

CSJ Position Statement on Sexism and Heterosexism

CSJ Position

Counselors for Social Justice (CSJ) acknowledges that sexism and heterosexism are interconnected and negatively impact the academic, career, and mental well being of individuals, families and communities. The multiple ways in which sexism and heterosexism manifest themselves in society require that counselors move beyond time and office bound interventions. For this reason both direct counseling and social advocacy are needed to address the individual, social/cultural, and institutional forms of sexism and heterosexism in society. This position is consistent with the values inherent within CSJ, and it aligns with the American Counseling Association's (ACA) *Code of Ethics* (American Counseling Association, 2005).

Rationale

The CSJ supports social, political, and economic justice. It believes all beings should be treated with dignity and respect, and afforded an equal opportunity to be successful in life. Consistent with this believe it informs counselors that they have a moral and ethical responsibility to advocate for all marginalized people in our society. For counselors to work effectively they must be aware of the ways sexism and heterosexism serve as barriers to human development, as it is this knowledge that serves as the impetus for counselors to engage in social justice advocacy at the micro, meso and macro levels (Lewis & Arnold, 1998).

Both sexism and heterosexism are interconnected in that they are linked by a common thread: patriarchy. Patriarchy is the system through which male structural power is enacted. Whether intentional or unintentional, the exploitation of women, sexual minorities, and transgender individuals is justified by the oppressor to limit access to resources and to rationalize dehumanizing attitudes, beliefs and behaviors (Adams et al., 2000; Glick & Fiske, 1997). Moreover, heterosexism acts as a weapon of sexism by enforcing compulsory heterosexuality and rigid gender roles (Campbell, et al., 1997; Pharr). This creates a limited view of humanity and contributes to mental health disorders for those who do not or cannot conform (Blumenfeld, 1992; Harro, 2000).

Sexism negatively impacts everyone. Women report that their experiences of sexism are relatively common (Swim, Hyers, Cohen, & Ferguson, 2001)). Sexism includes a wide range of events such as derogatory comments and sexual harassment to more extreme events such as sexual assault (Moradi & Subich, 2002). Oftentimes, women will internalize sexist beliefs. Internalized sexism occurs when women buy into the negative attitudes, beliefs and cultural norms about the role of women in society. Sexism has been linked to negative mental health outcomes for women, particularly affective symptoms such as depression, anger, and anxiety (Klonoff, Landrine, & Campbell, 2000). Though most studies about sexism study the impact on women, men are not exempt from its negative effects. Though the system of sexism benefits men, they too are socialized to conform to gender norms. These include norms about appropriate emotional expression which in turn, may contribute to negative mental health problems (Worell & Remer, 2003). In addition to the impact of

sexism, heterosexism also has been found to have negative mental health outcomes for individuals (Meyers, 1995; Szymanski, 2005).

Research also indicates the development of a healthy sexual orientation, gender identity, and gender expression is an important aspect of human development and subsequent mental health (Adam et al., 2000; Meyer, 1995; Szymanski, 2005). In addition, the use of reparative therapy and transformational ministries as a part of counseling is also problematic (American Counseling Association, 2000). Using counseling as a tool to repress a person's sexual orientation and using religion to promote certain sexualities and gender identities is unethical and potentially damaging to the mental health of the client. Similarly, the pathologizing of gender variant individuals is also evident in the *Diagnostic and Statistical Manual of Mental Disorders IV-TR* (American Psychiatric Association, 1994). Diagnosing gender variance as a mental disorder raises questions of consistency, validity, and fairness. It also reinforces false negative stereotypes of gender variant people. It is time for the counseling profession to affirm that difference is not disease, nonconformity is not pathology, and uniqueness does not equate to illness.

Relevance to Counseling

The growing body of research indicating the harmful effects of sexism and heterosexism on human development and mental health signals their relevance to counselors, and is a call to action to the counseling profession (Gay Lesbian Straight Education Network, 2005; Klonoff, Landrine, & Campbell, 2000; Worell & Remer, 2003). "Heterosexist stereotypes can impose physiological and psychological burdens on sexual minorities of all ages and ethnic backgrounds" (Ritter & Terndrup, pp. 11) As social change agents, counselors would do well to adopt proactive measures that combat the harmful effects of sexism and heterosexism in society.

The prevalence of sexism and heterosexism is a call to action. It is therefore important for counselors to better understand how socio-environmental factors, specifically sexism and heterosexism, may impact their clients. On an individual basis (micro-level), helping clients to explore and understand how sexism and heterosexism impacts them personally is warranted when the client presents with minority stress or affective symptoms related to experiences of sexism. On a broad or macro-level, the call to advocacy is pressing in order to reduce the overall impact of sexism and heterosexism on individual's lives.

Recommended Actions

- 1) CSJ should communicate to the American Counseling Association (ACA) and all its Divisions its position relative to Sexism and Heterosexism;
- 2) CSJ should invite the Association for Lesbian Gay Bisexual and Transgender Issues in Counseling (ALGBTIC), and the Association for Counselor Education and Supervision (ACES) to join with CSJ to establish Action Taskforces that would
 - a) develop and promote the use of appropriate and inclusive language for counselor educators, practitioners and researchers to deal with sexism and heterosexism, to include gender-neutral pronouns. (e.g., ze);
 - b) infuse the AGLBTIC competencies into counselor education programs;
 - c) establish an Action Taskforce to advocate for the removal of gender identity disorder as a mental disorder in the DSM IV-TR to lessen the stigma for gender variant clients;
 - d) work with health care industries to limit costs and increase access to transitioning services such as hormone treatment and sex reassignment surgery;
 - e) advocate against all forms of reparative therapy and transformational ministries;
 - f) implement “Safe Zone Trainings” that address how counselors can be allies to the LGBT community in counselor education programs;
- 3) CSJ should work with ACES and ALGBTIC to infuse counselor training programs with materials that:
 - a) emphasize the importance of understanding how sociocultural factors such as sexism and heterosexism negatively contribute to client problems;
 - b) demonstrate how to implement appropriate microlevel and macrolevel interventions;
 - c) emphasize concrete ways in which counselors can become advocates and promote social justice for their clients;
 - d) use the multicultural counseling competencies developed by Sue, Arredondo and McDavis (1992) to help counselors develop awareness, knowledge and skills to work with women, sexual minorities and transgender individuals;
 - e) employ the ACA Advocacy Competencies as suggested by Lewis, Arnold, House and Toporek (2003) as a framework for addressing issues of sexism and heterosexism at the individual, school/community, and public arena levels;
 - f) establish a joint Action Taskforce with all interested Divisions to promote research that thoroughly investigates the effects of sexism and heterosexism and identifies appropriate intervention strategies at individual, social/cultural and institutional levels.

Position statement approved by CSJ Board 6/08.