourses reinforce systems of power and privilege by providing justifications for cultural and institutionalized forms of discrimination like racism, classism, sexism, heteronormativity, and ableism.

While dominant discourses tend to be invisible to members of society who occupy dominant social identities (McIntosh, 1992), they become

vividly discernible to nondominant groups in the form of microaggressions. Microaggressions are vehicles through which oppressive discourses are expressed through everyday insults and indignities, as well as unintended and unconscious demeaning messages toward nondominant groups. A growing body of literature has demonstrated the damaging impact of microaggressions committed by well-intended, egalitarian members of dominant groups towards members of nondominant groups (Brondolo et al., 2008; Hwang & Goto, 2009; Nadal, 2009; Purdie-Vaughns, Davis, Steele, & Dittmann, 2008; Sinclair, 2006; Sue, Bucceri, Lin, Nadal, & Torino, 2009; Sue, 2010). As noted by Ridley (1995) in his landmark book *Overcoming Unintentional Racism in Counseling and Therapy*, “Good intentions are not enough” (p. 10). Indeed, acts of oppression through microaggressions can be “many times more harmful” to members of nondominant groups than overt hate crimes (Sue, 2010).

Research and literature examining this process with respect to the oppression experienced by LGB and transgender individuals and groups are beginning to emerge (Sue, 2010). Nadal, Rivera, and Corpus (2010) identify the psychological impact of sexual orientation and transgender microaggressions, which includes chronic stress, depression, anxiety, lower self-esteem, and an increased number of sick days. Nadal et al., as well as Sue, have developed a taxonomy of microaggressions toward sexual and gender-transgressive minorities, which include heterosexist terminology, endorsement of heteronormative or gender normative behaviors, and denial of societal heterosexism, to name a few.

### *Microinvalidations*

Microaggressions may take three forms (Sue, 2010): (1) microassaults, (2) microinsults, and (3) microinvalidations. To help us unpack the effects of dominant discourses within counseling and counseling psychology, we choose to highlight the unconscious form of microaggressions that is often committed by egalitarian, well-intended persons of dominant groups toward persons of nondominant groups: microinvalidations. Microinvalidations are communications that subtly exclude or nullify the feelings, thoughts, or experiential reality of a person (Sue & Sue, 2008). For instance, when an Anglo American asks an Asian American what country he or she is from, the Anglo American has subtly and unintentionally nullified the Asian American’s United States citizenship and cultural identity because he or she does not look White. Microinvalidations also occur when a counselor asks a lesbian client during an intake session if she has a husband or boyfriend or if the waiting

room of a mental health clinic contains magazines that only display heterosexual and cisgender couples (Nadal et al., 2010). Both experiences can subtly nullify a client's queer reality and result in negative emotional effects.

Through the aid of the earlier case example, this article will demonstrate how microaggressions, specifically microinvalidations, are reproduced by language used in the counseling fields. First, the sex/gender binary will be explored and decentered. Second, language that describes and situates individuals' dispositions toward sexual and gender minorities—what we call disposition language—will be interrogated. Problematic disposition language occurs in two forms: the decontextualized disposition language of homophobia and the hierarchical disposition language of affirmation. Finally, the use of gendered pronouns will be deconstructed, and a call for gender-neutral language will be presented.

### *The Sex/Gender Binary*

Perhaps the primary issue facing the counselor in our scenario is that she has failed to fully examine the depths to which she has internalized the binary discourse: Persons are either male or female and engage in sex that is either gay or straight. Binary discourses are ubiquitous (Fassinger, 2000), given that “Western thought tends to cast any difference into opposing halves that between them exhaust all meaning” (Wilchins, 2004, p. 40). Greater interrogation of the discourse of the binary is essential for the fields of counseling to move forward on sexual and gender minority issues (Bieschke et al., 2005).

What is insidious about a binary discourse is the production of two opposing categories, wherein the nondominant group is inevitably othered in an oppositional relationship to the dominant group. Because the counselor in our case scenario is invested in a binary discourse, she unknowingly participates producing a top group and a bottom group, a group with the power and another without. What becomes an even more complex problem is that the sexuality/gender binary discourse is sustained in part by the use of identity categories such as LGB and transgender. To reiterate, the very use of the terms *LGB* and *transgender* reproduce the heterosexual, cisgender (dominant, top, power group), and the LGB and transgender (nondominant, bottom, subjugated group) binary.

Queer theorists have led the way in explicating how identity categories covertly impose power relations by deeming what it is to be normal; as stated by Stokoe (2004), these “assessments function to reproduce, naturalize, and legitimize the ‘essential’ distinctiveness of categorical identities and the institutional arrangements they support” (p. 108). Carroll and Gilroy (2001) write,

“We become so aware of identity categories that we no longer see anything in people but their identities” (p. 51). In other words, socially constructed categories like “heterosexual” and “homosexual” become instantiated as essential identities rather than as neutral social markers and, as such, become regulatory mechanisms of the dominant culture (Warner, 1999).

However, asking the counselor in our scenario to operate without the use of identity categories is difficult, as is evidenced by the very language we have employed within this article; for example, the use of the terms *LGB* and *transgender* are used profusely throughout this article. Also, our use of the terminology *sexual* and *gender-transgressive minority* is purposeful, intended to constitute the issues of gender expression and sexual orientation as sociopolitical rather than biological or essentialized. However, such language situates the identity markers of the queer minority and the heterosexual/cisgender majority as opposing constructs. The language utilized in this very article reproduces a binary that positions persons as dominant and nondominant, normative and other.

The reification of the straight/queer binary within this article parallels its ubiquitous presence within the fields of counseling. And if indeed such a binary supports othering and oppressive hegemony, queer theorists may justly ask, “Why choose to use language that positions us to be complicit in a regulatory regime which does less to liberate sexual and gender minorities than to limit them?” (Warner, 2002).

The answer is that socially constructed identity categories not only structure how persons think about and position themselves relative to power and privilege in society but simultaneously supply a foothold from which to critically analyze inequities inherent in such positioning. At this time, without social identity categories, critically conscious counselors have no way to speak to the inequitable experiences of millions. The utilization of socially constructed identity categories is, paradoxically, part of the problem and part of the solution.

In order for the counseling fields to move forward on LGB and transgender issues, we call for counselors and counseling psychologists to develop an awareness of the constitutive power of language, the pervasive language that reproduces this binary, and the paradox of socially constructed identity categories. Without greater awareness regarding the straight versus queer binary, the well-intended counselor in our scenario is discursively bound to construct her own status of heterosexual as normative and her client’s status of gay as other. Indeed, Nadal et al. (2010) and Sue (2010) have identified how the covert endorsement of binary, heteronormative culture results in microaggressions toward sexual and gender transgressive minorities. We concur, and

moreover, we propose that deconstruction of the heteronormative/cisgender binary is a primary step on the path to antiheteronormative practice and research.

Deconstructing the binary will require a higher level of critical consciousness (Freire, 1997), wherein counselors and counseling psychologists continue to utilize identity categories like LGB and transgender while simultaneously (a) highlighting how normativity is being defined and (b) reflexively acknowledging the positions of power that are being reinforced. Counseling professionals can engage in the praxis of questioning the assumptions of the straight/queer binary in order to examine how inequalities are being produced.

The journey that the counselor in our scenario must take toward interrupting her own subconscious investment in the binary discourse will be lifelong. The early stages of this journey will require the counselor to develop greater awareness of her own assumptions, values, and biases related to the sex/gender binary in order to develop and practice appropriate intervention strategies for her sexual minority and gender transgressive clients (Sue, Arrendondo, & McDavis, 1992). A concrete step the counselor could take would be to immerse herself in literatures that decenter the sex/gender binary and that articulate the construction of social identities outside of the binary (Fassinger & Arseneua, 2007; Fausto-Sterling, 2000; Wilchins, 2004).

Another beneficial, and perhaps critical, step toward interrupting the binary would be for the counselor in our scenario to develop authentic, personal relationships with persons who live in opposition to binary identity categories: persons who may identify as LGB, transgender, transvestite, transsexual, androgyn, bigendered, butch lesbian, stone butch, femme, drag queens, men-who-have-sex-with-men, etc. The development of genuine and meaningful connections with persons from differing social locations than one's own has been found to be prominent in fostering (a) an understanding of the experiences of othered groups, (b) the critical evaluation one's own assumptions, and (c) the breaking down of one's biases (Aberson, Shoemaker, & Tomolillo, 2004; McKinney, 2006; Shelton & Richeson, 2005). Specific to the relationship between well-intentioned heterosexuals and sexual minorities, an authentic relationship was found to be fundamental in the process of developing greater critical consciousness and interrupting heterosexism (Castro-Convers, Gray, Nicholas, & Metzler, 2005; Smith, 2009a; Vonofakou, Hewstone, & Voci, 2007).

We must emphasize that such relationships must be authentic and genuine, not connections that are voyeuristic or solely based on the desire to increase one's counseling competence with persons from other social locations (Okech & Champe, 2008). Anything less than a genuine relationship would serve to reinforce the heteronormative hierarchy.

## Decontextualized Disposition Language

Another semantic domain within counseling that merits interrogation is the language that describes and situates individuals' dispositions toward sexual and gender minorities. A term that remains prevalent in the counseling fields' lexicon to represent negativity toward sexual minorities is *homophobia*. At issue is the failure of this term to capture the ecological structure of the inequities experienced by sexual and gender-transgressive minorities, while simultaneously promoting a discourse that implies marginalization is primarily the result of individual prejudices. The widespread use of homophobia subtly obscures the fact that LGB and transgender discrimination is fueled by institutional and systemic policies and practices. In the following discussion, the authors will deconstruct the term *homophobia* and support as an alternative the constructs heterosexism and heteronormativity.

### Homophobia

Within the literature, one will find research investigating “predictors of homophobia” (Basow & Johnson, 2000), “internalized homophobia” (Bieschke, Hardy, Fassinger, & Croteau, 2008), and “homophobic behavior” (Bowers, Plummer, & Minichiello, 2005), as well as the narratives of heterosexual queer allies negotiating their own homophobia (Berkowitz, 2005; Perez, 2005). Despite the common use of the term, a number of authors have sought to dislodge it (Dermer, Smith, & Barto, 2010; Herek, 2004; Schiffman, Delucia-Waack, & Gerrity, 2005). We also advocate suspending use of the term.

Within the field of mental health, the term *phobia* defines an “established clinical condition with specific diagnostic criteria” (Schiffman et al., 2005, p. 2). Homophobia runs the risk of subtly situating negativity toward sexual and gender minorities within the medical model, essentializing the phenomenon, and diluting and flattening the moral culpability of those who hold and foster prejudice and discrimination. Furthermore, the term interferes with a contextual understanding of heterosexist oppression by tacitly locating prejudice toward sexual and gender minorities within the individual. For these reasons, the continued widespread use of homophobia by counseling professionals is “potentially dangerous” (Schiffman et al., 2005, p. 77).

Again, let us return to the case example to examine how the use of homophobia supports the dominant discourse and may negatively impact a counseling relationship. By writing her own story with the language of homophobia, with its connotations of the medical model and the autonomous self, the counselor in our scenario is discursively positioned within the belief that she

has not internalized dominant discourses (i.e., she does not have a “homophobic bone in her body”). The counselor is thus missing the point that to engage in the process of becoming a multiculturally competent counselor requires a lifelong commitment to confronting internalized stereotypes and biases (Boysen, 2010). Anchoring her disposition in a decontextualized construct like homophobia discursively allows her to avoid her own complicity in heterosexual privilege (Johnson, 2006) and to avoid uncovering the ways in which she is inadvertently perpetuating the negative messages that are pervasive in our society (Smith & Shin, 2008).

Furthermore, by framing her response to prejudice as the confrontation of “homophobic acts” whenever she witnesses them, she situates acts of prejudice within the individual and overt domains. This could imply to her client that she is unaware of the more covert and pernicious institutional forms of discrimination that sustain LGB and transgender oppression. With her understanding of prejudice limited to visible occurrences at the microlevel, she implies the microinvalidation of nullifying her client’s experience of systemic injustices, such as not being able to marry in most states, not being able to adopt children in some states, and not feeling safe while holding his partner’s hand in public. A client with a higher degree of critical consciousness may find the counselor’s emphasis on individual acts of prejudice, in concert with a lack of understanding of systemic prejudice, to be, if not offensive, at the least a marker of incompetence.

### *Heterosexism and Heteronormativity*

The emerging constructs that emphasize the systemic nature of oppression toward queer minorities and culture are heterosexism and heteronormativity. In contrast to homophobia, these terms are not associated with the medical model; they position negativity toward sexual and gender minorities within larger societal systems of power and privilege, and they imply moral culpability. While leading scholars have been utilizing such language for some time (Bieschke, 2002; Carroll & Gilroy, 2001; Chen-Hayes, 1997; Croteau, Bieschke, Philips, & Lark, 1998; Fassinger, 2000), the authors call on counseling practitioners and educators to integrate the terms *heterosexism* and *heteronormativity* more fully into the professional lexicon.

Chesir-Teran (2003) defines *heterosexism* as “a setting-level process that systemically privileges heterosexuality relative to homosexuality, based on the assumption that heterosexuality, as well as heterosexual power and privilege, are the norm and the ideal” (p. 267). Herek (2004), drawing from Link and Phelan’s (2001) definition of institutional racism, views heterosexism

“as a cultural ideology embodied in institutional practices that work to the disadvantage of sexual minorit[ies],” so that “even in the absence of individual prejudice or discrimination” (p. 907) negativity toward sexual minorities may be present. The benefit for counseling professionals in using the term *heterosexism* is that, like the word *racism*, it may be used to convey systemic as well as individual moral culpability.

The term *heteronormativity* promotes an even greater emphasis on the macrolevel, societal dynamics that foster negativity toward sexual and gender minorities. Chin (2004) defines *heteronormativity* as the systemic processes in the United States that clearly operate to the advantage of heterosexuals and to the disadvantage of those who identify as LGBT. While there is some overlap with heterosexism, the term underscores the invisible and ubiquitous nature of the cultural messages and institutional policies that perpetuate heterosexual supremacy. The pervasiveness of the dominant discourse of heteronormativity veils from our awareness the insidious assumption that heterosexuality is superior and, therefore, the preferred way of being in the world. In the words of Yep, Lovass, and Elia (2003), “heteronormativity is everywhere. It is always already present in our collective psyches, social institutions, cultural practices and knowledge systems” (p. 11).

We suggest that had the counselor within our case scenario grounded her approach to LGB and transgender issues within the linguistic assumptions of heterosexism and heteronormativity rather than of homophobia, she may have been more effective. Understanding these terms opens a path to greater awareness of the binary discourse, heterosexual privilege, and the systemic structure of LGB and transgender oppression. Moreover, had she considered utilizing the term *heteronormativity* with her client, she may have been communicating an enhanced degree of critical consciousness related to sexual minority issues, possibly resulting in a stronger alliance with her client. If the client was unfamiliar with the term, this could open up a great opportunity for the counselor to initiate a dialogue about LGB and transgender issues right from the beginning of the counseling process.

### *Hierarchical Disposition Language*

Pursuing disposition language that will move the counseling fields forward on LGB and transgender issues also means interrogating disposition language that assumes a heteronormative hierarchy. Counselors and counseling psychologists need to be aware of how heteronormativity may be buttressed, even when they are attempting to express their positive disposition. We propose that the egalitarian counselor in our scenario, in her attempt to communicate

a positive disposition, reinforces the heteronormative hierarchy and possibly even demeans her client.

In her attempt to communicate her positive disposition, the counselor chose the language of “affirming LGBT persons.” A family of LGBT-affirming terms has replaced LGBT-accepting as the predominant way to communicate one’s positive disposition: for example, LGBT-affirmative (Chen-Hayes, 2005; Dillon et al., 2004; Israel & Hackett, 2004), affirmative therapy (Rostosky, Riggle, Gray, & Hatton, 2007), and affirmative psychology (Bieschke et al., 2008). At first glance, such language does not appear to be harmful. Indeed, Tozer and McClanahan (1999) state that an affirmative counselor “celebrates and advocates the authenticity and integrity of lesbian, gay, bisexual persons and their relationships” (p. 736). Worthington, Savory, Dillon, and Vernalia (2002) further operationalize the term by suggesting that the “affirmativeness” of sexual minorities by heterosexuals means they have (a) knowledge of queer history, symbols, and community and (b) a recognition of heterosexual hegemony and privilege that extends beyond tolerance. They also assert that this degree of affirmation goes beyond a generalized sense of acceptance and intellectualized support.

Although there is considerable momentum for counselors and counseling psychologists to adopt an LGBT-affirmative position—to wit, the authors of this very article have frequently employed such language in practice, training, and scholarly publications (Smith, 2009a, 2009b)—we suggest that such language inconspicuously fortifies heteronormativity. This is because affirmation of one group by another group is only meaningful when there is sufficient social power held by the group doing the affirming. That is to say, if a nondominant group were to “affirm” a dominant group, the act would be hollow, having little significance, because the nondominant group lacks social power. When a dominant group affirms a nondominant group, the power of the dominant group is made manifest and simultaneously reproduced.

To aid in exposing the positioning of power inherent in the language of affirmation, consider the following questions: Should straights be seeking affirmation from queers? Do heterosexuals move through their world eager to be affirmed by sexual minorities? How bizarre might it sound if a man were to present for counseling and hear his counselor say, “I affirm your male gender expression.” Why aren’t there scholarly articles calling for “heterosexual-affirming counseling”?

Furthermore, we invite the fields of counseling and counseling psychology to consider the assimilationist assumptions within the language of affirmation. In other words, we propose that such language implicitly suggests that it is a good and benign thing for sexual and gender minorities to be embraced by the

dominant heterosexual, cisgender culture. However, queer theorists reject these assumptions (Sedgwick, 1990; Warner, 1999; Wilchins, 2004). Queer theorists do not seek to be embraced by, nor assimilated into, the heteronormative power structure; they seek the deconstruction of the heteronormative paradigm altogether (Stein & Plummer, 1996). Ahmed (2004) writes that it is “important that queer lives do not follow the scripts of heteronormative culture” because this would “support the ideals that script such lives as queer, failed and unlivable in the first place. The aspiration to ideals of conduct that is central to the reproduction of heteronormativity has been called, quite understandably, a form of assimilation” (p. 149, emphasis added).

By exclaiming to her client that she is “affirming” of sexual and gender minorities, the counselor in our scenario intended to let the client know that he could talk freely about the challenges associated with being a gay man. The counselor did not consider the possibility that the client was (a) an empowered gay man with no need to discuss his sexual orientation in counseling and (b) not concerned at all about whether heterosexuals affirm his existence. Therefore, what may have been unintentionally communicated through the language of affirmation was a tacit support of heteronormative assimilation. This microinvalidation not only minimizes her client’s experience of oppression due to the heteronormative hierarchy but also nullifies his investment in queer culture.

The counselor’s assumption that her client would welcome being affirmed by a heterosexual is an example of what can occur when helping professionals who identify as heterosexual have failed to interrogate their own social privileges. Although it is important for heterosexual-identifying counseling professionals to be knowledgeable of the historical and contemporary socio-political forces that negatively affect their LGB and transgender clients, it is also critical that they engage in ongoing reflections regarding the many privileges they are afforded in a heteronormative society (Smith, Foley, & Chaney, 2008; Smith & Shin, 2008). Ultimately, freedom and justice for gender and sexual minorities will not be achieved simply through heterosexuals accepting, affirming, or celebrating LGB and transgender individuals and communities. A truly inclusive society can only be accomplished through the dismantling of the heteronormative paradigm altogether (Carroll & Gilroy, 2002).

Rather than utilizing the hierarchical language of affirmation, we call on counselors and counseling psychologists to utilize positive disposition language that is grounded in their own struggles to interrupt heteronormativity. The counselor in our scenario could communicate her positive disposition by telling her client that she is an “aspiring ally” engaged in the continuous struggle of examining her own heterosexual privileges. The counselor could add that

she is working through her internalized heterosexist biases, while also engaged in interrupting heteronormativity at all levels of society.

We further invite the fields of counseling and counseling psychology to consider a paradigm shift: Rather than promoting “affirmative psychotherapy” (Bieschke, Perez, & DeBoard, 2007) or “LGB-affirmative scholarship” (Croteau, Lark, & Lance, 2005), the fields could move forward by creating and promoting new constructs such as “anti-heteronormative counseling” and “heterosexist interruptive scholarship.” If this linguistic transformation were to occur within research publications, counseling handbooks, and conference programs, it could result in a small yet meaningful shift away from heterosexist dominance toward an increased exposure and interrogation of heteronormative oppression.

### *Gender-Neutral Language*

Finally, there is perhaps nowhere one can find better evidence of the constitutive nature of language in reifying the discourse of heteronormativity than in gendered language. Examining the English language reveals that the third person demands referencing the gender binary of he or she, which subsequently results in microaggressions toward gender-transgressive persons when speaking of a singular person other than oneself. In other words, communicating in a way that is deemed proper and comprehensible results in the continual reproduction of cisgender privilege and reinforcement of the oppression of transgender individuals. The following section will provide a brief review of how the use of standard English requires counselors to engage in microinvalidations of transgendered individuals. In addition, the authors will present a case for the counseling professions to engage in dialogue about language that honors more complex understandings of gender identity and gender expression.

Historically, the dilemma of potentially assigning gender where gender is not explicit entailed the risk of promoting inequality between men and women and fostering limited gender roles (Lee, 1985; Maggio, 1991). The American Psychological Association has published guidelines for “non-sexist” language, suggesting that using gendered language where gender is ambiguous is only of concern in so far as it may be sexist (American Psychological Association, 2009), failing to mention the implications for those who are outside of the traditional female/male binary. Furthermore, literature can be found in counseling-related journals investigating the impact of gendered language on female/male equality, with hardly any operating from the assumption of the meaning of gender-equality for gender-transgressive minorities (Hessling & Madson, 2001; Madson & Shoda, 2006; McCormick, 1990).

Traditionally, the pronoun *he* has been used to denote no-gender when necessary, similar to the tendency to use language such as mankind. Advocates have argued against the use of *he*, as it reinforces patriarchy. Research has suggested that the use of *she* for such purposes does not implicitly denote ambiguous gender to the average reader but rather is seen as implying someone who identifies as female (Hessling & Madson, 2001). Alternatives to using either *he* or *she* include writing, exhaustingly, *he or she* or *she or he*, sometimes abbreviated in various ways such as *s/he*, which can become quite cumbersome, especially when applied during conversation. Another option is the grammatically incorrect but popularly used *they* or *them*. *One* can also be used but may not be appropriate in some contexts. These are the options currently available within the English language, all of which support dominant heteronormative, cisgender discourse.

Perhaps it is time for the counseling fields to be more inclusive of those who identify outside the gender binary, by integrating more gender-neutral language into the professional discourse. Advocates for gender pluralism have suggested numerous gender-neutral, otherwise known as epicene, pronouns, not only as a solution to the dilemma of third-person references in the English language but also as a means of breaking down the rigid confines of a language that fails to capture the complexities of gender.

Dennis Baron (1981) created a large and rapidly expanding list of such pronouns in his essay, "The Epicene Pronoun: The Word That Failed," which includes *ne, nis, nim, hiser, ha, hez, hem, himorher, hes, hir, hem, his 'n, her 'n, heesh, shis, shim, shims, shimself, ho, hom, hos, homself, sheme, shis, shem, heshe, hisher, himmer, hesh, hizer, hirm, sheehy, sap, it, herm, e's, emself, em, ze, and zon*. *Ze*, for example, is conjugated in the nominative as *ze*, the objective as *zir* or *zem*, the possessive as *zir/zes*, or the reflexive as *zirsself*.

Dismantling society's rigid construction of gender will require more than simply dodging the issue with the use of awkward and grammatically incorrect alternatives or by restructuring sentences to avoid the issue entirely. The authors call on counseling professionals to consider advocating for transgendered individuals and communities through the use of the gender-neutral pronouns *ze, zir, zem, zir/zes*, and *zirsself*, certainly when requested, and even unprompted and simply as part of everyday speech.

We will now utilize gender-neutral language as we take a final look at the case example. The counselor's concern about *zir* inability to respond in a culturally competent manner to the client's disclosure about having a transgender partner is warranted. First, *ze* has not engaged in the process of examining *zir* beliefs and attitudes about the full continuum of gender identity and gender expression. Whether this lack of experience is a result of a deficiency

in *zif* education and training or *zif* own personal disinterest in transgender issues, it should be apparent to the counselor that *ze* must take immediate action.

### *Implications*

A number of researchers have expressed concerns about the lack of competent counselor training in LGB issues (Croteau et al., 1998; Rutter, Estrada, Ferguson, & Diggs, 2008). High occurrences of dissatisfaction with counseling services due to experiences with heterosexist bias and counselors' general lack of awareness of LGB and transgender issues (Liddle, 1997; Palma & Stanley, 2002) are considered to be consequences of inadequate and ineffective training approaches. Therefore, we suggest there is no better focal point for research than empirical studies that address the ways counseling psychologists and counselor educators can more effectively promote antiheteronormative counseling and therapy in their training programs.

First, we encourage further research that investigates strategies for fostering counseling students' engagement in the process of active racial/cultural awareness (Collins & Pieterse, 2007, p. 16), which is defined as gaining "the capacity to consistently engage with others in an exploration of the automatic assumptions that guide one's everyday thoughts, feelings, and behaviors" associated with non-dominant groups. We support the application of innovative approaches like Critical Incident Based Training (CIBT), proposed by Collins and Pieterse, a curriculum aimed at developing antiheteronormative counselors. This approach is ideal because it is intended to increase students' awareness of more subtle and covert forms of discrimination. In addition, longitudinal studies that incorporate mixed methods may be ideal for researching the question of whether counseling students internalize the principle that active racial/cultural awareness is a lifelong process involving many mistakes along the way. This kind of training may have helped the counselor in the case example to view her rough first session as an opportunity for growth and learning, as opposed to something that she should hide from her supervisor.

We also support the use of pedagogical strategies that require students to critique counseling textbooks, artifacts from the media and popular culture, and other sources of information that reify the sexual/gender binary. This process may be thought of as helping students to think "queerly." More specifically, we believe these exercises can increase a counseling trainee's awareness of how dominant discourses within and outside of the counseling profession serve to perpetuate the institutional and structural forms of discrimination that marginalize LGB and transgender individuals. Studies that demonstrate improvements in students' ability to accurately identify the micro-invalidations

in such materials will provide support for this strategy. In general, there is a need for research that helps clarify the process of identifying various forms of microaggressions toward sexual and gender-transgressive minorities, and that broadens the ways in which we measure microaggression variables (Lau & Williams, 2010).

Finally, rich data are beginning to emerge regarding the efficacy of routinely monitoring real-time client feedback about therapeutic progress (Harmon et al., 2007; Lambert, 2010). Routinely tracking the client's perception of outcomes has been shown to consistently decrease rates of deterioration and enhance treatment (Lambert et al., 2003), while the therapist's perception of progress has been demonstrated to be inaccurate (Breslin, Sobell, Buchan, & Cunningham, 1997; Hannan et al., 2005). This particular area of research would seem to be fertile ground for counseling fields to develop effective therapy for marginalized groups.

One way to do this would be to integrate elements of the taxonomy of microinvalidation into the standardized scales that constitute clinical outcome questionnaires and outcomes management systems. For example, Constantine (2007) developed a brief, Likert-type instrument, the Racial Microaggression Scale, which measures perceptions of racial microaggression in the counseling encounter. More such scales, relating to other forms of microaggression, need to be developed and utilized within counseling relationships. Indeed, Lambert (2010) writes that the next step in advancing the effectiveness of therapy "will come about through formal monitoring of change and a willingness to enter frank and open discussions with clients about their progress" (p. 241). To interrupt the heterosexist dominant discourse in counseling and counseling psychology, a piece of this frank discussion must include the client's perceptions of implicit bias and microinvalidation.

## **Conclusion**

The emphasis on multicultural/social justice issues continues to grow in the counseling fields (Toporek, Lewis, & Crethar, 2009; Vera & Speight, 2003). An important component of this journey is engagement in frequent, critical examinations of how we, as counseling professionals, may be inadvertently perpetuating systems of oppression (Abrue, 2001; Boysen, 2010). The power inherent in language to shape and produce phenomena means that counselors and counseling psychologists should continually scrutinize and deconstruct language that inhibits the health and wellness of our clients. We agree with Croteau et al. (2005) that the "failure of the wider profession to examine professional discourse concerning [sexual and gender minorities] is what keeps [anti-heteronormative] approaches on the margins of the profession" (p. 6).

Despite this article's emphasis on improving psychotherapy with LGB and transgender clients, the dismantling of heteronormativity and the sex/gender binary will not be accomplished simply through more culturally congruent individual interventions. Continuing to overemphasize professional roles that seek to change individuals rather than their oppressive social contexts aligns the counseling fields with "the forces that perpetuate social injustice" (Albee, 2000, p. 248). Counseling professionals who are committed to creating a more just and equitable society for sexual and gender-transgressive minorities must also be engaged in activism at the community, institutional, and structural levels.

Moving forward on LGBT issues will require the counseling professions to integrate the semantics of the margins into research, scholarship, and practice. Counseling professionals must engage in a reflexive awareness of how dominant discourses situate power and constitute normativity. Such awareness would then allow for the implementation of language that problematizes hegemonic heteropatriarchic-cisgender structures, interrupts both individual and systemic oppression, fosters more powerful work for all genders and sexual orientations, and ultimately contributes to the creation of a more equitable society.

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