

Gender, Sexual, Erotic, and Relationship Diversity (GSERD)

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Keynote Address
11 November 2024

Conference 2024:
“Empowerment - Empathy - Self-Agency
Within the Therapeutic Relationship”

The Manchester Institute for Psychotherapy
Manchester, UK

Please be advised that this Keynote contains sexually explicit language and descriptions of a variety of sexual behaviors and lifestyles. This content is meant for educational and supervisory purposes for trained psychotherapists and counselors and those in training. If you believe that this content would be inappropriate for you in any way, please refrain from reading beyond this point.

Abstract

This paper was presented at a psychotherapy conference. The purpose was to look at gender, sexual, erotic, and relationship diversity. Sally presents her own personal and professional history, as a psychosexual therapist, of meeting diversity in the therapy room. She provides definitions of current terms and ways to consider opening up the topic with clients. She challenges the heteronormative positions and delivers an important take home message around keeping curious, open and not making assumptions.

Keywords

Gender, sexual, erotic, relationship, diversity, GSERD

Imagine a collection of people, but with no faces on any of them. How do they know that we can see them if we can't look in their eyes and we can't let them look at us? I think it is really important that we add faces to the people that we may not see and include. Today, I am going to give you some personal information, some factual information, and hopefully I am going to challenge you in gentle ways to think about diversity.

I started training as a psychosexual therapist 30 years ago. Things were very different. For example, homosexuality was seen as a disorder in the DSM (Diagnostic and Statistical Manual) and anal intercourse was an illegal act. At my interview, we were exposed to a collection of videos showing diverse sexual acts and behaviors. It was an initiation ceremony, I thought, to see how we would react. There was no trauma warning and I remember being shocked by what I saw. I thought I was quite worldly, as a nurse. I'd seen a lot of penises in my time, a lot of vaginas, and I had been involved in very intimate clinical ways with the people I cared for. This exposure was like a blast at me. I felt very ashamed, and I also felt uncomfortable and voyeuristic watching. Yes, I also noticed that I felt curious to know more. This training challenged me to learn more and more.

When I started my psychosexual training, my awareness of diversity was underdeveloped. As I met more and more clients, my expansion of normality has grown and grown. And I thank every single client who has helped educate me alongside other experiences which I'm going to share with you.

I want to explain my position around GSERD (gender, sexual, erotic, and relationship diversity). I am fully committed to the principle of non-pathologizing people's choices around sexuality, sexual expression, and how they prefer to be recognized. I'm committed to social justice, and I know you might know that United Kingdom Counselling and Psychotherapy body (UKCP) have withdrawn their support for the memorandum of understanding to prevent conversion therapy. The concerns are around the use of medication for young people requesting gender changes. Personally, I believe in people having choice. I really want to validate other people's experiences, even when they're different to my own. I want to normalize that diversity, so I keep myself wide and open to offer affirmative and shame-free therapy. That is because I want the best in the other to come forward to me, to be their real selves. In order to achieve this position, I have to challenge my own assumptions and my own attitude. I have to notice the language I use, believing that the way words are used shape how people might feel with us. I want to present myself as a contemporary sexual and relationship therapist rather than the one I started as 30 years ago.

Let us look at some of the technical issues here. LGBTQIP2SA was a collection of letters which was replaced by GSRD as the technical term to be using for gender, sexual, and relationship diversity. The reason why it got changed from LGBTQ is because those letters did not represent everybody. They certainly didn't represent all sexual identities and they didn't represent practices like kink, BDSM (bondage, domination, submission, and masochism), platonic love, open relationships, polyamory, and polygamy. And so they were very Eurocentric and missed people.

Since the GSRD guidelines were written in 2017, the acronym has had an "E" added in to represent erotic. GSERD is the extended version. I wonder if over time this is going to also extend to become another collective long line of initials. I'm really glad the erotic is in there because it's what my clients' frequently talk about in therapy.

GSERD is welcomed, and my colleagues feel passionate about this development because sexuality has been pathologized for many years. Even the DSM is still pathologizing aspects of sexuality. Some examples include *Asexuality* as being pathologized. *Hypersexual Desire Disorder* is seen as a disorder not a choice. Transgender dysphoria is still in the DSM, and sadomasochistic sexual play is named as a paraphilia, particularly if it causes harm to others (even if consensual). If you look at the DSM, some of the ways that we describe sexual

dysfunction is still heterosexually biased. For example, you can only have a vaginismus if you have a penis trying to insert, not an object, not a fist, not a strap on.

These heteronormative biases are important to notice. I've already said there's been a long history of pathologizing sexuality, and these biases created a sense of what is, and is not, normal. Normality is traditionally seen as heterosexual. It includes assumptions about choices. It has very fixed and binary views around sexuality and particularly around gender. It has lots of positions about sexual expression and what's okay and what's not okay. This creates discourtesy stigmas that impact people, causing them to not feel okay, and causing people to feel stigmatized. If we're different, we get marginalized, and we get discriminated against. And prejudiced views can lead to minority stress and shame.

Sexual shame can develop through early experiences and can result in a shame identity that is expressed as "there is something wrong with me." Erskine (2021) describes how this shame is present in his case example of Allan, a client who begins to notice how he is not accepted and has a fear of rejection. This client adopts his mother belief and eventually says to himself there is something wrong with me. I see this in therapy room, again and again, where people tell their stories of being challenged for their expressions of their sexuality and then we wonder why these people hide and remain invisible in our culture, with no faces.

I want to empower my clients to be who they are. I want them to be accepted as they are, to make choices for themselves, to feel shameless, and to promote their own self agency to present themselves in the way they want to. I remember, about three weeks into our training, our tutors gave us the heterosexual questionnaire. Many of you may have seen this list of questions.

- When did you discover you were heterosexual?
- How can you be sure you're heterosexual?
- What do you think caused your heterosexuality?
- If you've never slept with anyone of the same sex, how do you know you'd not prefer it?
- Is it possible your heterosexuality might be a phase you'll grow out of?
- Who did you tell when you discovered you were heterosexual and how did they react?

Now, what was really interesting: when I was given this questionnaire, I thought that the question said homosexual. I even misread it at the beginning. I noticed myself feeling really affronted because what this was doing was challenging a normative value system. I hadn't ever even questioned because I fitted in the norm. That was a really important moment for me to start to recognize that using myself as a reference point was not going to be a helpful position because I was going to miss a whole lot of people.

Five years into clinical practice I was asked by a conference committee to organize a conference on fetish. I knew hardly anything about fetish so I thought this would be a useful challenge. I turned to a friend who I knew managed a "slave and master" club in London and asked for help.

They agreed, but they said that the best learning would be experiencing it for myself. I was OK to immerse myself into the experience. They took me on a journey into a soft fetish experience. I went a Rubber Ball (a party event held annually where kink and fetish wear is expected). They told me what to expect. I was pre-warned. I was given various outfits to choose to wear, and I ended up in a beautiful outfit, made of rubber. I couldn't even get into it, "How do you get rubber on?" I asked. I was so naive.

We stepped out into the street. My partner was with me, and the three of us began a short walk to the venue. As I went downstairs out of the hotel, I felt a pride. I thought, "Oh look! Here I am!" "I'm going to do something really unusual and different!" This high mood was quickly altered, as the first thing that happened is that I got spat on by a man who walked past me. I wasn't expecting that. I then got wolf-whistled by someone else, and then I got a glare, which seemed to

be one of disapproval from the man. The energy that I had felt of excitement was immediately squashed by those really different reactions straight after each other. Boom, boom. I felt threatened and I felt ashamed.

But once I got into the space, something transformative happened. My eyes were open as I watched what was around me. I was completely absorbed by the experience. I felt seen with no shaming eyes looking on me at all. We were all in this together. I really appreciated the rubber outfits that people were wearing. They were crafted as beautiful products. I smiled as the headmaster walked past, teasing me with his cane on my hand in his beautiful rubber mortarboard and cape. I saw the chained people all around the wall. There was a cage, with other people chained to the walls being tormented by their masters. There were people re-enacting slave and master scenes, others on dog leads on all fours. There were some fantastic stiletto shoes, one of which was placed onto the man's partner who was on the floor, showing his power and dominance.

That night, I danced and danced with a freedom I have never experienced before in my life. In that atmosphere there was absolutely no shame. As I think about it now, there was no apology, there was just a freedom, which was wonderful to be part of, wonderful to be included in. I didn't feel male or female. That didn't matter. It was just being who I was in that space. The evening did get a bit complicated, though, because my husband, who I didn't realize at the time, got an allergy to the rubber. As the night went on, as he got hotter and hotter, he started scratching. That was one of the moments of humor for us, and he's never been able to wear a wetsuit since.

Here are the assumptions about gender. 1) Everyone has a gender. It's not true. 2) Gender is binary. That's certainly not how everyone experiences it. 3) Gender is the same throughout your lifetime. You are allocated one at birth, and that continues. We know that doesn't happen. 4) Men are masculine, and women are feminine.

These are the assumptions I had back then when I started my training. These are the assumptions that I've challenged. Here are some of the terms that are now preferred, because I think language is important and it is important that we find language that works for the people we are working with. So, *agender* is not having any gender. Feeling genderless is feeling *gender neutral*. *Cisgender* is feeling the same gender as the biological sex you assigned at birth. *Gender fluid* is a mixture of male and female. *Genderqueer* is an identity with no particular label; non-binary and non-conforming. *Intersex* is when your reproductive or sexual biology doesn't fit with male or female, so you don't feel either. And *transgender* is when you feel different gender expression to the sex assigned at birth.

And I get taught about these terms by the youth, by my children. My grandchildren are teaching me new terms every single day. And my niece said to her dad, "I don't want you to refer to me as your daughter anymore. I'd like you just to refer to me by my name." So I said to her, "what's the gender-neutral term for niece?" And she looked it up on the Internet, of course, and in seconds said, "niblet." And I went, "what? I can't call you a niblet! That sounds even worse!" We negotiated and agreed that what would work is to just use her name.

I meet clients in the therapy room at various stages of transitioning. I meet some people who've had top surgeries, and some people who are having hormone therapy to develop breasts. I meet people who've had bottom surgery. I meet people who've had no surgery at all. I think the important thing is you don't know unless you ask what is beneath people's clothing. It is really important for people who want to talk about their stage of transitioning, that you give space for them to present how it is for them. How do they feel about how that is in their body? What has their process been like? How have they experienced delays? What is their unique experience?

I also feel their pain as they tell me their experiences of going out after dark, not being sure if they'll be respected, laughed at, or beaten up. I enjoy their joy when they pass as the opposite sex, and they talk about finding other like-minded people to be with. I witness them

beginning to develop a support network. I hold space for clients who want to dress up. I don't know if they're coming as Nancy or Steve. I do not know what to expect. Often, they will have different relational needs as both of those aspects of themselves come to therapy. I remember when Nancy first came. One of the things she did, is she would sit in my therapy room with her legs wide apart, like a bloke might sit. I remember saying to her, "Nancy, you can't sit like that in that really short skirt. No woman would sit like that." As she was practicing something new, she was learning new rules for herself.

There are assumptions about sexuality—namely, that everyone must have a sexuality. That is an assumption. Not everyone does. Sexuality is binary, gay, or straight. There's that polarity again that isn't true. Sexuality is consistent in life. You're born gay or you're born straight. Not true. Many people change their choices. Sexuality must include intimacy. That was one of the assumptions that I found the hardest to accept, because I came from a romantic view around sexuality. You know, you fall in love, you communicate, you're intimate. The idea of having sex with someone without even asking their name was unheard of for naive me. So, I had to challenge that part of me and learn to be with clients who didn't want to have intimate sexual contact. They never even knew the name of the people they might be with. And so, it became really important to hold in mind all of the variety there.

Someone who is *asexual* has no interest in sex. They may have some desire, but they have no attraction to another person. They often might involve themselves in solo sex and would not buy into romantic relationships. Others could be bisexual, attracted to their own gender, or another gender. *Demisexual* refers to those who only feel attracted when there's a strong emotional bond. *Digisexual* can be attracted to people via a device or a sex (ro)bot, and may well be very active with solo sex, with pornography. Digisexual is a really interesting controversial position at the moment because there is a group of people that talk about sexual addiction, sexual compulsion, and there's another camp that says maybe these people have a sexual orientation that is digisexual. Pathologizing gay people, who feel sexually attracted to people of the same sex, still occurs. The term homosexuality is not recommended for us to be using, because it is so associated with previous professional pathologizing. There are so many terms. *Heterosexual* or *straight* are attracted to people of the opposite sex. *Lesbian, gay*—attracted to women. *Pansexual, polysexual*, attracted to all genders and sexes. And then *queer*—this term has now been reclaimed. It's a term that may be used within the queer community, but as someone outside of the queer community, it would not be felt appropriate for me to use that term. *Sapiosexual* is the term to describe someone who might be sexually and romantically attracted to intelligence.

So here's a cartoon from Nancy and Steve.

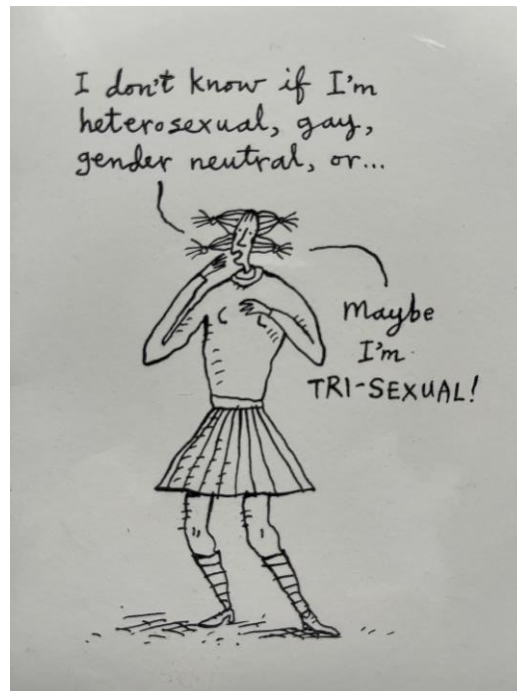


Figure 1. "I don't know if I'm heterosexual, gay, gender neutral, or... maybe I'm tri-sexual!"
Steven Appleby, "Nothing is Real" Exhibition. Space Station 65, London. 2024-2025

I spend a lot of time listening to the stories of trauma, the marginalization people have experienced, and how they've been treated. I hear how people hurl abuse across the street. I hear stories of childhood experiences, school experiences, and bullying when people present themselves as being different.

I hear about coming out and the rejection that can occur from friends and family members. How alone and lonely this can be and what a relief it can be to let others see you at last. Coming out is not one event. My nephew says, "I have to do it many, many times. Every time I move jobs, every time I move houses." Every time it's a process that is demanded of him. Every single time people meet him for the first time. As a heterosexual and cisgender person, I don't have to do that.

I notice my own prejudice. I noticed that I might also have phobic reactions to some of this stuff, and that I try and talk about and take to supervision, educate myself further so I'm not so alarmed by things I hear, and fall back into a position where I'm okay and they over there are not. I hear about how people hide themselves. They don't want to be seen because they're worried. This is how we push people towards shameful hiding, putting themselves into secret spaces, and possibly never getting acted out of secrecy for fear of the judgments.

Now, let us look at the "e" and the assumptions about the *erotic*.

- "All people fantasize." No, they don't.
- "Fantasies outside your relationship is mental adultery." Most people who fantasize do fantasize about things outside their immediate relationship. That is normal.
- "Pain is bad."
- "Some erotic choices are illegal." Yes. Fantasies often include illegal activity.

- “Erotic thoughts are dangerous because they lead to acting out.” No, most people do not act out their fantasies.

If I could offer you any advice, I'd be saying enjoy your fantasy as a fantasy, do not act it out in reality. When people do act fantasies out, often it is disappointing. This is because in fantasy you have control over what is included; in reality, often you do not and this makes the real event more complicated as you take into account the needs of others.

In GSERD the following erotic orientations are considered:

- *Autosexual* = that is someone who is attracted to themselves. They may involve having sexual contact with another, but the attraction to themselves is what really turns them on. This person needs to see themselves when involved in a sexual relationship. They need mirrors, they need reflections. The sight of themselves is really important.
- *Fetish* = sexual arousal can often be objects, shoes, rubber. But it could be a specific sexual practice. For example, “furries” are people who dress up as furry animals, often cartoon characters. Uniforms are particularly common in the fetish world. And then WAM. Which is a wet and messy fetish. That's when you would get shorts specially designed that you can fill with gunk of all sorts. Custard, warm products. And it's the sensation of that fluid next to your genitals that is arousing.

If you are working with anyone with fetish, I would encourage you to look at “*FetLife*.” Fetlife is like the social media of fetish. It tells you about where all the clubs are and where the meet ups are. It signposts you to find others that have similar fetish to the ones that you have. It's a wonderful resource. Large numbers of people use this site and it's a very well-regulated to prevent any bullying or toxicity. BDSM is often portrayed incorrectly in the media. One thing about bondage that is so misunderstood, or misrepresented, is the shared process is all about consent. For example, the use of “safe words” or gestures are predetermined if you are gagged.

I believe that it's really important that consent is part of any sexual choice. If you are working with a client who's interested in BDSM, I would recommend the BDSM scale, which is an app that you can get that covers every single BDSM activity. Each person involved can mark on the app (with a scale of 0 to 10) where your position is on each type of activity. This can then be sent to the person you're about to get involved with, and they can make choices then to see where you overlap, where the differences are. Some of them might be iffy and where you're not quite sure. Some may be yes or no. And it's a really simple app to use. When I looked at it recently, there were some activities that I did not recognize. It may also be educational for you to learn. Look at it as well and look up the words.

- *Voyeurism* = when you watch others, and it's illegal if it's non-consensual.
- *Exhibitionism* = when you expose yourself to others, and that is also an offending behavior. If a man exposes himself with an erection, that is a sexual abusive offence. Clients need to be alert to the risks they are taking, including their level of arousal and how that will affect the offending punishment that they will receive if caught.
- *Androsexual* and *gynosexual* is when you're attracted to the femininity or masculinity in another person.

So, back to fantasy. Fantasy is really important. I think it is important because often some of this diversity will only be in fantasy, and it won't be acted out in any way. Some people don't fantasize at all. Some people's fantasies are not socially acceptable, and their fantasies may not even match their value system. And they may be shocked by their own fantasy, and yet may repeatedly use the same fantasy. Most of us have a go-to fantasy that we might elaborate on and

have a little bit of variation on. Sometimes images just pop up. We didn't ask for them, they're just there. And often it's rich, but it's often terrifying for people as well.

It can help to normalize those fantasies for people and show how many other people get that same fantasy. Kahr (2008) completed a very old piece of research, but he looked at thousands and thousands of fantasies. He has categorizations of who fantasizes about what. This is a good resource for normalizing your clients' experiences. Fantasy is really important for top-down arousal, which is the sexual arousal that comes from our brain rather than bottom up, which is genital arousal. So as therapists we're interested in top-down arousal too because it's really helpful.

I think the thing that I would also be aware of are the different types of fantasy. *Urge fantasy* is different from the *slow fantasy* most people create for themselves. An urge fantasy is when you see something or someone and it makes you want to do something sexual almost straight away. The impulse goes very fast up our limbic system to our brain. It's very activating for us. It may make us want to do something, may make us want to go and masturbate straight away with that fantasy in our mind. It's much faster than the slow fantasy that we create with our own imagined pictures. If you want to read more about fantasy, Bartels's (2018) work is a useful resource. There is slow fantasy and there is fast fantasy. And interestingly, men have much more of the faster fantasy than women. So there is a gender difference that's being identified.

I was 10 years into my training when I meet Meg-John Barker, who became a Trustee of the organization that I was chair of at the time: The College of Sexual and Relationship Therapists. They challenged us so hard as an organization. They correctly said, "you are not paying enough attention to diverse sexuality in the way you describe things on your website, in the representation on the Board, in the training offered, in the curriculums that are approved, and in so many ways that you are in the way you train sex therapists." This was needed, and I am grateful for the ways they shared resources and their experiences, and again my views became expanded. They began to help me understand that the wish to be hurt in sexual play and submission may not be about powerlessness or reenactment of trauma. It may be about pleasure and choice.

I learned around that time, about the anus and the pleasure associated with this genital part. I went to America, and I went to visit Provincetown on Cape Cod in the state of Massachusetts. This town had a freedom around being gay and had many books available and helped me to learn about props and resources that could be used. None of this had been mentioned when I trained!

Meg-John Barker (2017) wrote the *British Association for Counselling and Psychotherapy Good Practice Guidelines on Gender, Sexual, and Relationship Diversity*. This document has a wealth of information and is really useful about terminology. It is dated but remains a useful discussion document for you to read yourself, or to share with colleagues and peers.

Let us move on to the assumptions about relationships.

- "All people have romantic attractions." No—some do not have romantic attraction.
- "Normal relationships are healthy if they're monogamous." It sounds like my mother talking.
- "Deviations are not healthy."
- "Casual sex without love." Oof. No that does not sound good.
- "Commitment to one person at a time." No polyamorous relationships or polygamy.
- There's a relationship escalator that is normalized that you date, you commit, you live together, you marry, you get your house and then you have children. These are the assumptions told about relationships.
- The other big thing told is that "children are needed to fulfill normal relationship." This is not the choice that some people make.

My friend Nancy and Steve Appleby drew this cartoon called “Some Different Kinds of Relationships.”



Figure 2. 11 People of Assorted Sexes. Steven Appleby, Assorted Images, Clare Maddicott Publications, Ludlow. 2006. Card code SA047.

There are many diverse relationships. So here are the terms.

- *Aromantic.* A person who identifies with no romantic attraction.
- *Biromantic.* Attracted to more than one gender.
- *Monogamy.* One at a time, not beyond two people. That’s a very Western European view. *Monogamish.* This word is needed in the dictionary. I couldn’t spell check it. Monogamish is when you have a relationship, romantic relationship with one person, most of the time. This allows for the possibility of having other relationships occasionally.
- *Consensual non-monogamy.* This would be previously called an open relationship. Usually there’s a primary relationship and sex with other people.
- *Polyamorous.* Usually more than one equally important sexual relationship.

- And then the last one is: Was your relationship chosen or arranged for you? We have to consider that when we're thinking about relationship types.

Possibilities and opportunities have opened up for people with diverse sexuality. Accessibility has widened and the Internet has been responsible for providing that widening of access. There's a greater reach out there, and because minority groups can club together through the vehicle of the Internet, there's been a greater power of people getting together to even write new policy and challenge beliefs and systems. What has been shown is that intergroup contact with people who you believe feel like you can reduce the sense of sexual prejudice out there because of feeling seen and believed in that group. Legislation has changed and is continuing to change. Visibility is really increasing. Particularly, think of the role models for the kids coming through schools, and how kids are taught about different things now. Things are changing from the ground up, and language has changed. When you go online, there are so many bits of language that you may or may not know about.

When I first saw a *unicorn* next to someone's face, I thought, "oh, lovely." But that actually means something. It's a slang term. It's a couple, usually heterosexual, seeking out another bisexual person to join them and it usually includes a sexual hierarchy. The couple is in charge, not the third person who joins. That is why the unicorn symbol is used, because it's a fairy tale, of course, that's never actually going to work for all three of them because the power imbalance is different.

Here's another one. *Cowgirl*. I didn't know what cowgirl was when I saw the sign for a cowgirl. Cowgirl is a monogamous female who links with a polyamorous man with the intention to extract him back, pull him back in, rein him in, to secure him back into monogamy. And another one: *GGG*. This stands for: Good in bed. Give equal time to both parties. Game for anything.

Now, I'm not suggesting you will be able to keep up to date with all of the stuff that happens online because it changes so fast, but there are lots of good slang sexual dictionaries online to help even just to expose yourself to some of the language. The one symbol that I would use on my website is the *Little Red Umbrella*. If you put the little red umbrella on your website, that shows that you're willing to work with sex workers. So that's a nice one to just place somewhere on your website as an invitation.

Here is another cartoon called "So How Do You Do" by Nancy and Steven Appleby. This is a picture of a man dressed as a woman dressed as a man. You can't tell, can you, what this person is thinking or feeling at that time.



Figure 3. *A man, dressed as a woman, dressed as a man.* Steven Appleby, "Nothing is Real" Exhibition. Space Station 65, London. 2024-2025

What I want you to think about is to be aware of your assumptions. Engage yourself in new learning and key aspects here. Be open to the nuances of clients' unique experience. Don't assume GSERD is based on your own experience. Give agency to individuals to help you. It's not their job to educate us, it's our job to educate ourselves. Yes, of course we are going to learn things from our clients, but we have a responsibility ethically to also step ourselves into learning. Consider the signals you give out about exception and diversity. So, is that little red umbrella a signal you're giving out on your website? What's the language you're using? Are you talking about couples?

Beware of unintentionally excluding people. Think how you write your website, because it actually affects who might come to you. Provide space to talk together around difference and how that might impact on the connection. If I'm working with a client, even if I may not do what they do, that doesn't matter, providing we're working with differences. If they need someone to offer mutuality, I may not be the best therapist for them, but I can find them someone who might be better. Having a good referral list of other people who may match what the client is struggling with or wanting to talk about is a good idea.

I support the view given by Finlay (2021) that phenomenological inquiry is open, respectful, empathetic, compassionate, curious, and non-judgmental. I want my inquiry to be like this right from the start of all relationships. I offer you some inquiry possibilities:

- Can you tell me which name you would want me to use?
- Can you tell me which pronoun you feel comfortable with?
- Who are the people who are around you in relationship?
Do you notice—I don't say close relationship because they may not have closeness in their relationship.
- Have you experienced any difficult reactions towards your gender relationship choices?
That's a huge question, but it's a way of beginning to open this up for you to assume that there may have been some difficulties. There may not have been.
- How does the environment affect how you present yourself?
And what I'm interested there is that certain people are really affected by the environment. What's written in the press? Prejudice reactions that they see around others? How they choose to go on holiday and where they might choose to go based on what the country's views might be?
- How do people around you shame you, being who you are? And as part of that, how might I shame you?
- Let us look together at what's in your erotic world.
So a very open invitation without leading, or judgment around what might be in the erotic picture for this client.

The therapeutic errors I have made are also useful as talking points for you in a peer group. Other questions I find myself challenging my assumptions by asking the following questions:

- Are people with porn addiction incorrectly labelled as compulsive when their own representation may be that they are digisexual?
- I've looked at people who only want to express sex with themselves and think, "oh they really need to build more intimacy."
- When I have a woman with no sexual desire, I have a dilemma. Has she got hypoactive desire disorder? Or is she asexual and am I about to embark on conversion therapy? Particularly if she has been brought by a partner to "sort her out."
- Does the couple's request to open up their relationship to a third party suggest an avoidance of commitment?
- Does the client's interest in BDSM demonstrate an acting out of past trauma?

I want to empower you as therapists to get a real sense of yourself in the therapy room. I want you to research the typical diversities that you may need to know about. I want you to prepare for that. I want to encourage you to think about the terms you might use, and if you look on Wikipedia, there are 57 different terms for gender. I want us to think about trauma with every client because that trauma may be presented in the experience they've had from the projections of other people onto them. Sometimes, you will see a client who presents with PTSD, and so you need to resource them before you even get into history taking in order to prevent re-traumatization. Then, you can offer re-experiencing of their trauma, in the moment, experiencing it with you, in a supportive relationship.

I sometimes make mistakes. I'm clumsy. I often get she/he, they/them muddled—it's not language that I'm used to—and I still trip myself up on that language. Be willing to apologize if you misrepresent clients.

I want you to lean into supervision around GSERD. You need someone who can help you to explore your own reactions and your own views. I recommend any follow up training that might be useful for you to expand where you are. I also want you to have empathy for yourself, to take

time and pace yourself so you might learn a little bit at a time. Don't try and do the whole lot all in one go, because there's so much out there to learn. Practice the language. I practice in the car. Sometimes when I'm at traffic lights people must think I am really weird. Say things out loud and see what feels right for you. Use the language that works for you, that matches what you're going to need.

Imagine how it is for another to read your website and what they might read in what you've written and whether it will represent them and give them a real invite to come to you or not. That's something all of us can do. Look now and see how you represent yourself and your invitations to others and know your limitations. Get a list of other people you can refer to. If this is outside your comfort, be kind to yourself. You can't do everything and that's okay. It's important that we know where our limitations are. So take action. Learn more. This is self-agency. Reduce your confusion and anxiety. Build resources. There are some great books out there that you can read. Challenge your stereotypical views. Don't rely on yourself as the primary reference. Notice your own countertransference and judgment.

And you know something? I've been to many years of therapy. Not one therapist I have been to has asked me about my erotic template. I have never mentioned kink or any of that behavior to anyone because people see me as heterosexual, married. That's it. They think they've got me. They don't see the things that might be happening in my fantasy world or what's happening behind. They don't ask about those experiences, and I have never brought them because if my permission isn't there from the start, I'm not going to risk exposing myself. My take home message is: don't make assumptions. Even if you think you can see what the person is, go behind that to ask and inquire respectfully.

Don't assume just because I might be involved in kink that means there's a pathology associated with it. It might be a choice. It may not be a reenactment of past trauma. Don't think you know anything about my sexual experience. Remind yourself to inquire and inquire. And if you make assumptions, you will miss me. I'm saying the same point three times. *Don't assume, don't assume.*

We need to accept that diversity is normal. We need to enable people to live as they want, as they are, without shame. We need to prevent repression and further shaming. And we need to encourage authenticity in people so that their faces can be with us and they can shine as they are—as *themselves*.

Question and Answers from Participants

Question from audience:

I think this comes off the back of what you're mentioning to do with the UKCP and the conversion, and all the discussion. I use myself, at times, where I will have problematized my sexuality, and then at times where I will have just gone into sort of, oh, well, this is perhaps just how it is for me. But I suppose as a therapist, there's always that line of inquiry because, you know, I can also identify my attachment issues and issues around commitment and that line of where we come in with the questions, and with the line of inquiry that's not problematizing, but that there might be issues to address that may be of a challenge to someone who is presenting their preferences and sexuality. Yeah. So I'm not sure if that question is clear, but I suppose it is our role as therapists.

Response from Sally:

I think you're absolutely right. There may be times when things that might have happened to us sexually will affect and influence how we might make choices later. It may affect our beliefs about ourselves, particularly if we develop a shame identity. That means our being is shamed. But

what's important is that you're going to be assessing. That's what I'm encouraging you to do—to not immediately make an assumption. I am encouraging you to be looking to the factors around that experience that might affect choices, to see if the decisions were free choices, or are they contaminated by the past experience and to free the person to get out of whatever script system is more developing based on that experience or change their shame perception. I think what I'm saying is, yes our past experiences of course may affect choices we make, but don't assume that the past experience is the reason. Keep the exploration, keep the inquiry, step alongside the person and understand why they make that decision, what they're thinking of as they are alongside their decisions.

Does that answer your question?

Yes. Happy.

Question from the audience:

Thank you very much for bringing and helping with this topic. There's a lot of insights for me from your lecture and I have one session just going through my head. I just wanted to be open here. I think taking into account and discussing with clients about how they accept when they are coming out like their mothers, fathers especially, and a willingness to support that they have their own barriers. Maybe this is also the topic to bring to attention.

Response from Sally:

Yes we all will have internalized parents within us that will be critical and that may shame us, and that's part of the work we're brilliant at doing. Bringing out the internal critic that may be based on a different period of our life or times. And certainly, when I became a sex-therapist I had to manage my mother and father's difficulty around that. My father couldn't tell anyone that's what I did, and for him it was even shaming to even imagine I was talking to people about sex. I think it's something about respecting that might have been someone's view and that might have influenced you, and yet at some point you may have to make a choice. Do you support the view of these other people, or do you get your own self agency to say that this is my view as a grown-up and I'm going to take a different position. To say, I respect and I'm not going to fight with you, though, but I respect we may have a different position.

What I want to point out is also, I think the yearning is really important to accept, as most people who come out spend a long time thinking about it beforehand. They've had quite a long time. My nephew was four. He was sent to a gender clinic by his two doctor parents to sort him out because he wanted to be a girl. And they didn't. It didn't sort him out, he just made it go underground. He just thought about it more and more. Sorry, that's messed up. And he spent a long time thinking about it.

Question from the audience:

I was just wondering if there's been a lot of research into the origins of fetish, because I know one of my friends has a... He's got a furry fetish, and he was asking where might this come from? And I'm wondering if there's much research because I couldn't really give him much of answer.

Response from Sally:

Well, interestingly, there's some very interesting research around fetish and autism spectrum disorders and that increased likelihood of that attraction to something and that could be something shiny, could be something textured, smell. So, I think you were talking about autism and different brain sensations, and I think it's probably very linked into the sensational aspect of the brain.

Sally Openshaw is a psychosexual and relationship therapist. She trained in Integrative Psychotherapy and finds working developmentally and relationally is vital when exploring sexuality and relationships. She specializes in working with people who have experienced sexual trauma. She is an IIPA Certified International Integrative Psychotherapy Trainer and Supervisor and works nationally and internationally. She is currently President of The International Integrative Psychotherapy Association.

Resources

FetLife: <http://fetlife.com>

My BDSM Limits (BDSM Scale): www.bdsm-limits.com

Pink Therapy Self-Study Online Courses: <http://pink-therapy-training.teachable.com/>

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