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# Intersecting Identities

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> The moments when everyday life becomes most vivid or tangible are the moments when most people find themselves living more than one life (Kristin Ross, 1992, p.63).

In June of 2010, renowned theorist Judith Butler was widely reported as having refused the Berlin Pride Civil Courage Prize. Apparently, Butler did so on the grounds that mainstream gay organisations and events continue to fail to adequately address two interrelated issues: (1) the whiteness of their constituency and racism within gay communities, and (2) the complicity of white (primarily middle class) lesbians and gay men with the oppression of non-white and/or non-gender normative people. In so doing, Butler issued a call that has been increasingly made within both academic and activist circles (e.g. Barnard, 2003; Kuntsman & Miyake, 2008; Puar, 2007; Riggs, 2006), namely to recognise how norms function within non-heterosexual[1] communities, and the problematic assumption that there is homogeneity within such communities. Such a call has direct implications for therapists, as elaborated in this chapter (and throughout this book). Specifically, and as the following sections explore in more detail, Butler's call (and those that preceded it) indicates the need for (1) a critical reconsideration of notions of 'cultural competence' when it comes to working with non-heterosexual[2] people, (2) an understanding of the concept of 'intersectionality' (as it

[1] The term non-heterosexual is used as an umbrella term, and identity labels such as gay, lesbian, bisexual, etc. are used only when they are quoted as specific descriptors.

[2] Some of the issues related to non-heterosexual people apply to non-gender normative people also.

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applies to a broad range of non-heterosexual communities), and (3) an engagement with the work of culturally diverse ethnic minority academics, activists, and others. Having elaborated these points and their implications for therapists, we then turn to examine their application via two case studies that demonstrate the possibility for working intersectionally, and in so doing being mindful of the differential effects of power upon a range of bodies and identities, particularly within the therapeutic context.

## Defining Culture

As T.S. Eliot (1958) once said, 'Just as a doctrine only needs to be defined after the appearance of some heresy, so a word does not need to receive this attention until it has come to be misused' (p.13). 'Culture' is one such word that 'needs to be defined' because of the multiplicity of its ab/use. This multiplicity is produced, at least in part, by the abstractness of the word itself. In an attempt to interrogate the concept of culture, Kroeber and Kluckhohn (1952) famously found 164 definitions of the term, and found that these various definitions clustered around several themes. Our conceptualisation of culture in this chapter is related to Fiske's (2002, p.85) definition of culture:

> A culture is a socially transmitted or socially constructed constellation consisting of such things as practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artifacts, and modifications of the physical environment.

Fiske's notion of culture is significant because it recognises that culture works at both a conscious and non-conscious level: 'Most of the intangible constituents of culture generally are not accessible to consciousness, reflection, or explicit linguistic expression' (p.81–82).

Therefore, our take on culture includes individual and collective identities carved out from various social markers of culture, which an individual may be able to recognise, acknowledge, affiliate with (and therefore be able to 'articulate'), but may also include those aspects to which he/she feels connected, in a manner which defies reason, and which cannot be communicated through conventional forms of signs and symbols. In our reference to culture, we embrace a wide array of cultural positions and/or identities, which could include race, religion, ability, class, and so forth. Importantly, we are mindful of the immense diversity that exists within cultures, and our intention is to signal that any singular approach to working with any given cultural 'group' will always fail to truly encompass the breadth of experiences that shape what we refer to here as 'culture'. In the following section

we take up this point by examining in close detail some of the problematic assumptions that often inform notions of 'cultural competency'.

## Cultural Competence

In an insightful article on cultural competency in social work, Pon (2009) argues that cultural competency often functions as a form of 'new racism'[3] (i.e. racism that is more covert and less explicit than more 'traditional' forms of racism, but which is just as damaging). Pon suggests this for a number of reasons. First, he suggests that notions of cultural competency typically treat 'culture' as a neutral or benign concept, rather than one heavily invested with power that operates through the demonisation of certain cultural groups. Second, he suggests that notions of 'culture' within cultural competency typically adopt an essentialist interpretation of culture, where checklists of cultural practices are provided against which it is presumed therapists can assess (and treat) clients from marginalised cultural groups. Third, and compounding the second point, Pon suggests that little attention is given within elaborations of cultural competency to recognising dominant group cultures as also having specific features or practices that require attention. Fourth, Pon suggests that the essentialism that adheres to notions of cultural competency can easily result in the reification of 'cultural conflict' as a 'natural' outcome of 'essential differences' (which again fails to acknowledge the effects of power). Fifth, the reliance upon a 'checklist' type of mentality for cross-cultural practice functions to construct members of marginal cultural groups as 'cultural experts' (which fails to acknowledge differences *within* cultures), thereby homogenising such cultures. In addition to these points we suggest a sixth, namely that cultural competency presumes a sensory-centred understanding of culture, whereby culture is presumed to be easily readable from people's bodies, clothing, language use, or modes of representation. Such notions of cultural competence do not always recognise those who fall in between categories, or those whose lives defy facile categorisations (such as men who have sex with men who do not identify as 'gay', 'bi', or 'heterosexual'). Furthermore, some of these concepts assume stability of categories over time; for instance, notions of 'working class' or 'disability' (or for that matter, 'sexual identity') are not always static concepts. Having listed these concerns raised by Pon, we now explore each briefly with regard to non-heterosexual people, before moving on to explore how the concept of intersectionality may help address these issues.

[3] Although Pon specifically addresses 'new racism', the same idea can be transposed to understand 'new classism', 'new disabilism', etc.

Any notion of 'culture' that fails to acknowledge the effects of power will be fundamentally incapable of recognising the impact of homophobia, biphobia, and heteronormativity upon non-heterosexual people. In other words, a view of non-heterosexual cultures as things to be celebrated or affirmed only tells one part of the story; the other part of the story (and often a more important one for many clients accessing psychology and/or counselling services) is recognition of the detrimental impact of social marginalisation and stigma. For example, and as Chapters 7 and 8 of this book suggest, there are considerable negative physical and psychological sequelae of not identifying as heterosexual in a society that privileges this identity category. It must be added here, that such negative sequelae may be equally a problem for non-heterosexuals who do not identify as 'lesbian', 'gay', or 'bi' (LGB) in LGB-dominant spaces, which privilege such identities over other non-heterosexual identities or heterosexual identities. Therefore, what we are identifying here is not only the dominance of the heterosexual identity in clinical and social spaces, but the role that power and context plays in determining what is dominant and preferred in a given setting.

One response to the growing awareness of the effects of social marginalisation has been the development of checklist-type approaches that are aimed at assessing the various challenges that non-heterosexual people face, the support systems they have, and the services that are made available to them. Whilst we acknowledge that such approaches represent an important step forward in the provision of services to these populations, we also share Pon's (2009) concern that such approaches often rely upon an essentialist understanding of non-heterosexual people's cultures. This can have several negative implications. First, there is the potential that any non-heterosexual person who is not easily identifiable as falling into a clear category may be given inadequate service (or even refused service). Second, a checklist approach may bring with it an injunction to rate or rank 'injuries' (to follow Brown, 1994; and Mama, 1995), which can result both in the perpetuation or overemphasis of negative life experiences, and in the screening out of clients who are not assessed as meeting certain 'injury criteria'.

Relatedly, and when it comes to considering the effects of essentialist accounts of culture, Riggs (2007a) has explored how psychological testing typically privileges a very essentialist account of identity, and how psychological tests are primarily normed on white middle class heterosexual samples. The same can be said for checklists, which in most instances are almost certain to take white middle-classness as the norm. Moreover, and as Greene (2007) notes, checklists that *do* attempt to take into account a wider range of identities typically provide highly essentialist accounts of non-white or non-western non-heterosexual communities (such as in the assumption that homophobia is more prevalent in black communities: see Chapter 3).

As we noted above, these points about checklist approaches connect very closely to the failure of some therapists and/or dominant group members to assess their *own* social location. This can mean that professionals (and particularly, though not exclusively, white middle class able-bodied heterosexual professionals) fail to acknowledge their classed, raced, (em)bodied and sexed privileges that accord them a significant position of authority and power *in addition to* their privileged position as therapists. A powerful example of this is provided by Lamble (2008) in her discussion of the murder of gay transman Fred F.C. Martinez. During the trial it was reported that Martinez had been seeing a white gay psychotherapist prior to his murder, and that it was only subsequent to the murder of Martinez that the psychotherapist could comprehend the effects of racism *along with homophobia and transphobia* upon Martinez (i.e. the psychotherapist did not recognise the effects of racism arising from Martinez' Navajo identity largely because, as a white man and thus a holder of race privilege, he was not compelled to do so). Thus as Pon (2009) suggests, a checklist-type approach to working cross-culturally maintains a focus on the 'other', and in so doing neglects to encourage an examination of the professional's own identity and social location and its impact upon the therapeutic space.

This brings us to Pon's point about cultural competency's failure to locate individuals in broader (normative) social contexts, and the ways in which this operates to affirm the belief that cultural conflict is inevitable. In the case of non-heterosexual people, this can translate into modes of practice that encourage such groups to solely reconcile themselves to the given social context (i.e. by developing 'safety plans' or developing a 'positive sense of self' through affirmations from peers or professionals), rather than challenging the status quo itself. We of course acknowledge that for some clients simply staying alive and safe may be a necessarily primary focus. However, the concern is that treating conflict as inevitable only serves to legitimate dominant group behaviours that are marginalising (or at the least treats them as a natural, rather than socially determined, 'fact of life').

The last of Pon's (2009) points suggests that dominant understandings of cultural competency typically treat as homogenous any given culture, and in so doing position those seen to be culturally competent members of the given culture as 'experts'. This can be negative in a number of ways in therapeutic settings, primary amongst these being the likelihood that professionals will fail to challenge clients (where appropriate) about stereotypes or norms they may be perpetuating (for example, when gay men perpetuate negative stereotypes about lesbian women or when gay men rely upon norms about gay relationships, such as an assumption of non-monogamy, that may not be appropriate for all men). Whilst there are reasons why non-heterosexual

communities may present a relatively unified or internally positive front, in reality such unity is often not the case, with differences amongst members as salient and powerful as those between non-heterosexual communities and other community groups. Treating individuals as 'experts' on their community, whilst important in some instances, in others may fail to make use of the therapeutic space and the knowledge or experience of the practitioner.

Our addition to Pon's (2009) five points is that cultural competency often presumes that bodies and identities are readable markers of culture. The presumption that race, class, gender, ability and so forth are easily readable not only essentialises these categories, but also makes it possible for any failed 'reading' to result in incorrect assumptions or applications of predetermined needs to any given client with little regard to their specific circumstances.

## Intersectionality

As is indicated by the problems identified in the previous section regarding cultural competency, much of what is required is for therapists working with non-heterosexual people to *add,* rather than take away, complexity. In other words, reducing the issues faced by non-heterosexual people to simply ones related to gender and/or sexuality (and treating gender and/or sexuality as essential, pre-determined, characteristics) will forever fail to adequately identify all of the issues that clients face. Contrarily, simply adding on more identities (whilst treating them all as separable) will also fail to recognise the complexities of clients' lives. What is called for then, and as has been elaborated by African American feminist scholars such as Kimberle Crenshaw (1991), is an *intersectional* approach to understanding identity/ies. Such an approach suggests that identities should not be seen as problems of addition, but rather as complex sets of interactions that are mutually constituted in a relationship to prevailing social norms. Barnard (2003, p.3) sums this up well in the following example:

> In the United States . . . many contemporary political and theoretical formulations of communitarian subjectivity assume that every identity is merely the accretion of so many other base identities (thus, in popular liberal parlance, a Chicana lesbian is said to be triply oppressed as a woman, a Chicana, and a lesbian), a paradigm that denies the specificity of identity and the inseparability of the supposed constituents of a particular identity (Chicana lesbian might be an identity in itself, rather than a conglomeration of other identities). Consequently, this paradigm normalizes the modes of subjectivity

> privileged by material power relations in a particular cultural-historical moment (to compute Chicana lesbian as the sum of Chicana, women, and lesbian, is to establish heterosexual male Chicanoness, white heterosexual femaleness, and white male gayness as the central identities from which the Chicana lesbian draws her constituent parts) and thus erases the experience of those who occupy more than one of the canonized subject positions.

The importance of intersectionality was highlighted by Kathy Davis (2008) in her paper *Intersectionality as Buzzword*, in which she avers, 'any scholar who neglects difference runs the risk of having her work viewed as theoretically misguided, politically irrelevant, or simply fantastical . . .' (p.68). Although speaking from a gender studies perspective, Davis' assertion is applicable to any scholarly pursuit which attempts to understand social phenomena more holistically.

Other important aspects that intersectionality helps to interrogate are power relations and differentials in interactions. These have not typically been the object of much concern for traditional healthcare practices (van Mens-Verhulst & Radtke, 2006). Even in therapeutic settings, where power dynamics are referred to and attended to, it is easy to sometimes forget this dynamic if we are not used to thinking about it. We are, of course, not advocating for an approach that attempts to claim neutrality in therapeutic encounters (this is not possible), nor are we of the opinion that power differentials are inherently a bad thing. What we are suggesting is that these need to be acknowledged, observed, and used with care. Foucault (1980, p.289) articulates this well:

> The idea that there could exist a state of communication that would allow games of truth to circulate freely, without any constraints or coercive effects, seems utopian to me. This is precisely a failure to see that power relations are not something that is bad in itself, that we have to break free of . . . The problem [however] in . . . practices where power – which is not in itself a bad thing – must inevitably come into play is knowing how to avoid . . . domination effects.

For van Mens-Verhulst and Radtke (2006), one of the most important potential contributions of intersectionality theory is related to power, and the potential it offers therapists to reorient themselves to the client in a way that considers the 'social relational context', and facilitates therapists 'to adopt self-reflexive practices' (p.10). As can be seen in the following quote, they eloquently suggest how applying intersectionality theory to healthcare

practice can bring the issue of power to the therapist's attention by posing some basic questions:

> . . . 'how are we doing power?', 'who is in a position to exercise power?', 'who is recognized as the expert?', 'who is resisting the regulations and how?', 'whose interests are served by particular regulations and practices within health care institutions?' (van Mens-Verhulst & Radtke, 2006, p.8).

Yet, despite the fact that the concept of intersectionality has been around from the 1970s and its incorporation into healthcare has been seen to be advantageous, its foray into psychology and therapeutics has been more recent. McCall (2005) hypothesised that this was because of a lack of guidelines for psychologists to empirically answer complex questions or address multi-faceted issues without fractionating them into its constituent components – which is what intersectionality requires. More recently, however, Cole (2009) has provided us with a framework to help apply intersectionality to psychology. She does this by posing three questions that psychologists need to ask when examining any group or social category: (1) Who is included within this category? (2) What role does inequality play? (3) Where are there similarities? (Cole, 2009, p.170). The first question challenges the perceived homogeneity of a given group on the basis of a single characteristic, and forces us to see the diversity within such a group. The second question introduces power as a central consideration, and forces us to recognise that the spaces that people exist in and interact with are not level playing fields, but are fluid hierarchies which offer differing levels of 'privilege and power' to some people sometimes. The final question forces us to look for 'commonalities across categories commonly viewed as deeply different' (p.171).

Another potential reason for the slow uptake of intersectionality within psychology and therapeutics is perhaps because of the slippery task of attempting to define the concept. As Davis (2008) has suggested, intersectionality has been variously thoughts of as a theory, a concept or heuristic, or even as a reading strategy. Definitions are also deferred because intersectionality is sometimes simultaneously regarded as 'crossroads', 'axes', or 'dynamic processes' (Davis, 2008). But this lack of a clear consensus towards a unitary definition of intersectionality does not render it useless to interrogate troublesome questions and social phenomena. In fact, as Davis (2008) paraphrasing Murray Davis asserts, 'successful theories thrive on ambiguity and incompleteness' (p.69).

As Cole (2009) points out, much of intersectionality scholarship has examined the multiple sites of oppression and disenfranchisement

experienced by people whose lives fall along the fault lines of social categories. Importantly, however, intersectionality can also explore the ways in which; 'some members of disadvantaged groups also hold privileged identities (e.g. middle class blacks, white women)' (p.171). This approach has recently been developed to also consider how white middle class non-heterosexual people similarly occupy intersecting identities, albeit ones that are formed through a relationship both to social privilege (in terms of race and class) and social disadvantage (in terms of sexuality). Riggs (2010), extends the intersectional account of identity to encompass a relational account that locates individuals both at the intersections of a range of social categories, but also in a relationship to other individuals who will likely occupy different social categories (and specifically focussing on the relationship between the privileged social location of some people and the disadvantaged social location of others, with the two seen as corollaries) (see also Erel *et al.*, 2008). Together, intersectionality and relationality provide us with a wealth of responses to the problems raised in the previous section, as we now elaborate.

In regards to Pon's concern that cultural competency rests upon an apolitical understanding of culture, intersectional approaches are fundamentally concerned with theorising and investigating how dynamics of power play out between groups. Crenshaw's (1991) early work in the area examined how dominant feminist and anti-racist discourses of rape and domestic violence failed to take account of the experiences of black women. With regards to therapists working with non-heterosexual clients, an intersectional approach would encourage recognition that issues of power may be compounded for clients who experience multiple marginalisations, and that the interventions appropriate will be highly contingent upon the effects of this multiplicity. McDermott's (2006) excellent work on class and race and their relationship to employment options for lesbian women is a clear example of this. McDermott suggests that for white middle class lesbians, workplace discrimination can potentially be addressed by challenging employers, or if necessary, finding alternate employment. For poorer non-white lesbians, however, the often tentative nature of paid positions and relative lack of employment opportunities can result in being forced to stay in a compromised position (such issues are further taken up in Chapter 6). Addressing the needs of these differing groups of women will require specific strategies from professionals that would not be possible were power not taken into account.

Utilising both an intersectional and relational approach to understanding identities can afford practitioners the scope to consider not just the complex intersections of identity categories, but also the broader context in

which those categories circulate and the norms that accompany them. An intersectional approach that takes into account a relational understanding of identity permits the acknowledgment of the position of professionals and/or dominant group/individuals vis-à-vis the client, and challenges the assumption that cultural conflict is 'inevitable'. Therapists who adopt such an approach to cultural competency would ensure that they locate themselves and their practice within a historical and cultural context in which power differentials between groups continue to play out to the benefit of dominant groups (often through the construction of categories of 'good' and 'bad' cultures). Locating oneself in a relationship to clients means acknowledging one's complicity with dominant social hierarchies that one may belong to and the investments that all individuals have in maintaining in-group/out-group practices (and how these are always negotiated in wider social hierarchies and power relations). Patricia Hill Collins (2000), in her discussion of the 'matrix of domination', examines subject locations as crisscrossing 'systems of oppression'. Finding ways out of such matrices of domination, Collins (2000) suggests, requires us to examine how our own 'thoughts and actions uphold someone else's subordination' (p.287). This awareness, she suggests, is necessary to ensure that the oppressed do not become the oppressors, for instance black heterosexual men discriminating against black non-heterosexual men.

As the preceding example suggests, the presumed homogeneity of any social category needs to be interrogated. It is vital that practitioners acknowledge the heterogeneous nature of all cultural groups, and refrain from treating any individual as an expert on their cultural groups. Importantly, this is not the same as refusing to treat an individual as an expert on *their view* of their cultural groups – it will be appropriate in many instances to accept as legitimate a client's view of their cultural memberships. This does not mean, however, that professionals cannot challenge clients' broader assumptions about speaking for all members of their cultural groups. Adopting an intersectional approach can encourage both practitioners and clients to talk up front about their views or standpoints within their cultural groups, and to consider from there what the views of other members who stand in a different relationship to cultural group norms might be. Working with clients to voice their specific standpoints can help to recognise both strengths and limitations, and to build upon these for the client's specific needs.

Indeed, intersectionality, it must be noted, may not only be related to matrices of oppression, but may also afford agency to individuals to negotiate their multiple identities in a manner whereby all these identities do not cause them distress (Fisher, 2003). Whilst for some clients this may mean that certain aspects of their identity are kept separate from other aspects

(Halbertal & Koren, 2006), an intersectional approach is nonetheless vital for understanding how potentially competing identity categories relate to one another and how clients can best negotiate these. This is a point we will come back to later in this chapter.

## Not Reinventing the Wheel

Before going on to present our clients' stories, we take up the call made by Butler in the introduction by extending the previous section by outlining some of the academic histories that we believe should inform therapeutic practice, but which often are left unmentioned (see also Butler *et al.*, 2010, for more on this). The key area we mention, and one that has long been elaborated by African-American (e.g. hooks, 1989) and Indigenous Australian (e.g. Moreton-Robinson, 2003) feminists in regards to feminist movements more broadly, refers to what has often been a repeated failure to acknowledge the roots of current rights movements or critical theorising in the works of earlier, most often non-white, theorists and activists. McBride (2005) makes a similar claim in relation to queer theory, which he suggests, along with other 'cutting-edge scholarship', 'could scarcely have been imagined before the advent of African American studies, ethnic studies, gender studies and so forth' (p.8). Acknowledging the academic legacy of the long history of work by African American, Indigenous, and other black feminist scholars means, for therapists, that there is a wealth of critical knowledge about a wide range of areas relevant to professional practices that may not typically appear in academic or specifically mental health outlets, but which nonetheless deserve considerable attention. Resources such as those provided in this book and the references in this chapter represent a considerable opportunity to engage with these knowledges and to use them to examine the assumptions inherent to much of the psychological literature about working cross-culturally (see also Riggs, 2007b).

Importantly, writers such as Roberts (2002) remind us that social reform relating to issues such as racial equality still lags a long way behind laws intended to prevent discrimination. The same can be said about (homo)sexuality: with the majority of the world's nations not permitting or recognising same-sex unions; and even so-called developed nations, such as the UK, keeping the institution of marriage a privilege only for heterosexual couples. Therefore, whilst laws may claim to operate to allow 'justice for all', the ability to enact such 'freedom' is highly contingent upon one's social location, with those located outside the privileged location of able-bodied, healthy, financially stable, white male heterosexual middle-classness often

having less than sufficient resources to enable full participation in social life. The fact that many white middle class non-heterosexual people can push for equal rights in the present is thus a legacy not only of the fact that previous rights claims have been made, but that such rights claims continue to be denied to certain marginalised groups (Riggs, 2006).

Adopting an intersectional approach can also further the engagement of therapists with previously subjugated (marginalised) knowledges and voices. As Baldwin (1987, cited in Běrubě, 2001) states so well: 'I think white gay people feel cheated because they were born, in principle, into a society in which they were supposed to be safe. The anomaly of their sexuality puts them in danger, unexpectedly' (p.256). Our point is obviously not that white gay people (for example) do not experience violence or danger. Rather, our point is that intersectional analyses can be used to examine the often unmarked privileges of 'majority minorities' (i.e. members of marginal communities who also occupy a very dominant social location), compared to *metaminorities* (minorities within minority positions).

Thomas (2007), claiming a Pan-Africanist perspective, argues that western binary models of gender fail to appreciate the fact that relationships between people within Africa prior to slavery and colonisation were structured in highly different ways from relationships between people living in colonial nations. As a result, he argues that it is nonsensical (and potentially offensive) to use western gender and sexuality categories to account for the historical (and potentially also contemporary) experiences of African people. Doing so, he claims, can result in the inability to actually see individual differences within African communities on their own terms, as he suggests in the following quote: 'There are never, ever merely girls and boys, men and women, without race and class. Analytically speaking, there are instead a legion of genders and sexualities, so to speak; and they cannot be reduced to the anatomy of any one white racist elite' (p.68). Epple (1998), speaking specifically about gender, suggests that the ways in which western researchers read the identities of First Nation and Indigenous people forces their bodies (and embodiment) into a western framework, where particular markers (such as forms of dress, ways of movement, terms of reference) are taken as symbolising the same things, rather than having potentially different meanings across cultures. This kind of reading can be found in other aspects of identity related to sexuality for instance. Western researches, including queer researchers, (particularly in the past) often misread homosocial activities amongst some South Asian men as homosexual behaviour (e.g. men holding hands or hugging in public).

Finally, therapists would do well to note research on the effects of marginalisation on certain communities. Specifically, research continues to identify the marginalising effects of racism on the part of white LGB people toward black non-heterosexual people (e.g. Kuntsman & Miyake, 2008), negative attitudes amongst LGB people toward bisexual people (e.g. Israel, 2001), anti-Muslim sentiment within gay communities (e.g. Abraham, 2009), and erotic economies within non-heterosexual communities that operate to marginalise non-white people (e.g. Han, 2006; McBride, 2005). Acknowledging the complex issues that arise from contestations over who is allowed to belong within non-heterosexual communities is an important aspect of understanding the social contexts in which these groups live, and the implications of these contexts for therapeutic practice.

With all of the points we have raised thus far in mind, we now present two stories of clients we have worked with, and a discussion of them in order to illustrate some of the complexities we have identified, and the utility of a relational and intersectional approach to addressing them.

**Aaron, Mark and John's Stories**

Aaron and Mark, a white middle class gay couple in their early 50s, presented for couples counselling in relation to issues over Mark having a relationship with a third person, John, outside of the couple context. Mark reported that from the beginning of their relationship they had negotiated to be able to have casual sex outside of the relationship, but Aaron emphasised that this was supposed to be 'casual', not 'meaningful', and that Mark's relationship with John had crossed over into the latter category. Aaron also expressed concern that Mark was his first partner since coming out when he turned 50, and that he felt Mark (who had come out when he was 20) often took advantage of this by insisting upon making decisions because 'he knew better'. Three weeks after counselling began Mark asked if John could attend a session on his own as he felt he had much to contribute to the work. When John – a young Malaysian man in the country on a working visa – presented for counselling, he went to great lengths to note that he had not intended to enter into a relationship with Mark, but that due to difficulties in maintaining paid employment he had become reliant upon Mark for financial support.

Cases such as this bring with them a number of complex issues that require attention from therapists, namely: the couples' negotiations over sex with other partners and the boundaries of their relationships, Aaron's experience of coming out later in life, Mark's claims to authority within the relationship, and John's position within his relationship to Mark.

Of course none of these issues can be easily read in isolation from any of the other issues or in isolation from the social location of all three individuals. Further, it is important to resist stereotyped or normalising interpretations of the individuals themselves. So whilst on the one hand it is important to recognise the vulnerable positions that both Aaron and John may potentially be in, it is also important to recognise any potential strengths they both have (i.e. the desire and ability to speak of their concerns and to address them).

In regards to the relationship between Aaron and Mark, it would appear important to recognise that whilst both men identify as white and middle class, their experiences are likely to be relatively different due to the time in which they each came out. Research suggests that men who come out later in life experience considerable challenges including (1) having to re-evaluate their life-long views of themselves as well as any potential stigma they have about non-heterosexual identities, (2) having to negotiate a place within non-heterosexual communities that may often be youth-orientated, and (3) having to 'learn the rules' of interacting with other non-heterosexual people in the absence of clear role models (see Meisner & Hynie, 2009). For Aaron, these issues could mean that he is positioned in the relationship as the 'student' who is required to defer to Mark as more knowledgeable or experienced. One implication of this could be that their original negotiation of an open relationship was not necessarily Mark's desire. Of course this should not be presumed by the practitioner, but would need to be carefully explored in order to determine what both Aaron and Mark are looking for in a relationship, and how their individual needs are being met (or not) in the current relationship.

If Mark and Aaron were to both express a desire for an open relationship, then the practitioner would work with them to establish ground rules that are acceptable to both men, and which take into consideration safer sex concerns and provide tools for both men to use to continually reassess the effects of having an open relationship. Importantly, the practitioner may seek to affirm that many gay men do engage in open relationships, and that this is neither inherently pathological nor damaging, but at the same time affirm that the prevalence of open relationships amongst gay men does not necessarily mean that all gay men engage in open relationships (see Clarke

*et al.*, 2010, for a summary of non-heterosexual relationship styles). Placing Aaron and Mark's relationship in the context of other non-heterosexual relationships may help both to affirm their experiences as well as open a space for discussions about the degree to which their own desires match up with, or differ from, what a large proportion of other gay men may do in their relationships.

In addition to working with Aaron and Mark, it would also be important to work with them both (and Mark specifically) in his relationship to John. Whilst it would be important not to presume automatically that John is in a vulnerable position as a Malaysian man in relation to Aaron and Mark as white men, it would nonetheless be important to consider how racialised economies of desire operate amongst white men toward men seen as 'Asian', and how this can often function to the detriment of the latter (Han, 2006; and Chapter 3 in this book). For John, his concerns over his economic status must be taken seriously, particularly if he feels unable to make choices about his relationship with Mark because of his precarious position. Working with Mark in this regard could entail encouraging him to consider the privileged position that he holds as a white middle class man and that regardless of his intentions, this privilege comes at the expense of people not located within this category (including people such as John). Of course the point of doing this would not be to pathologise Mark's desire for John, but rather to examine how inter-racialised desire operates and how this places an injunction upon those who occupy dominant social locations to acknowledge the relative power they hold and the potential for this to be misused. For John, the role of the practitioner may be both to listen to his concerns but also to advocate for his needs. This would not be in a paternalistic fashion, but rather so as to acknowledge the position of authority that practitioners hold, and the injunction this produces to use such authority responsibly.

As we have suggested here, the issues that Aaron, Mark, and later John present with are complex, and need to be viewed through an intersectional and relational lens. Importantly, this is not simply the case because of the racialised differences between Mark and John, but also because Mark and Aaron have differing experiences as white middle class gay men that highlight the importance of acknowledging the differences *within*, as well as *across,* identity categories. Of course, in all these interactions, the identities, and especially visible markers of such identities, of the therapist must feature in the equation. Therefore, therapists would do well to recognise their own subjective positions and be mindful of how these might affect the therapeutic process and outcome.

**Alia's Story**

Alia presented to social services reporting a range of concerns about her current carer. Alia is a young South Asian Muslim lesbian woman who, due to an accident in childhood, is a wheelchair user. Alia has a strong relationship to her family and Muslim communities in the local suburb where she lives, however, they are not supportive of her lesbian identity. She is reliant upon a professional carer who supports her independent living and access to social life. Alia reported that her carer had grown increasingly unwilling to help her access lesbian events, and had twice failed to attend a home visit that had been planned to facilitate Alia's attendance at a lesbian pride weekend. Alia noted that she had made increasing use of social networking sites to meet other women but was frustrated by the difficulty in meeting up with women in real life, both due to limited support from family and her carer, but also due to the hyper-visibility (because of her minority ethnic status) and invisibility (because of her wheelchair) that she experienced at some of the venues she wished to attend, and the attitudes that Alia suspected exists amongst some of the white able-bodied lesbian women she had encountered at these events.

Working with Alia requires attention to a range of competing issues, including: the lack of support from her family in regards to her lesbian identity, but her ongoing strong connection to family and community as a South Asian Muslim woman, her needs as a wheelchair user, her needs as a lesbian, the concerns about her carer's lack of support, the inaccessibility of some LGB venues and the attitudes of people in them.

Working intersectionally with Alia is vital to ensure that her location within a range of identity categories is recognised. As a South Asian Muslim woman with a strong connection to family and extended family, it is vital that the therapist acknowledges the possible Islamaphobia and xenophobia that Alia and her family may have experienced, and which will likely serve as a strong bond between them. Thus in contrast to some literature which emphasises the importance of non-heterosexual people developing supportive family relations *outside* of birth families in order to combat the effects of discrimination *from within* birth families (e.g. Weston, 1991), for non-white cultural groups this may not be a welcomed suggestion. Working with Alia's family may of course be one possibility for understanding and addressing

their issues, potentially by encouraging recognition of the diverse narratives about gender and sexuality held across non-white and Muslim communities about non-heterosexuality and non-gender normativity (Beckett, 2010; and Chapter 4 in this book).

In regards to Alia's concerns about her carer, this requires immediate attention. Refusing to support Alia as a lesbian represents a significant instance of homophobia, and one that is clearly preventing Alia from having her social needs met. Research suggests that non-heterosexual people living with disabilities often face the powerful effects of the beliefs of carers who have the capacity to prevent those in their care from accessing services. This can include threatening to 'out' clients or preventing their attendance at relevant events (Bennett & Coyle, 2007; Chapter 9 in this book).

An intersectional approach to working with Alia would involve acknowledging the many spaces in which she may feel she does not belong (i.e. not wholly supported by her family, not easily able to access or feel welcomed in lesbian venues), and identifying ways in which a range of opportunities may exist for having her needs met (i.e. connecting with South Asian and Muslim communities, advocating for better access to and treatment in venues, finding a more suitable carer, working with her family to better understand their beliefs). Working relationally also requires the therapist to examine their own location in regards to histories of prejudice and discrimination and their ongoing effects, and to be responsible for the privileged location(s) that they hold. Such a relational approach would also be important in addressing Alia's concerns about the views of some of the white lesbian women she has encountered, and that rather than pathologising her concerns as 'conspiracy theories', to instead acknowledge the racism that does occur within predominantly white LGB communities, and to talk with Alia about the impact of this upon her as a South Asian Muslim woman.

## Conclusion: Moving from Matrices of Oppression to Conditions of Possibility

Throughout this chapter we have elaborated an intersectional and relational approach to therapeutic practice with non-heterosexual and/or non-gender normative people that takes up Butler's challenge to assess how norms function within these communities. In so doing, we have not sought to provide a negative picture of such communities *per se,* but rather to highlight that despite assumptions of homogeneity, there is infinite diversity within such communities, diversity that can at times be a source of strength and growth, but at other times can have a negative impact, particularly for those

who experience a 'metaminority' status (see Butler *et al.*, 2010; das Nair, 2006, for more on this).

The two client stories presented illustrate the need for 'adding complexity' to therapeutic practice, rather than seeking simplistic explanations and responses. Non-heterosexual and/or non-gender normative people, like *all* people, inhabit a complex and intersecting range of social locations that exist within a relationship to broader social norms that carry with them the weight of historically and contextually constructed hierarchies. Adding complexity thus requires practitioners to examine the intersections not just of a range of identity locations, but also the intersections of privilege and oppression in the lives of clients (Riggs, 2011). A relational approach is important in this regard, as it can facilitate working with clients to locate them within a range of social contexts, some of which may be productive of privilege, whilst others may be productive of marginalisation. And of course this is just as applicable to practitioners, who must locate themselves in a relationship both to the privileged location they hold as practitioners, but also as members of social categories that will almost certainly differ (at least in some aspects) from those of their clients.

Furthermore, we recognise that much of what has been written here (and elsewhere) about intersectionality refers to how people who find themselves at the fault lines of multiple, sometimes conflicting identities, can be disadvantaged. While this is no doubt the case for many people, we also feel that there is ample scope for therapists to employ intersectional positions to understand, or even develop, these identities. This of course should not be taken as suggesting that intersectionality can operate as a vehicle for change that is open to everyone at all times. Fisher (2003) describes a location where people who are cognisant of their intersecting identities reside (or 'hybrid identification', to use her terms), which can produce a space that is simultaneously inside and outside of the margins defined by the majority culture(s). Alongside this location, she also describes how such people use 'the liminality of the "closet"' as a strategy and 'a space in which sexuality cannot be easily fixed and identified, as a way to complicate the relationship between centre and periphery' (p.173).

Drawing upon de Certeau's (1984) differentiation between 'strategies' and 'tactics' (where the former relate to institutions and structures of power, and the latter are what individuals use to create spaces for themselves in structures and locations defined by the former), Fisher (2003) examines how non-heterosexual people who also belong to other minority cultures negotiate their daily lives without compromising or forsaking their multiple identities, often by pluralising the self. Fisher interrogates hyphenated identities and lives as they are lived in the hyphens. By deploying certain 'tactics', she suggests individuals with metaminority identities/positions can

use 'their hyphenated identities to weave together a combination of cultural elements appropriate for the moment, while simultaneously safeguarding their desire to suitably (re)position themselves in the next moment (thereby) move(ing) along a trajectory of locations' (Fisher, 2003, p.174). As such, it must be recognised that such pluralised selves not only posit risks, but also afford opportunities for linkages and leakage between and into different identity groups and practices. In the context of the therapeutic space, it is both the therapist's and client's skill that will enable the latter to identify these potential threats and opportunities, and foster the use of tactics that will ultimately allow the client to live their multiple lives in ways that allow them to acknowledge their varying standpoints and to do so with minimum conflict.

To conclude, whilst current understandings of cultural competency may be limited, as Pon (2009) notes, this does not mean that therapists cannot provide competent and positive services. What is required is an approach to practice that moves beyond the simple application of checklists or essentialist understandings of culture, and toward one where both the complex issues and complex identities that clients present with are recognised and taken into account in the provision of services.

## Guidelines for Good Practice

- Therapists should examine their own assumptions about what constitutes 'culture' and assess their own location(s) in regard to social norms.
- Intersections of privilege and disadvantage should be recognised in the therapeutic space and discussed with clients.
- Both therapists and clients should aim to identify their own standpoints to one another and consider their impact upon other parties.
- Therapists should not assume that a client's cultural values and/or sexual values and identities can be easily read by their appearance or mode of self-representation.
- Therapists should understand the impact of metaminority status(es) and the existence of marginalisation within non-heterosexual and/or non-gender normative communities.

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