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GENDER

EXPLORING NEW FRONTIERS



All Genders and Orientations: A Re-introduction

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When I read the intake forms completed by my clients, I see an array of sexual orientations: transfag, monogamish, heteroflexible, pansexual, heterosexual, fluid, omnisexual, poly, kinky, switch. When I ask for a client's gender on my forms, I see male and female, but I also see gender-queer, nonbinary, and genderfluid. Such is the beauty of allowing people to identify themselves in their own words, rather than having pre-set checkboxes on our intake forms.

Perhaps you are already familiar with transgender people, but you haven't yet learned of the other identities included in TGNC (transgender/gender non-conforming). In case you haven't, the "GNC" refers to people who do not identify simply as male, female, or transgender, but rather, those who identify as bigender, genderfluid, non-binary, or genderqueer. These are people who may identify as all genders, no gender, or as a combination of male and female genders. Some genderfluid people identify as moving between genders. Some non-binary people feel they are another category entirely that has no name at all. Because of all of these individual variations, it is becoming more common to ask people, regardless of what gender you assume they identify as, "What pronouns do you use?" (UWMLGBTR, 2016). This is a respectful way to avoid making assumptions and to recognize gender diversity. It also prevents misgendering people (using a pronoun that doesn't correctly address a person's identity).

Don't be surprised if you hear "they," or "them," in response to a question about the pronouns a person uses. Both the Oxford and Merriam-Webster dictionaries now acknowledge "they" and "them" as singular pronouns to describe non-binary people. Some people refer to these pronouns as "gender neutral" but, again, others who use them identify as fluid, both genders, or even agender. Calling such a person "he" or "she" is misgendering them if that isn't their pronoun.

Are you cisgender?

If you don't identify as genderqueer, transgender, or non-binary, you actually have a term that describes you too. That would-be cisgender: someone whose personal identity and gender matches the sex that they were assigned at birth. It is the opposite of transgender and is often used by allies to indicate a sensitivity to the reality that we all have a "gender identity," not only those who must place "trans," before theirs. In 2013, cisgender was added to the Oxford English Dictionary.



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Some people also use the term cissexual as an alternative to heterosexual.

Why should this matter to us?

Adopting the language of our clients is important. It validates them, makes them feel seen, and avoids microaggressions such as microinvalidation (excluding or negating a person's thoughts, feelings, or experiences). Having intake forms that convey that we do not have fixed or closed ideas about how people identify invites them to bring their full selves into the treatment room, classroom, or research study. You may not specialize in gender diversity, but it can send a powerful message when your forms or data collection indicate that you only recognize certain genders. Even if you decide to refer TGNC clients out to someone with specific cultural competence, failing to recognize their existence in your forms can send a powerfully negative and harmful message.

It's also important to recognize how our organizations may still be rooted in old traditions. For example, APA and several Bay Area psychological organizations only allow a person to identify as male or female when they create membership forms on their sites. Many psychological associations only allow male/female as a choice when completing a profile on their directories. It is painfully ironic that while we can put together task forces to address issues relevant to gender diversity in treatment, practice, and research (APA, 2015), we still forget to include our colleagues when developing our web-

sites and practice directories. When we do this, clinicians may choose not to complete a profile or to choose a category that misgenders them. We are also making it impossible for clients to search for clinicians who identify as something other than male or female. This is a disservice to TGNC clients who may be using our directories to find a clinician who identifies more closely with them. We are rendered invisible.

LGBTQ and Beyond

Many people are familiar with the acronym LGBTQ (lesbian, gay, bisexual, transgender, and queer) or for some, LGBTQIA (lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual). The "Q" can be especially resonant for non-binary, bisexual or pansexual people who have often experienced bias and prejudice from within the lesbian and gay community or have felt erased.

It is often assumed that the lesbian and gay community is accepting of sexual and gender diversity, but there is a deeply divisive history of bisexual and TGNC people being discriminated against by the gay and lesbian community. Some people who once may have identified as bisexual are also embracing the term pansexual to acknowledge that their attractions are non-binary and include transgender and gender non-conforming partners.

Just as some gay and lesbian people reject bisexual and transgender people, some others are rejecting of polyamory, CNM (consensual non-monogamy), or open relationships, and



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some others think there is something wrong with people who engage in consensual BDSM (bondage, discipline, dominance, submission, sadism, and masochism). It would be a mistake to believe that all gay and lesbian people are accepting of these other sexual identities.

In fact, it is another systemic concern that there is no Division within APA for human sexuality in general, let alone clinicians who specifically study and work with the *full* range of sexual diversity. APA Division 44 addresses only gay, lesbian, bisexual, and transgender issues. This leaves a wide-open gap for clinicians and researchers who must create informal networking circles or try to fit their interests into Divisions that are not designed to embrace these important aspects of identity and sexual experience.

Are all of these identities a new thing?

Many people think that these sexual and gender identities are new or that they are only embraced by young white people. But that is an error. Transgender and nonbinary identities have existed across time and culture. There is nothing new about transgender or non-binary gender. It is only our language that is evolving. Early accounts of transgender people exist from ancient civilizations in Asia. Hijra is a term used in South Asia to refer to transgender women and is often used to recognize a third gender. If you want to see an explosively rich map of gender diverse cultures, you can visit http://www.pbs.org/independentlens/content/two-spirits_map-html/

Same sex coupling also existed in ancient times with an early account of a possibly male same sex couple in Egypt in 2400 BCE. There are also accounts of homosexuality in Latin America in the pre-conquest era. The misperception that such identities and orientations are more common to Euro-Americans also can lead to failures to recognize the importance of acknowledging the experience of identifying with overlapping minority groups. There are people of all genders and orientations who represent all races, religions, disability statuses, and cultures.

It is my hope that this column can help open clinicians' eyes to the range of identities in the world around us. Please re-think your assumptions about what a man, woman, or non-binary person looks like. Ask people about their pronouns. Examine your own forms or those of your organization and create the invitation for people to come as they are, instead of fitting into the (check) box. ■

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