RIFL (2021) Vol. 15, n. 1: 56-66
DOI: 10.4396/20210606

«Call me by my name»: Language issues in counsellors' cultural competence with gender non-conforming people

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Abstract Language, both through its verbal manifestations and its non-verbal and environmental ones, is a locus of particular interest in counselling with trans and gender non-conforming people. Discrimination and microaggressions can be evidenced in all three aforementioned domains of communication. Linguistic marginalisation occurs when counsellors or psychotherapists commit acts of misgendering and deadnaming, or seem incapable of addressing the specific needs of their clients. Cultural competence, person-centeredness and the informed consent model have a particular involvement in mental health providers' training, but are frequently used as falsely universal values that address also universalised experiences and identities. In contrast with this view, the present paper wishes to highlight the situated value of these innovations in therapeutic alliances. Each sociocultural context supposes a different adaptation of terms, meanings and dynamics. During the last years, but particularly after the recent ICD revision in 2018, discussion on gender diversity has evidenced changes worldwide: in that respect, I briefly examine three different Mediterranean contexts, those of Italy, Spain and Greece.

Keywords: Counselling, Therapeutic alliance, Misgendering, Deadnaming, Cultural competence

Received 20/01/2021; accepted 11/05/2021.

0. Introduction

Language is fundamental in psychotherapeutic and counselling alliances. Typologies and causal attributions aside, it remains the main channel through which psychologists and clients exchange worldviews, opinions, feelings and life experiences (Favero and Ross 2003). The successor of Freud's «talking cure», counselling psychotherapy has faced some important shifts in the last two decades, mainly due to the rise of mindfulness (Mace 2007), to the expansion of digital communication tools and to the critical sociological discourses that questioned the fundaments of the power relation that seemed to be promulgated in treatment.

The shift consists of a confluence between various movements, of mostly practical rationale, though some of them have a strong theoretical basis. Cultural competency, patient centeredness –later evolved into person centeredness–, horizontal dynamics,

[1] This research has been financed by the Spanish Ministry of Universities, under the grant Formación de Profesorado Universitario (FPU17/03809).

and, last but not least, the informed consent model, create a group of overlapping approaches to equitable counselling (Cavanaugh *et al.* 2016; Saha *et al.* 2008; Zandbelt *et al.* 2005). Their combined influence in psychological accompaniment makes the people in need responsible for their choices, while building a creative space for settlement and agreed upon dynamics with the professionals.

Minority groups and intersectional experiences have had a strong impact both on cultural competence and on the informed consent model. For instance, cultural competence draws mainly on awareness of racial and ethnic discrimination, while the informed consent model is inspired by collective claims and widely endorsed standards such as WPATH's Standards of Care (Coleman *et al.* 2012; Schulz 2017; Wilkinson 2014). Particularly in what regards rights to gender identity and expression, the minority stress model (McLemore 2016), the affirmative model (Clark and D'Andrea 2018; Keo-Meier and Ehrensaft 2018) and the movement for trans depathologisation (Davy *et al.* 2018) can be added to the former equation as to having influenced psychological science.

Affirmative psychology is a relatively new approximation to the subjects' realities that takes into account what traditional discourses have seemed to ignore systematically: the subjects' own definitions of themselves. For trans and gender nonconforming people[2], subjects who do not self-define with the sex they were assigned at birth, this is a fundamental parameter, since the maintenance of a strict gender binary logic has great negative implications for their well-being and directly violates their unrestrained exploration of their own identities and needs (Coleman *et al.* 2012; Schulz 2017; Wilkinson 2014). For trans people, gender is negotiated upon in various everyday situations (Lev 2004). In some cases, psychological accompaniment is one of those situations, especially when counsellors do not dispose of the necessary abilities to address gender diversity correctly (Benson 2013; Nadal *et al.* 2010).

The present paper addresses the narrative shifts of counselling dynamics that refer to trans people. I am particularly interested in the linguistic parameters that constitute the alliance between trans people and mental health providers that attend to their needs[3]. Returning to Stephanie Julia Kapusta's (2016) distinction between intensional and extensional deployments of gender categories[4], I venture a reading of the counselling alliance with trans people that critically places it in the current globalised context and aspires to rescue situated and culturally specific representations. I agree with the author that «transgender persons are subject to a linguistic form of moral harm and political oppression» (Kapusta 2016: 503), and provide arguments of shifting tendencies in counselling and sociocultural values in the Mediterranean context to support that view. Formerly, I briefly examine subtle acts of invalidation called microaggressions, to demonstrate how trans people are even currently excluded by the proper psychotherapeutic dynamic.

1. Cultural competence, person centeredness, and the informed consent model

Inspired upon the incorporation of cultural competence and person centeredness in clinical practice, the trans-affirmative model promotes self-determination and embraces

[2] I use the two terms interchangeably in the text, in order to emphasise subjective experiences and distinct identification within the trans spectrum.

[3] Although the terms «mental health providers» (or «MHPs») and «psychologists» are frequently used interchangeably, this paper being no exception, it is important to understand how the first one encompasses a broader range of professions, with different implications and responsibilities regarding trans and gender nonconforming people and their mental health.

[4] The terms are linguistic and not directly connected to intentionality.

a spectrum of possible identifications, terms and expressions a person might select in order to experience their body and identity (Keo-Meier and Ehrensaft 2018). In this first section, the trans-affirmative perspective is analysed in terms of clinical practice[5], with particular attention to the ways it has altered evaluation processes, classification manuals and interpretation forms.

Traditional viewings of the gender binary in psychology have received severe critiques in the last decades, particularly through epistemological, interdisciplinary and intercultural viewpoints, demonstrating how necessary it has been to appeal to readings provided by philosophy of science, and how important it is for psychological training to involve a critical and feminist standpoint (Davy *et al.* 2018; Muñoz 2012).

The doctor-patient hierarchy, later applied to the therapist-client dynamic, a well-established inferred rule of the psychotherapeutic encounter, began to crumble after the 1970s, due to both the anti-institutional and the feminist critiques to psychiatry and psychology (Tosh 2016). The theory of feminist standpoint in concrete revealed the falsely neutral pretentions and unquestioned biases of such divide. Androcentrism, activity and passivity, universalisation of experience and pathologisation of difference have been only some of the revised strategies of silencing of gender diversity.

In a similar, situated attempt, anti-colonial inquiry stipulated cultural awareness, at least in multicultural societies, in order to resolve the reproduction of racial and ethnic prejudice. This notion has been progressively extrapolated to sexuality and gender identity, since it harbours LGBTQI inclusivity (Nadal *et al.* 2010). It has been suggested, however, that cultural competence has not followed a similar pivotal approach against paternalism and has instead opted for «cultural humility» (Wilkinson 2014). In an intersectional context, cultural competence in trans matters implies the adoption of non-discriminatory language, and the promotion of well-being and integration of gender non-conforming people to their surroundings.

There are several overlaps between person centeredness and cultural competence, in that they embrace the uniqueness of each person, they encourage an unconditional positive regard, they explore identity through a biopsychosocial stance, and they underline the needs and meanings that emerge in the process. They represent the supportive part of some pre-established binaries:

> Just as patient centeredness was construed as one end of a continuum (with doctor centeredness on the other end), cultural competence was also characterized in terms of continua ranging from ethnocentric to ethnosensitive or from cultural destructiveness to cultural proficiency (Saha *et al.* 2008: 5).

Nonetheless, in the case of responsibility, a continuum perspective might not be satisfactory. Usually, responsibility is mutually assumed in a therapeutic alliance, since counsellors are instructed to follow their clients' aspirations but to not directly orchestrate them. What may not be so clear is that, in order to make an informed decision, the client needs to be aware of all the corresponding pieces of information (Cavanaugh *et al.* 2016). Particularly in counselling with trans people, bodily interventions and major life decisions should be covered by comprehensive data provisions. Moreover, 'blind spots' and unknown territories, for instance in family dynamics or terminology, as well as other personal differences, are important issues to be confronted.

[5] The activist or sociopolitical implications of the transaffirmative perspective, although inexorably linked to psychological transformations, are not detailed here.

Before the appearance of LGBTQI affirmative models in the 1990s, interventions on gender nonconforming identities oscillated between the biomedical paradigm, promulgated by University Hospital Gender Units, and conversion therapies, of mostly psychodynamic, moralist and religious token (Tosh 2016; Wright *et al.* 2018). Advances in interdisciplinary research progressively led counselling psychotherapy to the adoption of trans inclusivity, but not without resistance. Mental health providers have historically assumed a gatekeeping role in deciding whether solicitors of bodily transition were eligible for hormonal therapy and gender reaffirmation surgeries (Benson 2013; Speer and McPhillips 2013). Renegotiating that role meant surrendering its associated privileges. Even nowadays, several practitioners seem unwilling to change their viewpoints in this regard.

Cultural competence in trans issues concerns training on the particularities of gender diverse experiences. Those usually involve stigmatisation, social and epistemic marginalisation, administrative, work and health disparities, as well as manifest and covert violence (McLemore 2016; Nadal 2018). These experiences are also subject to the effects of intersectionality, and tend to create reticence and withdrawal to subjects. Traumatisation is at times incessant, and counsellors need to work on their empathetic abilities and their own privileges, belief system and vulnerability. At times, clients reproach mental health providers for not being capable of offering more specific information and services, and the roles are switched when clients have to be the ones to educate professionals (Benson 2013). Humility in approaching trans people's accounts seems decisive in building a respectful counselling relationship, where knowledge is constructed cooperatively and at the service of the client.

Self-disclosure is another key element in counselling with gender minorities, and needs careful handling. Cis (non-trans) counsellors need to review their own attitudes towards gender, sex and sexuality before entering an alliance with a trans person. Meanwhile, it is rendered necessary to avoid further stigmatisation. If counsellors do not feel competent enough to work with related issues or fail to acknowledge the hardships of trans experiences, they should consider referral before the building of the alliance comes to disallow it (*Ibidem*). They also need to reveal their own weaknesses, in cases they do not handle delicate topics or are not sufficiently informed. Furthermore, person centeredness does not unquestionably equal comfortable communication. Informed decisions are based on complex discussions and affective procedures (Speer and McPhillips 2013); thus the binary that separates autonomy from paternalism becomes a rather illusory one (Pilnick and Dingwall 2011).

Keeping this in mind, psychotherapists and counsellors could not have had the best of reputations inside the trans community (Speer and McPhillips 2013). Suspicion and deception have been rather mutual, reflecting the general communicative tensions in clinical encounters (Annoni 2018; Cavanaugh *et al.* 2016). In that sense, in trans history, support groups represent a substitution of the comforting effects of psychotherapy by dynamic, communitarian interaction. Breaking with the one-on-one alliance of the classic therapeutic encounter mentioned in the beginning, which involves transference, dual attachment, and transitional spaces (Favero and Ross 2003), support groups have been offering collective experiences of redemption, reparation and narrative sharing.

However, as Douglas Mason Schrock (1996) observes, this has also had an impact on narrative reconfiguration. In his study, group sessions had the purpose of transforming life narratives of gender diverse people from extraordinary, subjective and highly unique, to compliant schemes of transsexuality, either masculine or feminine ones, leaving no other possibility of self-expression. In order to fit several requirements (mostly acceptance and normativity), people had to lie about their gender experiences. Authority

of external factors in gender determination is still evident in Mason Schrock's example, but instead of being attributed to mental health providers, it originates in the group pressures for gender conformity. At any rate, those narrative arrangements have corresponded to psychological standards of representing gender in specific institutional frameworks; hence mirroring a system of compliance with the biomedical system of gender binarism.

2. Misgendering, deadnaming and subtle invalidations

As delineated in the previous section, horizontality and person centeredness have largely led not so much to questioning the authority of expertise, but rather to a more egalitarian conception of the relationship between expert and lay knowledge. In a context where the recently published eleventh edition of the International Classification of Diseases (ICD-11) (2018) explicitly depathologises trans identities, pathologising a trans person is not about epistemic discordance, but about ethical discordance. Moreover, it exposes practitioners who do not follow advances in psychological science or do not seem willing to challenge their privileges and beliefs.

In this next section, I address linguistic and contextual parameters that characterise the counselling and therapeutic alliance with trans people[6]. Historically, gender diversity has been viewed as pathological by the psychological science. Psychotherapy, with particular emphasis on conviction and behavioural change, has been used as a method of coercion and control (Tosh 2016; Wright *et al.* 2018). Deviance from the binary rule has been seen as problematic, and the role of the psychologist has been clearly panoptic:

> [...] using the borrowed authority of the medical model through assessment and diagnosis to promote acceptance of gender difference perpetuates the use of binary gender discourse as well as associating gender difference with the stigma associated with mental illness (Wiseman and Davidson 2011: 532).

Kapusta (2016) observes how psychologists, alongside sociologists, anthropologists and other social experts, participate in the intensional (connoted, interpreted) definition of trans peoples' gender identities. Contrary to extensional definitions of gender, which focus majoritarian standards of linguistic use and exclude minorities as incorrect or deviant, intensional ones conceal judgements behind descriptive propositions. Thus the physical, social and psychological expressions of masculinity and femininity are signs experts use in order to legitimise both people's bodies (as normal, deviant, or pathological) and their own practices (as truthful, accredited, or canonical). For the author, oppressive terms and normative language use inflict damage and reveal experts' –mental health providers included– responsibility in the stigmatisation of trans identities. As she states,

> This politically mobilized influence — although it can be to some degree informed by scientifically based critiques — need not be primarily scientific in nature, and can be exerted by laypeople. The point is that its claim is largely ethical or political. Deferring to expert opinion in such cases is not obligatory. On the contrary, contesting such opinion can be ethically recommended (Kapusta 2016: 508).

[6] The idea that therapy is a more committed and timely procedure, while counselling is briefer and less intense is highly context-dependent, thus the two notions are inevitably synonymous here.

Psychotherapy has been received with particular mistrust in activist circles. Due to its association to aversion therapies and to the Real-Life Experience[7], it is generally negatively connoted. Trans activism sees in psychotherapy a surveillance measure, where the psychologist stands as a representative of binary gender norms and expectations. Maybe this is the fundamental reason why trans-affirmative approaches emphasise «counselling» instead of «therapy», «counsellors» or «tutors» or «assessors» instead of «psychotherapists», while refraining from traditional psychological evaluation (drawing on Benson 2013; Keo-Meier and Ehrensaft 2018; Lev 2004). Terminology shift is a key element towards affirmative practice, a reparative means of re-appropriating the «talking cure» to the benefit of the client.

Context construction is the important first step that shall operate as a mediator for the verbal alliance to take place. As Nadal *et al.* (2010) explain, a trans person can draw information on their counsellor's approach even through the environment of the office or the space where the alliance takes place. From the brochures and magazines in the hallway to the nonverbal cues of the counsellor, such as dressing, voice tone, mannerisms or eye contact, one can make several assumptions on whether that expert works with an affirmative, a falsely neutral or a dismissive stance. Microaggressions can be detected both on a nonverbal and on an environmental level, even before therapist and client interact in a verbal encounter. This divide of microaggressions into three communicative frames also serves to set the context where power relations and values of meanings operate.

Passing to the verbal domain, two particularly damaging practices of exclusion in the linguistic realm are misgendering and deadnaming. Misgendering is defined as the use of improper pronouns to refer to trans people, for instance by calling a trans woman with male pronouns (McLemore 2016; Nadal 2018). On the other hand, deadnaming specifies addressing a trans person with their birth name or name they do not use anymore (Keys 2020). Both have been described as main microaggressive practices, meaning that they provoke a harm that some might discard as subtle, but that has a severe impact on self-esteem and confidence (Nordmarken and Kelly 2014).

Discussion of the two aforementioned microaggressions highlights at least two matters: a) that gender identity invalidations can be subtle and unconscious, especially in the case where psychotherapists and counsellors are not trained in gender issues, and b) that identity and presentation are partly contextual, since validation or recognition –of one's name, pronouns, gender presentation and self-expression– is required from a certain other (Bettcher 2009). If that other is a figure of authority, as occurs with mental health providers, then matters get complicated.

Verbal exchanges determine more than environmental connotations in what respects gender identity, since they include terminology and denotations of acceptance or refusal. For instance, the use of offensive or obsolete terms, such as «tranny», «transvestite», or even «autogynephilic» to refer to people who cross-dress (see Bettcher 2014), unveils a counsellor's attitude. The same happens since the first pronunciations, for example if the counsellor ignores the client's self-definitions and pronouns. Linguistics are therefore a stage of power relations, where acceptance demarcates an affirmative relationship building and a safe alliance, while the refusal is a sign –sometimes direct, and others indirect– of exclusion and hermeneutical marginalisation.

[7] As Cavanaugh *et al.* (2016) explain, it consists of a certain period of controlling the person's gender expression, monitoring whether it fits societal expectations of masculinity or femininity.

3. Globalised gender criteria and situated resonances

From what has been stated so far, and returning to the macro-narratives, at least some globalised meanings and criteria for gender identification depend on the international taxonomies such as the one proposed by the World Health Organisation or the WPATH's SOC described above. Regarding gender identity and expression, the language employed in their statements and principles is supposed to cover the vast majority of trans identities and experiences.

However, this is a challenging undertaking, for it supposes that subjectivation of trans people follows a certain, standardised and universally shared model. The variety of marginalising practices, microaggressions and expressions of prejudice against trans people throughout the Globe is significantly large. The same can be sustained for psychological practice and training: there are lots of different approaches to practice, to perceiving accompaniment, or to inflicting damage. It is therefore rather complicated to take such taxonomical texts as all-encompassing givens. As shall be detailed in this last section, they get transformed, discussed and modified depending on each linguistic and cultural context. I use the examples of three Mediterranean countries of similar cultural background to display some particularities.

The limits of each linguistic society offer the coordinates for the construction of legitimised and non-legitimised manifestations of gender. As has been commented, the dichotomous understanding of gender in Western thought provides a discursive positioning that excludes gender diversity and pushes identities and bodies towards the norm. That implies that several cultural settings imitate the gender binary almost indisputably. Applying it to the European reality, for instance, «[...] the *undoing of gender* in Italy is not always challenging the traditional structure, whose symbolic coordinates seem to be exclusively based on a patriarchal organization common to most Mediterranean cultures [...]» (Hochdorn *et al.* 2016: 3; italics in the original).

A recent Italian study on life narrations of trans people examines the particularities of Italian language in social transition (Zottola 2018). A grammatical gender language, Italian sharply distinguishes between then-narrations and now-narrations, in a way English does not, since in English not all words follow the gender inflection of pronouns. Angela Zottola concludes that the study of non-Anglophone discursive spaces enriches cross-cultural perspectives of trans identities.

In a similar attempt, but from an ethnographic perspective, the discursive construction of femminielli subjectivities and the connection of their cultural microcosm to Neapolitan class divisions has been analysed as an alternative to standard trans narratives (Hochdorn *et al.* 2016; Mauriello 2017). Marzia Mauriello observes how changes in the socioeconomic framework and globalised influences have lately supposed a profound shift from this traditional identification as «femminiello» to the more medically connoted category «transsexual woman» and to «travestito». While femminielli would be welcome within the family margins, their substitution by contemporary representations of trans has supposed a departure from folklore functions and figurations.

National laws are also a source of information of how administrative language understands and manages personal and gender identity (Nordmarken and Kelly 2014). In Spain, for instance, the efforts to approve a State Law for trans people, in order to cease healthcare dependence on Autonomous Communities' distinct competences of healthcare (the «carteras de servicios»), has reached a crucial point since the last months of 2020. Awaiting the new legislature, claims focus on complete depathologisation of gender diversity, following the ICD-11. They also highlight the need of regulations in

cases of nonconforming youth rights, reproductive rights and recognition of nonbinary and genderqueer identities (Atienza and Armaza 2014; Platero 2020)[8].

Apart from activist implication and the engaged citizen participation in the struggle against the pathologising law still in vigour (Davy *et al.* 2018), shifts in the understanding of trans experience not solely by lay discourses but also by mental health providers' attitudes have resulted crucial (Missé and Coll-Planas 2010). Affirmative psychology, cultural competency, depathologisation –particularly under the extended influence of the STP (Stop Trans Pathologisation) movement–, the revolutionary Gender Recognition Acts of various other European countries, and the action of health social movements (Davy *et al.* 2018), all offered a fertile terrain for such progressive change. In spite of that, the strong regional inequalities derived from the Spanish Autonomous division produce a variety of narratives and distributive disparities (Platero 2020).

In a third Mediterranean reality, that of Greece, the recent legislative advances have been groundbreaking, given the relative invisibility of LGBT matters. Such advances have not been met with the respective inclusion in healthcare, work and public spaces, which is still embryonic (Giannou and Ioakimidis 2019). Austerity seems to have also played a significant role in the formation of precarious trans identities, while stigma against gender diversity remains very high. This limitation of Greek gender diverse narratives resides precisely in this culture of silence, manifested through the fact that the first books on LGBT matters in counselling and psychotherapy have been published very recently (Mpouna and Papanis 2021; Papathanasiou and Christidi 2020).

The three aforementioned situated realities depict different linguistic operations that intensionally define trans subjectivity. Some of the examples concern or affect the psychotherapeutic alliance directly. Others do so tacitly, by creating a framework where certain gender expressions are rendered legit while others are frowned upon or discriminated against. It remains an ethical responsibility of mental health providers to integrate international advances in gender diversity, adapting them to the discursive and sociocultural particularities of each context.

4. Concluding remarks

Throughout the text, the representations of gender identity have been tightly linked with linguistic parameters. However, each sociocultural context modifies the associated codes and meanings. As a result, trans and gender nonconforming people face distinct types of discrimination, marginalisation and stigma, depending on their surrounding reality. Even though a universal model of gender diversity has developed massively in the last few decades, access to this model has been not only economically based, but more importantly culturally and ethically based.

The present paper focused on the intensional deployments of gender identity, as they are manifested in the counselling alliance. Simultaneously, it deliberately resisted the already replete discussion of terminology in diagnostic manuals (e.g. suggestions on the adequacy of the terms «gender dysphoria» or «gender incongruence», among others), to focus on situated cultural aspects of identity construction instead. The therapeutic encounter is a central space where meanings around gender diversity are negotiated, and trans people have only recently been able to enter this dynamic actively, and to see this diversity acknowledged, with the changes introduced by the trans-affirmative model. Persuasion, Real-Life Experience and surveillance are no longer needed under this scope, though some mental health providers still maintain less inclusive attitudes. In

[8] Nonbinary and genderqueer identities and expressions pertain to the trans and nonconforming umbrella delineated above. They thereby also express resistance to the gender binary.

addition, intersubjective knowledge produced inside the counselling dynamic reminds therapists of their duty to remain cautious with regard to omnipotent pretentions of absolute scientific certainties. In other words, despite the fact that rigorous accounts and guidelines provided by research are fundamental in securing trans people from misinformation and epistemic invalidation, at the same time therapists need to control their tendency to value science over personal narratives.
Thus instead of erasing the transitional spaces of counselling psychotherapy as irrelevant or unnecessary in the formation of gender identity and expression, it would be interesting to revisit them under a new, critical lens. Empirical and clinical data not provided in the present reflexion are fundamental in this task. It is hoped that their integration shall offer psychologists new ethical grounds to question their positioning and shall open the door to gender diverse counsellors to develop their own abilities, as Arlene Lev (2004) anticipated almost two decades ago.

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