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# Genderqueer and Non-Binary Genders

## Psychotherapy

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### Introduction

In this chapter we provide an overview of psychotherapeutic and counselling practice with non-binary clients. After a brief introduction to non-binary clients and the general mental health of this client group, we explore the ways in which the major psychotherapeutic approaches (humanistic, psychodynamic, and cognitive-behavioural) conceptualise gender identity and expression, and the potential tensions and possibilities of these conceptualisations in relation to non-binary experience. We also offer ideas and practices from the existential and systemic therapeutic approaches, which often utilise less binary conceptualisations of gender.

Following this, we cover the content and process of therapy and counselling with non-binary people in more depth, highlighting the importance of not assuming any link between a client's non-binary gender and their presenting issues. However we argue that it still behoves the practitioner to have enough understanding of non-binary gender to address, and engage with, non-binary clients in an appropriate, welcoming, and supportive, supportive manner which does not pathologise their gender. We explore common issues which non-binary people bring to therapy which *are* related to their gender, and how practitioners might work with such issues, while being mindful of the diversity of non-binary people and experiences. We draw out key ethical and practical issues when working with non-binary clients as a binary - or non-binary - practitioner, for example in relation to therapist self-disclosure, client monitoring and assessment, and the use of client name and pronouns in session. Alternatives to conventional therapy such as community support, self-care, and engagement with online resources, are also mentioned.

We conclude the chapter with a bullet point summary of best practice when working with non-binary clients.

### Non-Binary Clients

As mentioned in the introduction to this book, when discussing non-binary clients we are referring to the small proportion of people who explicitly identify as non-binary, genderqueer, or one of the many other terms that fall under these umbrellas, and we are also talking about the far larger proportion of people who experience and express themselves in ways that fall between, or outside of, the binary of male and female.

As practitioners we need to be open to all possibilities of identification, expression and experience, rather than making assumptions about a particular client. Early on it may well be useful to ascertain where each individual client currently falls on a spectrum from identity to experience, as well as determining what their particular gender identity/experience is, and whether or not they are embedded within wider communities (and, if so, which). Other identities also need to be considered, especially racial or cultural identities, which might deeply impact a client's sense of self in relation to gender (see Iantaffi & Barker, 2017). Similarly, as we will discuss in more depth later, there will likely be ongoing dialogue in relation to how central gender is to the person's life and presenting issues, and how keen they are to engage with any formal gender services.

## **Non-Binary People and Mental Health**

There has been limited research so far on the mental health of non-binary people. However what evidence there is strongly suggests that those who identify as non-binary have worse mental health than the general population, and possibly even than binary trans people (see Barker & Richards, 2015). For example, McNeil et al. (2012) found that those who identify as non-binary and/or express themselves in ways that explicitly challenge binary gender, face similarly high levels of mental health difficulties to those of trans people more generally. Harrison et al. (2012) found that over 40% of non-binary people had attempted suicide at some point, a third had experienced physical assault, and a sixth sexual assault based on their gender: experiences which we know are strongly related to psychological distress. These rates were even higher than for trans men and women (see the next two chapters for more relating to psychology and psychiatry respectively).

Regarding the likely explanations for these disturbing findings, we might look to the wider literatures on trans and on bisexuality. Research on trans issues generally links high levels of distress and high suicide rates to the common experience of explicit and implicit transphobia, and to living in a cisgenderist world which assumes that people will remain in the gender that they were assigned at birth (Lenihan, Kainth & Dundas, 2015; Murjan & Bouman, 2015). Trans people also often feel pressure to conform to cisgenderist, binary views of gender in order to “fit in” and be seen as “legitimate” (Iantaffi & Bockting, 2011). Non-binary people are likely to share such experiences with binary trans people.

While cisgender bisexual people do not share the gender experiences of binary and non-binary trans people, they do share the experience of falling outside of heteronormative binary understandings of sexuality and gender (see Stewart, this volume; Barker & Scheele, 2016). Heteronormativity and monosexuality are based upon the linked assumptions that sexuality is binary (straight or gay) and gender is binary (male or female). Bisexual people trouble the former, and non-binary people trouble the latter. The evidence is overwhelming that bisexual people in heteronormative and homonormative cultures experience worse mental health than either heterosexual or lesbian/gay people, probably due to the biphobia, erasure and invisibility they experience for falling outside of the sexuality binary (Barker et al. 2012; Barker, 2015a). It is likely that this is similarly true for non-binary people: Falling outside the gender binary means that they experience erasure and invisibility (people rarely recognising or validating their gender), and discrimination on the basis of not fitting either side of the binary (particularly if they are visibly non-binary in any way).

Barker & Richards (2015) point to a further intriguing possible reason for the particularly high levels of psychological distress amongst non-binary people. Psychological research has generally found that priming people to foreground their gender causes them to have lower confidence, self-esteem, and ability on gender stereotyped tasks. For example, if women are encouraged to consider gender stereotypes around maths, or even just to tick a gender box prior to being tested, they tend to perform worse on maths problems and demonstrate lower self-worth in this area (see Fine, 2010 for an overview of such research). Of course we live in a world where everyone is constantly primed for binary genders (male/female toilet doors, being called sir/madam, lining up as boys and girls in school, unnecessarily gendered products, etc.) It seems likely that this may have a similarly adverse impact on non-binary people’s emotions, self-worth, and capabilities.

There is a further important and intriguing finding in relation to non-binary mental health, and that is that whilst non-binary identity seems related to poorer mental health, research dating back decades suggests that non-binary experience can actually be linked to better mental health, compared to binary experience of gender. Bem’s studies from the 1970s to the 1990s consistently found that androgyny (by which she meant scoring highly on measures of both masculinity and

femininity) was related to greater flexibility and psychological healthiness (e.g. Bem and Lenney, 1976; Bem, 1995).

We have worked with people on a spectrum from those who identify with a specific non-binary label and have a clear therapeutic aim in relation to that (such as coming out; negotiating a binary world as a non-binary person; or accessing gender transition services), through to those who see themselves as trans but feel that they only want to engage with some elements of 'conventional' binary gender transition (see Richards et al., 2015); through to those who have no non-binary or trans identities, but present with some sense of not experiencing themselves as male or female; to those who make no mention of gender, but for whom it emerges their emotional or relational issues are related to some level of discomfort or mis-fitting with their birth-assigned gender (for example, in relation to their body, relationships, sexual experience and/or emotional experience).

Such a spectrum ironically challenges any clear binary between non-binary and binary people. At which point on the spectrum would we draw that line? It also challenges the border between trans and cisgender people, given that we could say that none of these people have remained in the gender that they were assigned at birth, but not all would regard themselves - or be regarded as - trans. Indeed Titman (2014) reports that only around a third of non-binary people confidently identify as trans, despite their experience of gender being encompassed by the term. Non-binary gender identities seem to be located in a more liminal space, where easy dichotomies and distinctions between trans and cis people are challenged and redefined.

Another important point to mention here is that there is also a great deal of diversity in how much clients engage with non-binary community or activism (see Barker & Bergman, this volume), and this certainly influences their identities and experiences. For example, a client who is very engaged with non-binary, trans, and/or queer communities may well have spent some time determining exactly which non-binary label best captures their gender experience (e.g. are they gender neutral; or experiencing of 'both' genders; or gender fluid; or political about challenging the binary gender system). They may also have a clear idea regarding their names, pronouns, and any bodily changes they wish to make. Somebody who is not engaged with communities may have far less sense of these possibilities, and might even [incorrectly] perceive some of their struggles as pathological.

Clearly it is important to be mindful that those who identify and/or express their gender in non-binary ways are at very high risk when it comes to mental health difficulties, self-harm, and suicide (McNeil et al., 2012; Harrison et al., 2012). However it is also important to emphasise that non-binary experience per se has no relation to psychopathology - probably quite the opposite (Barker & Richards, 2014) - and that, as with LGBT people more generally, non-binary people are generally highly resilient due to what they have to overcome on a daily basis (Nodin, Peel, Tyler, & Rivers, 2015). The distress and struggles that non-binary people do face are likely to be largely due to transphobia and the minority/marginalisation stress of living in an - often coercively - binary world in which binary gender divisions are enforced through everything from everyday interactions to governmental policies and societal structures (e.g. passports and monitoring forms, Iantaffi & Bocking, 2011).

Therefore perhaps *the* key issue that most non-binary clients face, whether or not they want to address it in therapy, is how best to navigate an overwhelmingly binary world as a non-binary person. We will come back to this, and other related issues, shortly.

## **Psychotherapy and (Non-Binary) Gender**

A vital point to make when considering psychotherapy and counselling for non-binary clients is that all of the major therapeutic approaches have either an implicit, or often explicit, binary understanding of gender. This means that most practitioners are likely to assume that their clients will be either male or female, and that most will be at best confused - and at worst dismissive - when confronted with a non-binary client.

Furthermore, very few counselling or psychotherapy trainings include considerations of gender in any depth at all. Like race, sexuality, class, and other social structures, many trainers, supervisors and the like do not recognise the vital role of gender in mental health, and focus more on the individual experience than on shared experiences of oppression or marginalisation (Barker, 2010). Given the lack of attention paid to gender, it is unsurprising that very few training courses make any mention of trans issues at all, and therefore coverage of non-binary genders is vanishingly rare (Davies & Barker, forthcoming 2015).

Indeed when we set up an online group for non-binary therapists, we found that they shared markedly similar experiences of raising the topics of gender, trans, and non-binary on their training courses. Most found that they - as non-binary people - had to educate their teachers and supervisors on these matters, and that they were met with confusion and occasionally pathologisation and stigmatisation. Certainly courses and placements were not set up with them in mind, with many of them having to negotiate difficulties with placements which were looking purely for 'male' or 'female' therapists. Virtually all found that they became the lone voice on their courses on matters of gender (and often other sociocultural matters too) given the tendency of tutors and peers to see psychological distress only on an individual level. This is despite the known disparities between men and women, heterosexual and gay/bisexual people, cisgender and trans people, and white and black and minority ethnic (BME) people when it comes to mental health diagnoses and psychological distress; and the known links between these aspects and experiences of marginalisation, discrimination and the like (Barker, 2010).

Turning to specific psychotherapies, the dominant approaches are generally recognised as being psychodynamic, cognitive-behavioural, and humanistic (Barker, Vossler & Langdridge, 2010), with many training courses offering some form of integrative, eclectic or pluralistic combination of these approaches. All of these approaches explicitly or implicitly assume that gender is binary.

Psychodynamic approaches are probably the most explicit in their binary conceptualisations of gender. Obviously the Freudian psychoanalysis that much psychodynamic therapy is grounded on is entirely binary and has clear notions about the normal and healthy trajectory that a man, and a woman, should take in terms of their psychological and sexual development. It would therefore seem difficult for a Freudian analyst to encounter a non-binary person without pathologising them. Similarly, several of the branches of psychoanalysis which followed Freud are inherently binary in their assumptions, for example Jungian archetypes tend to be masculine or feminine, object relations theories and attachment theories tend to assume binary gender parents and gender roles, and Erikson's developmental stages assume a heteronormative gendered life trajectory. Whilst more recent psychoanalysts such as Lacan and Irigaray, as well as those who draw on them such as Butler, have proposed far more sophisticated and nuanced understandings of gender - which more easily encompass non-binary experience - few counselling and psychotherapy courses teach the work of these thinkers. Practitioners may find it useful to familiarise themselves with the basics of these theories (see Stewart, this volume) and to draw upon them with clients. For example, Butler's idea that *all* gender is performative can be helpful to share with non-binary clients to reassure them that their experience is no less 'real' than that of people with binary genders (Barker, forthcoming 2016).

Cognitive-behavioural therapy (CBT) is perhaps less obviously binary in its approach, and gender is far less central to its theories of human experience. However, CBT generally draws to a great extent

on mainstream psychological research which is highly binary in its understandings of gender, and has generally ignored or pathologised trans experience until recent years. Psychological understandings of gender tend to be framed in terms of gender *difference*, categorising people as male and female and searching for differences between them. Thus it assumes that gender categories are (a) binary, and (b) meaningful (see Richards, this volume for a more detailed consideration). In particular the mainstream cognitive psychological theories of gender development tend to build on the likes of Kohlberg who operate entirely within a binary system, theorising how girls and boys take on board gender roles and come to a consistent gender identity. Bem's gender theories offer an alternative to this understanding which fits within mainstream psychology but opens up space for non-binary experiences. For example, she researched androgyny as psychologically healthy in its flexibility, and saw gender schemas as learnt rather than innate. However we have rarely heard of Bem being taught on CBT trainings. This is a shame as it may well be empowering for non-binary clients to hear about these ideas in order to validate their often invalidated experience.

Finally, humanistic therapies are perhaps the least obviously binary of the three main approaches with more emphasis in early writings on the experience of being - or becoming - a person than specifically a man or a woman. However, like Kohlberg's theories, Maslow's hierarchy of needs has been criticised for gender-bias in terms of which values it prioritises, and certainly neither Rogers nor Maslow incorporate any explicit possibility for non-binary gender into their writings. However, humanistic ideas, such as conditions of worth, potentially offer a valuable way of understanding how everyone - non-binary people included - come to experience stereotypical gender norms as restrictive, and there is potential in the core condition of unconditional positive regard to affirm the lived experience of non-binary clients in a world which often does the opposite. Perhaps the most valuable practice that we have found with clients who are exploring their non-binary gender is to provide them with a space in which to do this which is entirely open and affirming of all possible gender experiences and all possible options which they might wish to pursue.

Moving away from the dominant approaches to psychotherapy, other approaches have much to offer here, notably the existential and systemic therapeutic approaches which are generally grounded in less binary conceptualisations of gender.

Existential psychotherapy generally regards our gender as something that we *become* rather than something that we fundamentally *are*, and therefore implicitly includes the possibility of multiple gender identities and experiences. The writings of Simone de Beauvoir in particular are useful when working with non-binary clients given that she regards rigid binary gender roles as restrictive and highly linked to human suffering (see Barker, 2011). A key tension which many non-binary clients grapple with is that between the following two possibilities:

- Identifying and expressing themselves in ways which feel more authentic, but which leave them more open to being stigmatised and discriminated against by others, and
- Adhering to more conventional gender expression, but feeling a constant painful sense of not being themselves.

Clients have described this sense of inauthenticity as a weight that becomes heavier day on day. They also speak of the painful sense of being scrutinised that they can experience when they are expressing themselves in more authentic ways.

As Richards (2011, forthcoming 2016) has pointed out, existential therapy has much to offer clients struggling with such tensions given its focus on authenticity, choice, the anxiety of uncertainty, and the leap to faith. It is vital here not to leap ahead of the client but to remain with their lived experience of uncertainty. We have found it useful, for example, to explore client's embodied sense when imagining each possible choice (remaining as they are or making some change). It can also be helpful to break down the big choice into smaller ones. For example, it is possible to be 'out' in some

places but not others, to make some physical changes but not others, or to start down a certain path (towards a name change or surgery for example) and keep tuning in to how it feels every step of the way, rather than assuming that embarking on that path means having to continue to the end of it. Buddhist mindful therapies can be helpfully woven together with existential approaches here, given that they share much in terms of philosophy, and they offer explicit practices to help clients to be present with themselves and to tune into their experiences compassionately (see Barker, 2013).

Similar to existential therapy, systemic approaches to therapy are very much engaged with social constructionism, postmodernism and poststructuralism: all theories which question the idea of object truths and rather see all human experience as culturally and historically situated (for example, a same-sex attracted person would experience themselves in very different ways in times and places where this was seen as a sin, a crime, a sickness, or a personal identity, see Stewart, this volume). Therefore, there is real potential for systemic approaches to see gender as non binary but rather a culturally, historically, geographically, and linguistically contextualized invitation, rather than as a natural and universal construct (see Vincent and Manzano-Santaella, this volume). The challenging - or deconstructing - of dominant understanding of masculinity and femininity may be useful for clients (see Sullivan, this volume). However it may need combining with more phenomenological therapy to encompass client's own lived experience.

Systemic practitioners, such as family therapists, have the potential of applying these lenses in their work with individual clients and larger family systems across the lifespan (Iantaffi, 2014). For example, a systemic approach could support a therapist in viewing gender identities as an ongoing, negotiated invitation rather than a unified self identification (Harré, 1997). The therapist could then invite the client to be curious about those moments when they are invited into a binary view of gender, and to explore how they might be able to respond to those invitations from a non-binary position. Systemic approaches, combined with a narrative approach (which focuses on how experiences unfold - and are told as stories - over time), can also be useful when working with families of young non-binary identified people. The therapist can externalize both gender and cisgenderism as constructs outside the client, rather than purely internal, intrapsychic experiences. For example, an individual or family might even be encouraged to speak to the dominant binary understanding of gender as if it is a person in the room occupying an empty chair, or they could compose a letter to transphobia. Such approaches allows a family to consider their own relationship to those constructs and how they might be reinforced or challenged, their impact on the non-binary person, and to recognize the power of dominant binary discourses on the whole system.

To summarise the key practical points from this section, we would advise when working with non-binary clients:

- Provide clients with a space in the therapy room which is open to - and affirming of - all gender identities and expressions.
- When working with non-binary clients make an effort to educate yourself on these matters generally, and on theories and research in your particular therapeutic approach which are inclusive of non-binary experience (drawing on some of the resources mentioned here)
- Be willing to sit with a client's uncertainty and anxiety about either making changes, or remaining where they are. Demonstrating to them that it is possible to stay with such difficult feelings can be immensely valuable, and it is vital that they don't feel rushed into any decisions.
- Normalise clients' experiences and identities with reference to the research and/or media depictions of non-binary people. Encourage them to see any distress they experience as systemic and structural rather than purely individual: reflecting on how binary assumptions are embedded within their families, communities, and wider society.

## **Non-Binary People and Psychotherapy**

To date there is little specific evidence regarding the experiences of non-binary clients in psychotherapy. However, Harrison et al. (2012) found that 43% of their non-binary participants had been refused medical care more broadly. Also, anecdotally we have heard of many non-binary therapy clients who have sought out an explicitly trans-affirmative practitioner having encountered stigmatising and pathologising practices elsewhere. This is sadly unsurprising given the research on therapy with bisexual and trans clients which has found that many practitioners and services remain ill-equipped to work with clients who challenge binary understandings of sexuality and/or gender. At best therapists expect clients to educate them and using terminologies which reflect implicit bias (see Richards & Barker, 2013; Moon, 2008); and at worst they pathologise their sexuality or gender, and/or endeavour to change it to fit a binary or cisgenderist model (see Page, 2007; Somerville, 2015). Non-binary identities are still not broadly seen as legitimate, and even social constructionist oriented writers have struggled to dismantle a cisgenderist, binary construct of gender (Iantaffi, 2015).

Related to this we would underline the fact that - as with all marginalised sexualities and genders - any non-binary experience will be unrelated to presenting issues for the majority of clients (Richards & Barker, 2013). Practitioners should not link the client's gender to their experience of, for example, bereavement, work-related stress, relationship problems, or other struggles, any more than they would with a binary gender client.

With most openly non-binary clients, the main task for the therapist is therefore to have a generally good-enough understanding about non-binary genders (of the kind that will hopefully be provided by this volume) in addition to the capacity to hold the same kind of awareness of the potential relevance of gender as they would for any client. That is to say that we *all* experience the world in gendered ways that impact our experiences, mental health, and emotional expression. Gender is part of the picture, as are class, race, ethnicity, cultural background, family norms, generation, age, dis/ability, and the like. If practitioners do *not* feel able to hold non-binary gender experiences lightly in this way then it would be appropriate for them to refer non-binary clients on to a more affirming practitioner until they have undergone more training and self-reflection on their own gender (Bornstein, 1998, or Iantaffi & Barker, forthcoming 2017, being great starting points for the latter).

This said, given the current burgeoning popular awareness of non-binary gender identities and expressions, it is likely that practitioners - particularly those with specialities in working with LGBT clients or with gender and sexually diverse populations - will be approached by non-binary clients explicitly wanting to talk about their gender experiences and/or identities. Given the limited amount of research in this area, it is useful for such practitioners to stay up to date with the current literature, particularly qualitative research on the lived experience of non-binary people (see Handford, Motmans & Nieder, this volume, and Richards, this volume). This will act as a useful reminder both of the common issues that non-binary people experience, and of the diversity of non-binary experiences, particularly when we are mindful of the ways in which gender intersects with other aspects of identity and experience such as race, ethnicity, sexuality, age, class, dis/ability, and geographical location (see Vincent & Manzano, this volume).

### ***Common issues for non-binary clients***

Here is a brief - and no-doubt incomplete - account of common reasons - in our experience - why non-binary people may specifically seek help and support from a counsellor or psychotherapist:

First, many clients want to explore possible changes they might make to the way they identify, and the potential implications of these. For example, clients may wish to consider the terminology they use to refer to their gender (NB, genderqueer, androgynous, gender neutral, bigender, etc), their title (Mx being one gender neutral option), their name (moving to a different, or neutral, name), their pronouns (moving to gender neutral options such as alternating 'she' and 'he', 'they', 'ze' or 'per') and/or the terms they want others to use in relation to them (e.g. sibling, partner, offspring, friend, and folks, being neutral options, complete lists of non-binary terminology and pronouns can readily be found online). They may wish to formalise these changes in paperwork as much as possible, so it is useful to know the current legal options in your particular location.

Secondly, clients may well want to consider possible changes that they might make to their appearance and gender expression. This might include temporary changes to clothing, accessories, hair and the like, and more permanent changes including body modification through surgical interventions, tattoos, and hormones (see Richards et al., forthcoming 2015 for a detailed overview). There are also changes such as those to voice, posture, gait, and engaging in body modification through physical activity which fall between these poles of temporary and permanent. It is important to be mindful here of the differences faced by people assigned male or female at birth in terms of expressing non-binary genders. For male-assigned people the smallest change such as wearing nail polish or jewelry may clearly signify gender 'difference', whereas for female assigned-people even wearing entirely 'masculine' clothes and hairstyle may not be enough to stop them being read simply as 'woman'. Of course both of these positions can be challenging for clients, in different ways. It is also important to be mindful of the impact of those changes on clients within wider trans misogynistic contexts, wherein femininity can still be regarded as somehow inferior to masculinity. Also important here is the fact that each client is likely to have a unique journey through potential changes with all different combinations being possible. It is useful for the practitioner to have some knowledge of what gender specialist services are available in their local area and further afield, and how a client could go about accessing these in order to work within a realistic sense of what the current possibilities are.

Thirdly, a commonly discussed issue is whether clients want to 'come out', or 'stay in' about their gender in specific, or multiple, places. Research has found that trans people in general adopt multiple strategies when it comes to how open they are about their gender and/or transition (Morgan, 2015). Again it is important that practitioners are open to all these possibilities rather than harbouring assumptions that it is 'better' to always be out, or necessary to 'pass' for example. The potential rewards and punishments of out-ness and in-ness will differ radically from client to client and across locations and intersection of identities (e.g. in LGBT communities, with friends, in the workplace, with birth family, for BME clients, clients with disabilities, etc.) Some will conceal their non-binary gender from everybody. Others will exclude themselves from situations where they fear it will not be respected. Others will negotiate outness across situations. Others will be open publically or across all situations in their lives.

Some clients will already have been through a binary transition (to being a trans man or woman given that - for a long time - this was the only available trans narrative) and will be negotiating a shift from that to a non-binary identity. This will likely raise different issues than those for whom the non-binary shift is their first transition. There will be some familiarity with the processes, but also perhaps some concern about how others will perceive a further shift. Others may have occupied a lesbian or gay identity, for example as a butch woman or drag king, camp man or drag queen. Moving to an explicitly non-binary identity from such an identity can pose challenges such as some loss of the previous identity and/or loss of community support if such communities are transphobic or lack awareness of non-binary issues. Additionally, for some clients, a non-binary identity may be a

stepping stone on the way to a transition to a binary trans status. It is important that we hold equally the fact that non-binary gender experiences, identities and expressions can be both a journey and a destination.

Many clients may well want to talk about how they deal with specific experiences of discrimination and/or invisibility. For example, a client may seek support to deal with the fact that family, friends or partners refuse to respect their identity and use appropriate terminology, including pronouns. They may want help with how to handle a lack of available support or services in their workplace. Or they could be struggling with explicit discrimination or bullying from a boss, neighbours, or strangers on the street. Generally speaking, practitioners can work with such issues in the way they would with any client, but ideally with a backdrop of knowledge on non-binary issues and explicit affirmation of the client's gender given the lack of affirmation that they are experiencing elsewhere. In some cases practitioners can work directly with these matters in relationship or family therapy, for example. Systemic approaches, as suggested earlier in this chapter, can be particularly useful in those cases in order to invite the family to look at their relationships with the idea of gender, and to further explore how context, history and experiences have impacted their understanding of gender. Such explorations can support the de-pathologisation of the non-binary client who might have been positioned as 'difficult, challenging and other' within their family system.

Through all of these issues it is important to balance an acknowledgement that the problem generally lies with the binary gender assumptions inherent in wider culture, with a pragmatic recognition that the client - like all of us - does need to operate within this world, and acknowledging the longer term potential for systemic and structural change. It may well be helpful to explore with the client the inter-relationship between the gendered messages that they receive from wider society, through the institutions and communities that they engage with, within their interpersonal relationships, and in their own internal thoughts (see Barker, 2015b). This can lead to a useful consideration about how they might hold their non-binary experience firmly enough to feel authentic, and lightly enough that they are not engaging in constant self-monitoring and self-criticism (for example in relation to internalised binary assumptions or cultural ideals about what a non-binary person should look and sound like).

To summarise the key practical points from this section, we would advise when working with non-binary clients:

- Always adopt clients' terminology, asking them which they prefer, and simply apologising and moving on if you get it wrong. Be open to supporting clients to explore possible identity terms, pronouns, and other gender-appropriate language.
- Be aware of options for temporary and permanent physical changes (and everything in between) and be open to discussing the implications of these with clients: what they might open up, and close down, in relation to their experience.
- Similarly, be aware of the potential costs and benefits of outness and open to helping clients to explore these in relation to their own lives, mindful of their intersecting identities, their social context, and where they are coming from (in relation to previous gender/sexual identities and cis/trans status).
- Be mindful of the wider cultural context in relation to gender in general, and non-binary gender in particular, and how this will impact on your client as they navigate visibility/invisibility, discrimination and harassment.

### ***The process of working with non-binary clients***

Three further matters worth considering here are whether practitioners are open with clients about their own gender identities, how services are monitored, and whether therapy is always the most appropriate form of support.

Of course all therapeutic approaches have their own stances on therapist self-disclosure, however it is worth being mindful that binary gender is often something that can be read directly off a practitioner by a client. For this reason it may be regarded as important that non-binary therapists' genders are equally readily available to clients. For example, the genders of all practitioners in the service could be listed, or they could employ an email signature which includes their pronouns. However, of course, not all practitioners will be comfortable with that level of public disclosure given the current status of non-binary gender. Thus it remains for each therapist to determine how and when they disclose, and about what - in the best interests of their client, ideally with supportive supervision. It is also important that cis and binary therapists routinely engage with practices such as making their own identities and pronouns explicit, in order to normalise that gender is a construct we are all engaged with, rather than expect only trans and/or non-binary identified practitioners to consider the impact of self-disclosure.

Similarly it is useful to determine in advance how clients at a service will be monitored. It is important to have some sense of how many non-binary clients are accessing services for equality and diversity reasons. However, again, people should not be forced into a position of disclosing their gender if they are uncomfortable doing so. Generally speaking, either an open box regarding gender, or at least an 'other' option in addition to 'male/female' is appropriate, along with a 'don't know / prefer not to say' option. An option to provide the name and pronouns that the client would like to be used seems essential for all clients to feel welcome and for practitioners to approach clients respectfully and competently.

Finally, it is useful for practitioners to be aware of available alternatives to conventional therapy such as community support and engagement with online resources. Sometimes supportive groups with diverse and related experiences can be more helpful than one-to-one therapy (Barker, 2010), and many clients find it useful to engage with online materials and online and offline groups about non-binary gender in order to find support and ways of making sense of their experience. For example, in the UK the *Beyond the Binary* website includes information, role models, and a non-binary agony auncler (see Bergman, this volume, for further examples). However, many clients may feel they want to find their own way and/or have little interest in engaging with non-binary communities, particularly if they view their gender more as experience than identity, or have a reluctance to foreground this aspect of their experience. Other aspects of a client's identities might also impact those choices, for example their dis/ability status, race and ethnicity, as well as class, age, and sex assigned at birth. All these identities will impact upon access to, and interactions with, non-binary communities.

To summarise the key practical points from this section, we would advise when working with non-binary clients:

- Undertake reflexive work around your own gender identity, experience, and assumptions, and consider where you stand on the ethics of self-disclosure in therapy.
- Ensure that all client monitoring in your service is fully inclusive of non-binary people, as well as any materials that are available to clients, toilets on site, visual imagery online and offline, etc.
- Be aware of any local, national and international non-binary and genderqueer communities (online and offline) which might be useful points of support for clients, as well as being open to the fact that these may be more inclusive of some clients than others.

- In addition, encourage other staff in your services to make themselves aware, or undertake training, in these areas. Be prepared to explain the situation when communicating with other services if people are misgendering clients or otherwise demonstrating lack of understanding.

### **Bullet Point Summary**

To summarise this chapter, non-binary affirmative therapy involves the following elements (see Richards & Barker, 2013, for further details):

- Being open to the diversity of non-binary identities and experiences, to the centrality - or not - of gender in each person's life and how it intersects with other elements and identities, and to the range of options non-binary people may want to consider in relation to their own gender.
- Understanding the potential links between non-binary gender and mental health issues via wider cultural invisibility and stigmatisation, as well as recognising the potential mental health benefits of non-binary experience and the lack of any necessary connection between non-binary genders and presenting therapeutic issues.
- Having reflexively explored one's own gender identities and experiences, and critically engaged with any binary - and other gender - assumptions inherent in your therapeutic approach.
- Awareness of key issues facing non-binary people including identity, physical changes and other aspects of transition, coming out/staying in, and dealing with discrimination, erasure and invisibility.
- Cultivating knowledge and skills on working ethically with non-binary clients, including correct use of names and pronouns, sitting with any uncertainty around potential choices, and affirming the client's lived experience of their gender.
- Educating yourself on referral routes in relation to gender services in your area, and being prepared to refer on yourself if appropriate (see Richards; Bouman, this volume for further details).

### **Further Reading**

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