

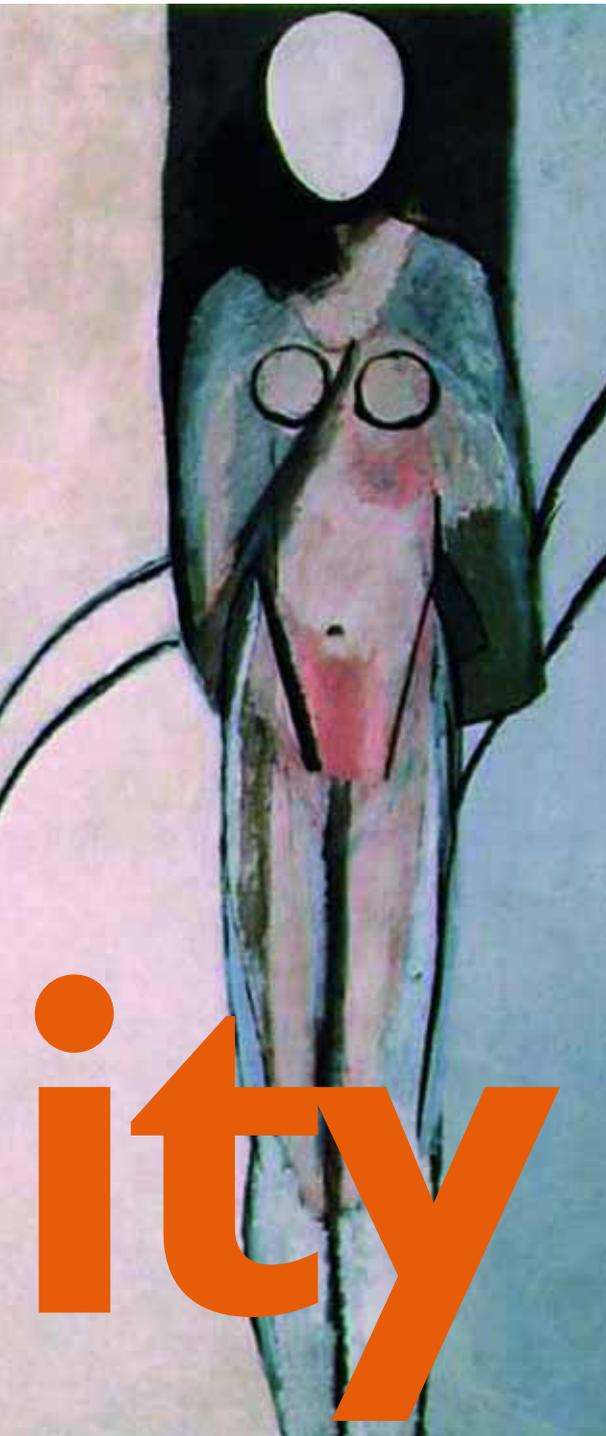
Sexual

EXPLANATIONS of sexuality, as they relate to both sexual behaviour and identity, have long been controversial issues within the profession of psychology. Homosexuality was declassified as a mental illness in the *Diagnostic and Statistical Manual of Mental Disorders* back in 1973. However, sexuality has remained a contentious topic, with the 1998 vote to form the Lesbian and Gay (LG) Psychology Section of the BPS gaining record numbers of votes both for and against its formation. The position of sexualities other than heterosexuality in psychology remains a current debate, as

CATHERINE BUTLER, LYNDSEY MOON and MEG BARKER introduce the special issue.

reflected in the letters page of *The Psychologist* in recent years (beginning in October and December 2003, and most recently in September and November 2005). It therefore seems timely to have a special issue devoted to how the psychology of sexuality (across all definitions) is shaping up in the UK.

We would like to emphasise that this special issue is relevant to psychologists from all sexualities. Our contributors represent a range of sexual orientations themselves, including bisexual and heterosexual, as well as lesbian and gay psychologists. They write here on topics that are of relevance to psychologists



28. The LG Section is currently considering a name change to reflect the diversity of sexualities encompassed by other similar organisations, which generally also include 'bisexuality' and 'transgender'. In disciplines outside psychology there has been an explosion of 'queer' theory and research, questioning dichotomous understandings of sexuality and gender. In this edition, some of these issues are considered in a 'Why I study...' piece by Meg Barker.

The question of why such a range of sexualities exist was debated in the letters pages of *The Psychologist* and Myra Hird puts her spin on this issue with a piece on sex and sexuality in animals. The quantity of letters received on this topic suggests that there is a great deal of interest in this area and we hope that this special issue will add to these discussions. The dialogue between Peter Hegarty (Chair of the LG Section) and David Hardman (one of the original letter authors) provides a more thorough consideration of some of the controversial issues which came up in the original debate, particularly those around the place of politics in scientific work.

In relation to clinical and counselling psychology, we present two linked articles considering the issues faced by heterosexual counselling and clinical psychologists working with non-heterosexual clients. Alex Accoroni reflects on assumptions that might be present for psychologists that have worked with such clients, and Lyndsey Moon writes an overview of her research on the way such

psychologists talk about the emotions expressed by non-heterosexual clients. Also in the arena of applied psychology, Ian Hodges and Jim McManus focus on sexual prejudice in a 'Personal space' article addressing homophobia and hate crime. The 'Students' page finds Catherine Butler

reflecting on the challenges for psychology students in integrating personal identity markers (such as race and sexuality) into professional socialisation.

A final aim of this issue is to encourage those who work in psychology research, teaching and as applied practitioners to continue to address issues of homophobia (defined in this edition as some form of irrational and persistent fear or dread of 'homosexuals' or their lifestyle/culture) and heterosexism (often preferred as a term because it places such prejudice within a societal and cultural frame and covers non-blatant forms of such prejudice). Homophobia is still rife in society at large in the form of abuse and discrimination. Studies such as that by the National Advisory Group in 1999, 'Breaking the Chain of Hate' (see tinyurl.com/7pf34), have found that over two thirds of lesbian and gay people have been victims of at least one homophobic incident, many of these involving threats or actual physical violence. But there are also more insidious ways of discriminating against people, or rendering them invisible. It is worth us considering questions such as: How do our equal opportunities policies encompass sexuality? What assumptions do we make about the sexuality of our clients, or students, or research participants? In what ways do our psychology courses, publications and textbooks represent lesbian, gay, bisexual and transgendered people? These questions have become legally important in light of the success of the recent test case of discrimination on the grounds of sexual orientation by *Whitfield v. Cleanaway* (see tinyurl.com/bgxtk).

We hope that readers enjoy this special edition and that it continues to stimulate important debate, theory and research.

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working in a range of fields, such as evolutionary aspects of sex and sexuality, sexual practices that are present in heterosexual, bisexual and homosexual communities (such as sadomasochism and non-monogamy) and issues involved in therapy with clients with similar or different sexuality to one's own.

In this issue we cover what is going on in psychological theory and research as well as in direct client work. The academic field of sexualities is moving fast alongside political changes in this area, such as the new European Human Rights Legislation on employment and the removal of Section

WEBLINKS

BPS Lesbian & Gay Psychology Section: www.bps.org.uk/lesgay/lesgay_home.cfm

APA Committee on Lesbian, Gay, and Bisexual Concerns: www.apa.org/pilgbc

BPS Faculty for HIV and Sexual Health: www.bps.org.uk/dcp-sexhealth/dcp-sexhealth_home.cfm

On being straight in LGB places

I HAVE been working in the NHS as a clinical psychologist, in the field of HIV and sexual health, for the last four years. The majority of my clients are gay men, but I have also worked with lesbians, bisexual and transgendered people, as well as heterosexuals. I am a straight man, but I do not disclose this to any of my clients, whatever their sexuality. This is not uncommon amongst clinical psychologists, psychotherapists and counsellors. In my case, I have started to ask myself whether this stems from a personal sense of wanting to separate out personal and professional factors and roles, or from the implicit and explicit messages against disclosure I received during my undergraduate and clinical training.

This tradition of 'non-disclosure' is challenged by many LGB therapists (Davies & Neal, 1996). It stands in stark contrast to LGB clients' continuous process of 'coming out' (Franke & Leary, 1991), and led me to question my stance and position. Can I, a straight man, help someone without sharing a fundamental aspect of their experience – and whilst keeping my sexuality undisclosed?

'Expert' or 'authoritative' in LGB issues?

The first part of the question hints at the issue of difference in therapy. Differences in gender, race, culture, sexuality, religion, political beliefs, power (and many others) can be construed as obstacles between therapists and their clients. Therefore, pairing therapists and clients according to



ALEX ACCORONI on some common misconceptions that can hinder a straight therapist in their work with LGB clients.

their shared cultural background, sexuality, gender, or religion might appear to be the feasible solution. However, many therapists would agree that the 'authority' afforded by experience, though often valuable, is not a necessary and absolute condition for offering effective therapeutic interventions to most clients (Spellman, 1999). A presumption of similarity can obscure, as well as enlighten. There is also a risk of *regressio ad infinitum*: for each layer of difference the clients present, therapists could be seen as not having the right 'experiential authority' necessary for a thorough understanding of the clients' position (for a discussion of this concept, see Kitzinger, 1994).

As to the second part of the question, not disclosing my sexuality is just one of the many non-disclosures: I do not disclose my HIV status, or whether I am untested; whether I support genetic research; what my earnings are, and so on. Despite this, I feel that my position vis-à-vis LGB clients must be authoritative (synonyms: 'reliable', 'trustworthy') rather than that of 'the expert'. Such a position is ultimately tenable, on ethical grounds, if the authoritative stance I take as a therapist involves not just the necessary therapeutic

technical skills, but also specific knowledge of LGB issues, and a commitment to be affirmative of LGB clients' sexuality.

Safe uncertainty

It is possible for straight therapists, who are willing to work with LGB clients and want to acquire the necessary knowledge through self-reflection, training and

supervision, to offer 'good enough' therapy (Winnicott, 1971). An equivalent concept, developed in the systemic field, was introduced by Mason (1993). In his article 'Towards a position of safe uncertainty', Mason explains: 'I suggest we can aim to hold a belief of authoritative doubt, one that encompasses both expertise and uncertainty' (p.192). At one end of the spectrum, Mason posits the 'expert' position, which offers illusory 'certainty' and, therefore, a sense of 'safety'. At the other end is 'unsafe uncertainty', which derives from feeling unskilled and unable to solve problems (for example, in a therapeutic encounter). A 'safe uncertainty' position encompasses 'a respectful, collaborative, evolving narrative...the therapist is alongside or slightly behind the client...[and is] consistent with never understanding too quickly' (p.194-195).

Straight therapists might feel in the 'unsafe uncertainty' position if they have had little contact with LGB cultures and psychological literature. They could see LGB therapists in the 'safe certainty' position, due to a combination of their experiential authority as LGB people, and consolidated practice with LGB clients.

The hindrance of assumptions

Straight therapists need to challenge many assumptions in order to offer 'good enough' therapy to LGB clients, in order to occupy a 'safe uncertainty' – or 'authoritative doubt' – position. The following dichotomous, mutually exclusive examples are discussed as caricatures of potential, rather than real, assumptions:

1a. As a qualified straight psychologist my general training and knowledge allows me to work with anyone, including LGB clients It is recognised (Butler, 2004) that training to work therapeutically with LGB clients in contemporary clinical psychology doctoral



Can therapists help without disclosing their sexuality?

courses is still inadequate, as it is in the fields of counselling or psychotherapy. Most newly graduated clinical psychologists will have received little or no training on how to hold a 'gay affirmative' stance (Davies & Neal, 1996), and will not have discussed issues about self-disclosure in any depth (Jeffries, 1995) or critiqued psychological literature to consider the effects of old-fashioned, but still present biases. For example, the prejudice that LGB sexualities are more 'immature' than the heterosexual one is still held in some quarters of orthodox psychoanalytic thinking (for an exhaustive critique, see Dean & Lane, 2001; Domenici & Lesser, 1995). More contemporary, non-pathologising psychodynamic views on LGB clients are not traditionally taught together with mainstream psychodynamic theory. But even theories that never explicitly considered LGB people as a 'special case', like cognitive behaviour therapy (Gray, 2000), might lead naive practitioners to therapeutic blunders. This might be the case for a hypothetical CBT therapist who 'challenges' an LGB client's negative automatic thoughts about homophobic harassment, without the explicit acknowledgement of its existence and painful salience for the client.

1b. Nothing I know from my general knowledge of psychology is applicable to LGB people All current therapies used with straight clients are eminently applicable to LGB clients, and can be used in LGB-friendly, gay-affirmative ways, from analytical psychology (Haslam, 2000) to person-centred therapy (Davies, 2000). There is no LGB-specific psychological therapy in which to train to work therapeutically 'as an expert' with LGB clients. As stated effectively by Maylon (cited in Davies & Neal, 1996), 'Gay affirmative psychotherapy is not an independent system of psychotherapy... Gay affirmative therapy uses traditional psychotherapeutic methods but proceeds from a non-traditional perspective' (p.25). This non-traditional perspective involves the explicit recognition of societal (and potentially personal) heterosexist bias, and homophobia. It also de-pathologises same-sex or bisexual identities and sexual practices.

2a. My personal (straight) life experience equips me to work with LGB clients There can be little doubt

that experiences such as 'coming out' as an LGB person, homophobic harassment, or the reality of HIV for the male gay community, can be unique, and at times unparalleled in the straight world. Being part of a large and societally dominant group could lead a straight person to have little contact with less visible or accessible groups. There are a number of heterosexist beliefs about LGB people, still held despite their crudeness. For example, that the entire group is defined by promiscuity or 'sexual addiction'; that all gay men enjoy and practise anal sex or act 'camp'; that LGB people are not 'into' marriage; that there can be no domestic violence between lesbians; or that LGB people have no straight friends, leanings or pursuits. These beliefs betray lack of contact with LGB cultures. As Davies & Neal (1996) cogently argue, it would be unethical for a straight therapist to use their LGB clients as a source of education in LGB lifestyles and cultures: there is plenty of literature that can do this, as can respectful dialogues with LGB friends, colleagues or family.

2b. There is nothing of my personal (straight) life experience which helps me to understand LGB clients

A straight person's experiences of loss, attachment, love, lust, achievement, depression and joy are not – in essence – any more unique and impenetrable to an LGB person than vice versa. Experiences and emotions are largely socially constructed even in their individual intrapsychic experience, and are therefore subject to 'straight' or 'LGB' accounts (see Lyndsey Moon's article in this issue, p.22). But it is not hard to believe that straight therapists can, on the basis of their personal experiences, sympathise congruently and accurately with an LGB client who has lost a partner. In a different domain, the negotiation of monogamy or an open relationship can take very similar paths in both straight or LGB couples, and commonalities can exceed differences.

A personal stance

I believe that I have achieved my personal 'safe uncertainty' position in working with LGB clients, despite the potential pitfall of not disclosing my sexuality to them. What makes this position safe is that I can feel both 'authoritative' in LGB issues, whilst also maintaining a healthy doubt that my knowledge makes me – in the absence of 'experiential authority' – an expert. This

did not occur overnight, and involved, over and above reading helpful references, sustained and enriching contact with LGB colleagues, friends and clients. This is typically available to straight therapists who work particularly in the fields of HIV and sexual health, but, I would argue, can be reached in any field of psychology.

In my clinical work with LGB people I remain aware of an experiential dimension that I have no possible direct contact with; I do not experience this difference when I am carrying out therapeutic work with straight clients. Awareness of difference, however, is the consistent factor right across the spectrum of life experiences of my clients (of any sexuality), and it leads me to try and understand more, rather than less. From a position of 'safe uncertainty', being straight is not a contra-indication to understanding, helping and validating the lives of LGB clients.

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Heterosexualisation of emotion

A WHILE ago I was sitting in a clinical/counselling psychology department of the NHS, with two heterosexual clinical psychologists, 'Linda' and 'Mark'. Linda remarked: 'I've just assessed a lesbian. She needs to visit the gender dysphoria clinic'. 'Why, does she want a sex change?' asked Mark. 'Oh no,' Linda commented, 'but she was really angry. She told me she used to be a tomboy, and she's had trouble with her mum. She's quite messy. She cut herself last week. I think she has a problem accepting her lesbian identity.' 'Oh,' Mark replied. 'In that case she will need to see the psychiatrist.'

I am in the room. I work as a counselling psychologist. I am an 'out' lesbian. I am not asked my opinion despite having far more experience and expertise in relation to sexuality than my colleagues. Although I am not asked, I recommend the client is given a leaflet detailing another lesbian and gay voluntary sector organisation where I also work and which this same client later chose to visit. In this setting, the same client was discussed after an assessment session with a lesbian worker, who commented: 'I've just assessed a lesbian client who talked about her experience of sexual abuse when she was younger. She feels isolated and alone and says she cannot cope at the moment. I think she needs our support and have



LYNDESEY MOON on sexual scripts and the language of difference.

offered her counselling.' By the end of the assessment session the client had asked if she could return and wanted to join the lesbian group.

The point here is not how these agencies work with this client, although this would benefit from investigation, but how the language of emotion within social life is shaped through scripts and narratives depending upon the sexuality of the social actors involved. I will refer to what I have called the 'heterosexualisation of emotion', whereby 'emotion worlds' (Plummer, 2001) for lesbians and gay men are constructed by the 'other', in this case therapists, depending on their own sexuality.

Prejudice in therapy

Over a decade ago, I wrote an article for the *International Journal of Psychology and Psychotherapy*, 'Changes', outlining the problems faced by heterosexual counsellors and counselling psychologists when dealing with lesbian and gay clients (Moon, 1994). I updated this for the British

Association for Counselling and Psychotherapy (BACP) (Moon, 2001). Those articles attempted to show how stigmatisation and prejudice towards lesbians and gay men obviously existed within society but were also present within the 'therapeutic' session as a tension in the space between the heterosexual therapist and their lesbian or gay male client.

My findings backed those of other researchers (Herek, 1984; Kite, 1994; Milton, 1998; Rudolph, 1988) in showing that heterosexuals experience this tension as conflict, contradiction and mixed messages in relation to their generalised belief system and affective reactions towards 'homosexuality'. Clinical and counselling psychologists were shown to be lacking knowledge and an understanding of non-heterosexual issues, were unable to challenge their own beliefs towards 'homosexuality' and felt confused about their own feelings about and towards this population.

This continued to be a disturbing feature of research I conducted between 1999 and 2001 (Moon, 2002) with chartered counselling psychologists, accredited BACP counsellors and registered UKCP psychotherapists. The way practitioners framed their understanding of lesbian and gay clients often meant labelling clients through a range of 'emotion words'. According to Crawford *et al.* (1992), there are more than 550 concepts or words that refer more or less directly to emotions. These words or concepts must be considered carefully, and the narrative in which they are embedded cautiously written, before assuming that we may use certain emotion words to describe or 'fix' the lived social experience of people within social groups.

If we think of sexuality, then social and subjective meanings attributed to homosexuality by heterosexuals, as well as



Survivor or sick?

lesbians and gay men, are ‘culturally specific’ while ‘emotions are differently structured according to different social forms and pressures’ (Weeks, 1986, p.97). In the past this led to an array of emotion words and their meanings being imposed on ‘homosexuals’ as though the named emotions existed somewhere deep inside the homosexual body. For example, ‘homosexuals’ were described through emotion words such as: ‘disgrace’, ‘shame’, ‘danger’, ‘guilt’, ‘anxiety’ (Weeks, 1989) with narratives that suggested they exhibited a ‘weak moral fibre’ were ‘emotionally unstable’ (Coyle & Kitzinger, 2003) or ‘mentally ill’ (Herek, 1994). In my own research (Moon, 2002), lesbian and gay counsellors were clearly divided from their heterosexual counterparts in relation to the attributions of emotion words and concepts. Heterosexual counsellors told me their lesbian and gay male clients were frightened, angry, aggressive, difficult, venomous, rageful, afraid, misogynistic, and sick. This contrasted with the choice of emotion words attributed to lesbian and gay male clients by lesbian and gay male counsellors who said their clients were assertive, proud, self-responsible, decisive, anarchic, demanding, isolated, sussed, intimate, vulnerable, survivors, open (sexually). Of course, it could be argued that clients really ‘are’ these emotions, that lesbian and gay clients really are rageful, sick, or venomous, sussed, intimate or anarchic. However, it is the difference in the choice and attribution of emotion words and their meanings that is important in these contexts.

These words are often embedded within stories and implicitly organised so that a narrative ‘about’ lesbians and gay men is always emerging, an identity of emotion always in the process of construction and emotion worlds always in the making. For example, a heterosexual counsellor will take his or her stories about lesbian and gay male clients into supervision where another edited version may be used to construct their lesbian and gay clients.

As I listened to the comments from the clinical psychologist in the NHS I wondered how these stories emerged, and how they shifted into the culture where they are held up as ways of understanding the emotion worlds of lesbians and gay men. As the dominant way of understanding the world is heterosexual (Braun *et al.*, 2003; Hockey, *et al.*, 2003; Jackson 1999), then discourses (how language is structured) that construct

lesbians and gay men through negatively understood emotion words make a significant impact on their everyday social lives. This is what is meant by the heterosexualisation of emotion – the attribution of emotion words, constructed

‘Like or dislike of “homosexuals” may well influence the construction and attribution of emotion’

through the dominant discourse of heterosexuality and imposed on to lesbians and gay men as ‘authentic’ emotions.

Another aspect of my research therefore explored what heterosexual and non-heterosexual counsellors ‘felt’ towards their lesbian and gay clients. This was important because it appears to indicate how emotion words will be assigned. Like or dislike of ‘homosexuals’ may well influence the construction and attribution of emotion. When analysing the interviews, I found there was a significant difference in the responses of heterosexual therapists in comparison with lesbian and gay therapists. Heterosexual therapists said they felt anxious, incongruent, angry, afraid, rejected, frustrated, and intolerant when working with lesbians and gay men. Lesbian and gay counsellors said they felt open, questioning, supportive, empowered, congruent, honest, empathic, trusted, committed, sad, respectful when working with lesbians and gay men.

These findings are important to consider because they clearly show how the sexuality of social actors goes some way to constructing their emotions and the meanings these contain. As all those I interviewed were highly educated in counselling psychology, psychotherapy and counselling, and all were involved in training, supervision and lecturing, then it seems likely their views will be heard by any number of students and colleagues who are interested in listening to ‘how to work’ with lesbians and gay men.

Time to question

Emotion worlds for lesbians and gay men are often subservient to heterosexual cultural stories. Underlying beliefs about hetero- and homo-sexualities lead to certain feelings and these will influence the attribution of emotion on to those populations. This is further affected by the

power of one discourse over another.

Our role as psychologists is surely to be aware of how we construct the emotion worlds of those we engage with in our work. The heterosexualisation of emotion has permeated social life to such an extent that we rarely challenge how this has shaped the emotion worlds of those who are non-heterosexual. It is by questioning how this process has shaped our social worlds such as education, the media, social studies, psychology and numerous other disciplines that we may begin to challenge the idea that our emotions and feelings are ‘natural’ and naturally heterosexual.

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