

2nd Edition

DIFFERENCE & DIVERSITY

in **COUNSELLING & PSYCHOTHERAPY**

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 **Sage**



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SEX, GENDER AND SEXUALITY

Learning Aims

- To understand how 'difference' is constructed through gender, sex and sexuality.
- To think, via reflective exercises and case studies, about the practice implications of these 'differences'.
- To understand how ideas about gender, sex and sexuality have been used in both conservative and radical politics and how these ideas are currently showing up.
- To lay a foundation for Chapters 5 and 6 by providing a conceptual framework with which to understand current debates about gender. To be able to better reflect on your own beliefs about gender, and those of your client.
- To assess whether you are able to work well with a client whose beliefs are very different to your own or whether you should refer them to another therapist.
- To cultivate critical professional awareness by understanding how our professional ancestors contributed to the creation of pathologised gender identities and pathologised ideas about sexuality.

Gender identities (whether one identifies as a woman, a man, a demiboy or girl, gender fluid, non-binary or any other variation) and sexual identities (gay, straight, bisexual, polysexual, lithsexual, etc) – have undergone huge change in recent years. This chapter presents some of the early research into gender and sexual identities so as to lay a foundation for understanding the newer identities, which are delineated in Chapter 6. It also lays a foundation for understanding the current debate, discussed in Chapter 5, over trans rights and sex-based rights. It continues the theme, begun in the previous chapter of 'difference' being socially constructed to advantage some groups at the expense of others.

SEX

Like the idea of racial superiority discussed in the previous chapter, the idea that men are superior to women has been justified firstly as God-given and then as a natural consequence of obvious biological differences. Unlike the differences between 'races', the difference between the sexes is biologically meaningful in that it describes different reproductive functions, yet sex categories are also socially constructed in so far as the way in which we understand them, and the meanings that we ascribe to them, are socially and culturally produced.

These understandings are not consistent across place and time – they vary depending on culture and history. The historian and sexologist Thomas Walter Laqueur (1990), in presenting his 'one-sex model', claims that sexual difference, in Europe, was invented in the eighteenth century and that until then, and from the Ancient Greeks onwards, female genitalia were considered to be the same as male genitalia, only trapped inside the body. Not all historians of science agree with him. Park and Nye (1991) show how he conflates various different models and in doing so they demonstrate even more clearly that how we understand sexual diversity (or a lack thereof) is a product of time and place. Both Laqueur and Park and Nye however are agreed that the way in which sex was understood worked to privilege men and, Park and Nye add, heterosexuality.

In arguing against sex as a social construct, Hilton and Wright (2023) claim that if this is the case, humans might also be said to have invented gold, clouds and penguins. Like human bodies, gold, clouds and penguins are material realities – and the way that we understand them and the meanings that we ascribe to them are social and cultural. Gold is understood as belonging to the category metal and ascribed particular social value, both monetary and symbolic; clouds are understood to serve particular functions in weather systems and categorised into various types; penguins are understood as belonging to the same species as, for instance, ostriches. Such understandings seem obvious, 'right' and factual precisely because they are constructed by the society in which we live.

How those born with what is usually termed 'ambiguous' external genitalia and or who have less obvious variations in sexual anatomy – some of which do not become evident until later in life – are categorised has undergone several changes over the last

couple of hundred years. In the nineteenth century, sex was categorised into five types: those with typically male characteristics; those with typically female characteristics; those with both testicular and ovarian tissue and those with testicles and some aspects of the female genitalia but no ovaries (Fausto-Sterling, 1993). This categorisation, centred on the character of the gonads – testicles or ovaries – has, since embryological research in 1947, been considered inaccurate.

The terms used (and which I have avoided) were also considered problematic and were replaced, firstly, in the 1940s with the word ‘intersex’ and then in 2005, by ‘disorders of sex development’. Which term is used makes a difference and speaks to whether atypical sexual anatomies are understood as a medical disorder, as a third sex category or as showing sex to be a spectrum. This impacts how an estimated 1 in 5,000–6,000 of the general population (Fuqua, 2024) see themselves, and are seen by others, which, although a small proportion, is a significant number of people.

In terms of how ‘difference’ is socially constructed, the male/female binary through which we understand bodies occludes diversity and makes those whose bodies do not fit within this polarity ‘different’. The demand, in European history (but not necessarily elsewhere), has generally been that intersex people live as either men or women, the choice as to which sometimes being left to the person concerned and sometimes forced upon them. Research in Europe and America in the 1950s saw a more subtle, coercive approach involving a new concept – gender.

GENDER

The previous chapter explored how pseudo-biology was used to construct ‘race’ and racial difference. Biological and essentialist explanations of ‘difference’ – claims that different social groups are innately and in essence different – became less popular after the Nazis killed millions on account of their supposed biological inferiority. Researchers in the post-war period began asking ‘is it nature or nurture?’ ‘Nurture’ was the overwhelming answer when it came to the new concept of gender. This section looks at how gender came into being – how it was socially constructed – and to what political ends.

One of the originators of the distinction between sex (male and female) and gender (masculine and feminine) was the anthropologist Margaret Mead, who, in 1928, published the results of her research with three societies in New Guinea. Mead found quite extreme variations in women and men’s temperaments in these different societies. Although she did not use the word ‘gender’, Mead did use the concept in concluding that differences between the temperament of women and the temperament of men could not be due to innate differences arising from their different reproductive functions. She later argued in favour of contemporary British gender roles being changed to suit the modern family.

The term ‘gender role’ was first used in 1955 by the American psychologists John Money, Joan Hampson and John Hampson who were researching the factors that best

predicted whether people born with both female and male sex markers (genitals, gonads, chromosomes, etc.) lived as women or as men later in life. They found that they were most likely to live in accordance with the sex they had been ascribed at birth, even in rare instances in which a baby whose sex markers veered more towards male was pronounced a girl or vice versa. In contradiction to the prevalent understanding (excepting those familiar with Mead) that biology makes women behave in feminine ways and men in masculine ways, they argued that one's 'psychological sex' or 'gender' was learnt through socialisation.

This, at the time, was a radical claim and enthusiastically adopted by feminists. Citing Money's work in her highly influential 1969 book *Sexual Politics*, the feminist writer Kate Millett used the term 'gender', and the radical claim that gender roles are created and enforced through socialisation, to argue that, being social and cultural, gender roles could – and should – be changed in order to free women (and men) from their restrictive nature. Other feminist writers, including Germaine Greer, also referenced Money and other gender theorists to make the same argument.

The gender theorists that they referenced, however, were using the concept of gender and gender roles to argue the very opposite: that a woman's place was in the home and a man's place out at work. Governments in both America and Britain wanted women who had worked during the Second World War to go home and have babies, thus creating employment opportunities for men returning from the war and, in America, increasing a falling population.

Money adapted the idea of 'gender roles' from the American sociologist Talcott Parsons' concept of 'sex roles'. Parsons' theoretical approach, Structural Functionalism, was concerned with ensuring that post-war capitalist democracy was stable enough to resist the pull of ideologies that had, elsewhere, resulted in totalitarianism. Such stability, he believed, depended upon individuals being socialised into the correct social roles and adhering to social norms. He saw the heterosexual 'nuclear family' – a father who provides and disciplines and a stay-at-home mother who nurtures – as the ideal structure through which to produce and enforce these norms by socialising girls to be girls and boys to be boys. Building on this, Money thought that the parents of a child born with both female and male sex markers should constantly reinforce the sex their child was assigned at birth.

However, although he thought that gender was learnt, Money did not think that it could be unlearned. Some of his research was with (to use his terminology) transsexuals and he was in favour of sex re-assignment surgery, which began in the 1950s, on the grounds that it was easier to change someone's body than their gender. Trans conversion therapy is based upon the idea that if gender results from nurture rather than nature, then it can be changed. This was not the view of Money or any of the other researchers working in the field.

So if we are socialised into gender roles that we identify with so strongly that they can't be changed why do some people experience intense alienation from the gender

they have been socialised into and identify as women despite being socialised as men, or as men, despite having been socialised as women?

The American psychoanalyst, Robert Stoller's concepts of 'gender identity' and 'core gender identity' attempt to answer this question. Stoller thought that gender identity, which he defined as the 'knowledge and awareness, whether conscious or unconscious, that one belongs to one sex and not the other' (Stoller, 1968, 10) to form throughout childhood and into adolescence, but 'core gender identity', to develop in the first eighteen months to three years of life. Core gender identity and to develop from three forces:

- the child's identification of their genitals as being like mummy's or daddy's
- interactions with their parents, family and peers
- a biological force that may more or less modify the other forces.

Stoller conceded that it was difficult to know just what these biological forces might be but insisted that some of his intersex patients demonstrated that there must be some kind of biological influence on behaviour.

Stoller's concept of gender identity is different to Money's gender roles, which refer to how we act, dress, speak, etc. You might have noticed that earlier in this section I say that Money and the Hampsons were interested in whether the intersex people in their studies eventually *lived* as men or women, and not whether they *identified* as men or women. By introducing the concept of gender identity, Stoller created a distinction between how what is now called 'gender presentation' and gender identity – and in doing so separated gender more fully from biological sex.

He also introduced gender identity as having a developmental process to be discovered – in order to explain exceptions to the social rule that stuck sex to sexuality and sexuality to gender (if you're a man, you'll be attracted to women and if you're attracted to women, you must be a man). Psychoanalysis was, according to the aforementioned Talcott Parsons, the perfect means by which to induce individuals to conform and so ensure social stability. He considered outright force or coercion to backfire into deviance (and it did not sit well with democratic principles) but saw psychoanalysis as a way of helping individuals to adjust to social norms.

Stoller, like Money, wanted to help individuals who were suffering because they fell outside sex, gender or sexuality norms and both were innovative in establishing gender-affirmative care (although not all who had their help found it helpful), but, as researchers, they were also committed to helping maintain the social norms that excluded their patients. In studying those who lived outside these norms, those seen as dangerously 'different', they hoped to establish how 'normal' development happened and how it might be ensured, thus pathologising minds and normalising bodies to serve the demands of post-war American capitalism.

Both Stoller and Talott saw mothers as a means by which to ensure that individuals were well adjusted from the start. Stoller, who was a neo-Freudian analyst, theorised that rather than a child's primary identification being with the father as Freud had claimed,

it was, for both sexes, with the mother. He thought most transsexuals were men, and so his theorising is in relation to men and not women (although if he had spoken to his German colleagues, he would have heard about the many women who, having lived as men for years, suddenly needed identification papers as the Nazi's search for deviants intensified).

Stoller did not distinguish between homosexuals, transvestites and transsexuals in arguing that mothers who failed to wean, toilet-train, punish and discipline their sons properly before the Oedipal crisis did not allow sufficient separation to allow them to identify with their father. They were still attached to their mothers via what Stoller called a 'silver cord'; felt their body to be fused with their mother's body and wished that their own body would become female. In other words, their core gender identity was female, like their mother. Psychodynamic readers might be interested in Irene Fast's (1999) more elaborated critical discussion of this theory. Readers not interested in psychodynamic theory might be content with the bare bones of the idea behind the old joke, 'my mother made me a homosexual...if I gave her the wool would she make me one too?'

Of course not all psychoanalytic theory pathologises being gay or trans and there are some psychoanalytic resources at the end of this chapter are trans and gay friendly. The point here is that our professional ancestors (by which I again mean earlier practitioners of what we would now call the mental health professions) were instrumental in creating categories of difference that have caused intense suffering. There is no reason to doubt that they intended to be helpful and many individuals have found the gender-affirmative care that they inaugurated very helpful indeed. However, as Aron Devor (2004) pointed out two decades ago, medical transition is only necessary in a society that insists upon a gender binary – two options: man or woman – and disallows diversity. The 'difference' created by this binary and thrust upon those who fall outside it occludes their diversity.

In contrast to the gender theorists of the 1950s, the contemporary philosopher Judith Butler (1993) does not seek to ensure social conformity but rather argues that those who do not conform to gender norms must be allowed to not conform without harassment or hostility.

Butler suggests that rather than seeing gender as something that we *are*, we instead understand gender as something that we *do*. In saying that gender is 'performative', Butler does not mean that we are performing in the sense of acting, pretending or being insincere but rather in the sense of bringing something into being. This use of 'performative' comes from the philosophy of language, specifically, J. L. Austin's argument that as well as describing things as they are, language, or 'speech acts', can also bring about a change in our social reality – as when two people have a conversation in which they agree to split up or a celebrant pronounces them married.

Such speech acts are performative in that they perform an action.

By saying that gender is performative, Butler is saying that we produce a series of effects, by talking and acting in particular ways or wearing certain kinds of clothes, that

consolidate the impression of being a man or a woman, and that we are constantly producing and reproducing these effects. They make a distinction between gender as something that we choose, in the sense of consciously acting in a feminine or masculine way (performance), and unconsciously imitating an abstract ideal of femininity or masculinity (performativity). Butler's theory of performativity is somewhat different to the social construction of gender. It does not understand gender to be thrust upon (or into) us but to be something that we enact without being conscious of doing so. We can, they say, also resist gender conventions. Chapter 6 discusses some of the ways in which gender conventions are currently resisted. Butler reduces the distinction between sex and gender that Stoller opened up by arguing that one's biological sex never comes without expectations of how to be a man or a woman – that is, gender – and so the two are never really separate.

Self-Awareness Exercise

Depending on whether you are working alone or with others, think, write or talk about how you perform gender. What does the way in which you dress, style your hair, walk, talk and act indicate to others?

What ideas about gender were current when you were growing up? How do you think that they influenced the way in which you experience and understand your own gender identity? If you understand yourself as resisting those ideas, can you see any ways in which you conform to them? If you see yourself conforming, can you see ways in which you resist?

SEXUALITY

The gender theorists of the 1950s found it easier to unstick gender from sex than from sexuality. The German sexologist, Magnus Hirschfeld, who was himself gay and an early advocate of gay rights, attempted to move the research away from patients' accounts and towards greater objectivity (his motto was 'justice through science'), by devising a questionnaire that assessed how feminine and how masculine his respondents were. Most of the questions were actually about sexuality and based on the assumption (or requirement) that if someone is attracted to men, they must be more female than male and vice versa. He coined the term 'transvestite' and eventually found that most male transvestites he studied were heterosexual and not all homosexual men were effeminate (again, the language of the time). He began to untangle gender from sexuality, but the two remained stuck together in many research projects in both Germany and America – and the aim of the research was to find way of normalising 'deviant' sexualities.

It was the French philosopher Michel Foucault who first demonstrated, through meticulous historical research, how knowledge, such as that accumulated by researchers or psychoanalysts becomes the power to discipline bodies and minds; to coerce those

considered deviant into social norms. He also showed how it was sexologists in the late nineteenth and early twentieth centuries who created sexually deviant figure of 'the homosexual' (and they weren't made out of wool).

Prior to sex becoming an object of scientific study during the Victorian era, sexual policing was about *what* you fancied. Once sexologists got involved, it became about *who* you fancied. People have always had sex with same-sex partners, but had not thought of themselves – and were not thought of – as homosexual.

Foucault was interested in how sexuality came to be about identity. In showing how the *idea* of sexuality was constructed, Foucault makes a distinction between a concern (in ancient Rome, China, Japan, India and the Arabic-Muslim world) with erotic pleasure (which he called *ars erotica* or erotic arts) and the Victorian construction of a science of sexuality (which he called *scientia sexualis*).

In the *ars erotica*, secrets are passed from expert to novice in the quest for pleasure. In *scientia sexualis*, secrets are confessed, firstly by sinners in search of redemption (some sexual acts, and all sexual acts in some circumstances were/are seen as sinful), then by research subjects and then by psychoanalytic patients. Foucault identifies five ways in which confession and science were brought together. They may be familiar to you:

- hypnosis, and free association
- understanding sexual desire as the cause and explanation of all sorts of behaviour
- understanding sexuality as something hidden
- making the response of the listener essential
- seeing confession as therapeutic.

Confession is, Foucault says, a means by which we are controlled, but it has become such an important and commonplace aspect of our lives that we no longer think of it as a means by which we are controlled; rather, we think of it as a path to freedom. He thought that until the systems of power that uphold social norms have been changed, we should move away from sexuality as identity because currently marginalised identities would only become mainstream and other identities would become marginalised instead. We should, he thought, focus on the body and pleasure (*ars erotica*) instead. Ironically, his work is part of the intellectual foundation to the proliferation of sexual identities discussed in Chapter 6.

Reflective Exercise 3.1

Depending on whether you are working alone or with others, think, write or talk about whether what Foucault says about psychoanalysis and social control makes you, whether you are psychodynamically oriented or not, think any differently about listening to clients talk about their sexuality or sexual lives.

Reflective Exercise 3.2

Depending on whether you are working alone or with others, think, write or talk about:

What, if anything, your theoretical approach has to say about sexuality.

How you understand your own sexuality? How does this impact how you understand your client's sexuality?

What are your own beliefs about sexuality? How do these beliefs impact your work with clients?

Whether you need to find a way of reconciling your professional and personal beliefs.

CONCLUSION

The pre-1950s belief that gender differences are biologically based has reappeared as the search for the female brain – neurosexism as Cordelia Fine (2010) calls it. The Neuro-Genderings Network, an international coalition of researchers in neuroscience and gender studies, in support of Fine's criticism, analyse how laboratory conditions; the complexities of social norms; different life experiences; heteronormative bias and biology all impact the results of neuroscientific research. Their aim is to arrive at an understanding of the brain and gender that accounts for how social experience impacts the brain and goes beyond essentialist understandings of gender. They also examine the cultural impact of neuroscientific research on society's views about gender.

However, the search for differences between female and male brains continues and is seen by some trans people as important in securing trans-rights, although as Money and Stoller argued, gender does not need to be inherent to be unchangeable. The search for a 'gay gene' and the 'born like this' argument was similarly important in securing gay rights. Scientific theories, including those like gender and sexuality, that arise from the social sciences, do not exist in a vacuum but in a social and political context. They can be – and have been – used to both oppressive and emancipatory ends, sometimes at the same time.

FURTHER READING

Gender

- Boswell, H. (2013) 'The transgender paradigm shift towards free expression', in T. Ore (ed.), *The Social Construction of Difference and Inequality: Race, Class, Gender, and Sexuality*, 6th edn. New York: McGraw-Hill. pp. 114–18.
- Gherovici, P (2017) 'Depathologizing trans: From symptom to sinthome'. *Transgender Studies Quarterly*, 4(3–4): 534–555. DOI:10.1215/23289252-4189956.

Intersex

King, B.W. (2016) 'Becoming the intelligible other: Speaking intersex bodies against the grain', *Critical Discourse Studies*, 13(4): 359–78.

Kleeman, J. (2016) "'We don't know if your baby's a boy or a girl": Growing up intersex', *The Guardian*, 2 July. Available at: www.theguardian.com/world/2016/jul/02/male-and-female-what-is-it-like-to-be-intersex (accessed 28 August 2024).

Sexuality

Broido, E. (1999) 'Constructing identity: The nature and meaning of lesbian, gay, and bisexual identities', in M. Perez, K.A. DeBord and K.J. Bieschke (eds), *Handbook of Counselling and Psychotherapy with Lesbian, Gay, and Bisexual Clients*. Washington, DC: American Psychological Association.

This article contains a detailed discussion of Freud's position and also discusses how other forms of sexual desire have been pathologised:

De Block, A. and Adriaens, P.R. (2013) 'Pathologising sexual deviance: A history', *Journal of Sex Research*, 50(3–4): 276–98.