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Guest Editors

Heather Gridley, Bróna Nic Giolla Easpaig and Rachael Fox

The Making of the Special Issue

Welcome to a Special Issue on Gender. The special issue has been three years in the making and the result of contributions by many compassionate, clever and creative people along the way. The origins of the idea for a gender-focused special edition can be traced back to meetings of the Australian Psychological Society Women and Psychology Interest Group in 2022, as we considered the unfolding gendered dimensions and impacts of the pandemic in our work, communities and practice. We are not alone in making these observations. There had been an evolving, public analysis of gender and the pandemic, often with attention to health and wellbeing, economic, and social impacts (Amos et al., 2022; Bromwich, 2023; UN Women, 2020). These issues served as a diving off point for discussions as we invited others to join us for a virtual gathering later that year, wherein the sheer diversity of issues raised, as well as the range of ways in which we were thinking about and engaging with gender in our varied work became apparent. The impetus for this special issue was driven by these and other meaningful conversations, with the Australian Community Psychologist identified as an ideal home to progress these discussions.

From the meetings of a dedicated working group that followed, the call for papers was drafted to explicitly encourage the submission of non-traditional, arts-based as well as more traditionally academic contributions from community members, practitioners, students, academics and others interested in these topics. Further, an associated workshop facilitated the aim of supporting the development of submissions, particularly from those who might be first-time contributors. The resulting issue presents a collection of eleven contributions which draw on diverse experiences and expertise to form a rich and engaging body of work.

History/Herstory of Women and Gender in Psychology and Community Psychology in Australia

It is probably no coincidence that a feminist consciousness began to find voice within psychology in Australia and Aotearoa/New Zealand in the 1970s, around the same time as the emergence of community psychology. As Anne Mulvey observed in her ground-breaking article in 1988, both feminism and community psychology had typically focused on social policy, advocacy, empowerment/depowerment, the demystification of experts, and prevention ahead of cure. But it was some years before there was a critical mass of feminist women in community psychology making such connections between the two sub-disciplines. Coincidentally, 1988 saw Australia hosting the International Congress in Psychology (ICP) in Sydney. The congress marked the beginnings of Australian community psychologists' collective conscientisation and mobilisation around social justice (Gridley & Breen, 2007), and provided both separate and overlapping opportunities for feminist and community psychologists from around the world to meet in person. Hilary Lapsley and Sue Wilkinson (2001) describe the development of feminist psychology in Aotearoa/New Zealand and the activism associated with it in a Special Issue of *Feminism in Psychology*, but these developments were not primarily linked with community psychology there.

Building on the connections forged at the Sydney ICP, a series of thirteen Trans-Tasman Conferences in Community Psychology were held between Australia and Aotearoa New Zealand between 1989-2017. From 1990 until 2016, thirty small, relatively informal

Women and Psychology conferences and symposia also took place on both sides of the Tasman. All of these gatherings incorporated a component of what could be described as feminist community psychology, which by then had been increasingly articulated in international community psychology literature (e.g. Angelique & Culley, 2003; Angelique & Mulvey, 2012; Bond et al., 2000-1; Gridley et al., 2016). But despite strong interpersonal and collegial links that had emerged across 30 years since the 1988 congress, there had been no comparable examination within Australian or New Zealand publications and textbooks of the 'tensions and commonalities' between feminism and community psychology, as Mulvey had originally framed them back in 1988. The only issue to date of the Australian Community Psychologist to focus explicitly on gender was the 2016 special issue devoted to violence and gender (Volume 28(1)). So, the current special issue seems overdue.

Overview of the Articles in the Issue

There were many directions that this special issue might have taken around aspects of both gender (binary, non-binary, fluid…) and community psychology (theoretical, values-based, empirical, practice-based, lived experience, public policy…). The eleven contributions that have been recommended by the panel of reviewers for inclusion have between them taken a range of these paths. But in terms of focus, two content clusters emerged: gendered violence, and diverse sexualities and gender identities. They also highlight several core community psychology understandings typically shared with feminist frameworks, including collaboration, connectedness, systems-level analysis, intersectionality, and social power relations – and not least, the second-wave feminist maxim, "the personal is political".

Of the four articles examining aspects of gendered violence, two are from teams at Massey University, Aotearoa New Zealand, who conduct critical feminist and community-based research on issues of gender-based violence.

- In the first of these two, Hazel Buckingham, Mandy Morgan, Leigh Coombes, Ann Rogerson and Geneva Connor reflect together on Hazel's recollections of 'a day with April' to illustrate how differently a story of intervention for safety from violence might be told from the perspective of a community collaboration with a unique approach to supporting families experiencing violence in their homes.
- Savannah Mouat, Mandy Morgan, Leigh Coombes and Geneva Connor also present one woman's own narrative, this time of coercive control in her relationship, to foreground patterns of abuse embedded in and through white heteronormative coupledom.
- Bringing the lens of a research-practitioner, Ana Borges Jelinic's article provides a multi-systems-level analysis of the historical-legal context and potential implications of approaches to coercive control, and offers practical considerations for psychologists working with communities or individuals affected by domestic and family violence.
- In the fourth article focussing on gender-based violence, Breeanna Melville, Peta Dzidic and Chantel Tichbon move away from the context of intimate heterosexual relationships and family violence to that of traditionally masculine workplaces. Interviews with people currently or previously aligning with womanhood or femininity explore their perceptions of the ways they have found themselves and their workmates altering their behaviours to prevent the threat and experience of gender-based violence.

The second emergent cluster of contributions coalesced around diverse sexualities and gender identities, with two of these articles drawing on and in turn reimagining schema therapy as an approach with potential for queer-inclusive practice.

- Nicole Manktelow details a novel theoretical model of gender schema and introduces schema therapists to post-heteronormative discourse, in providing a comprehensive argument for the inclusion of gender schema in schema therapy interventions.
- Xi Liu, Isis Yager and Amanda Garcia Torres reimagine schema therapy through a queer lens, reflect on what was learned in the experience of adapting this therapeutic approach and what these ways of working may contribute to trans-inclusive care of clients with diverse gender identities.
- Sophie Capern and Linda Chiodo present critical but largely under-represented insights and experiences of sexually and gender diverse community members in their qualitative research exploration of femininity.
- Hanna Saltis and Chloe Clements adopt a pastiche approach to reflect on the process and product(s) of their collaborative project undertaken in the context of the Covid-19 pandemic. In this creative project they explore their experiences of photo-based enquiry in relation to the intersection of non-binary gender and bodies.

- The final article, from Hilary Lapsley, Heather Gridley and Colleen Turner, invites the reader to share in their journeys with social justice, feminism and community psychology, and offers reflections on, collectively, their more than 150 years of connection with psychology.
- Sabina Lunja's mixed media art piece provides a photographic example of intensely personal and political reflexivity at a time of transition from postgraduate student to a new career identity as a community psychologist: 'A reflection, of what at times, it feels like to be seen'.
- David Fryer presents a highly engaging review of Dan Glass's (2023) Queer Footprints: A Guide to Uncovering London's Fierce History, highlighting the connections to gender and activism and offering compelling case for reading this book.

Conclusion

As a community psychology journal that is independent from large publishing houses, ACP relies entirely on collaboration, connection and collegiality. We would like to thank all of the people that contributed and worked incredibly hard to create this issue. That includes the authors, but it also includes: the Women and Psychology Interest Group; the reviewers; the proof readers; and the production team. We hope readers enjoy these valuable contributions as much as we have.

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Remembering a Day with April: Responding to the Entwined Crises of Mental Health and Domestic Violence

Hazel Buckingham, Mandy Morgan, Leigh Coombes, Ann Rogerson and Geneva Connor

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Attuned to a note of peace and dignity, this project joins a chorus formed through the voices of researchers dedicated to transforming the wicked problem of gender-based violence located within the precarious and inequitable material conditions of daily lives that are manifest in and through gendered structural and social power relationships of domination and subordination. Situated both within a psychology discipline in Aotearoa and a collaborative community response to family violence with Sahaayta and Gandhi Nivas, the project stories a process of narrativity as a research practice of response-ability (Haraway, 2016), responding to a call in the violence sector to tell and hear stories differently to transform possibilities for ethical responses. As a mode of bearing witness to the pain of living through violence, the project addresses issues of fragmented and siloed knowledges and responses to gendered violence by remembering and re-telling a moment of response to a woman and her partner – a creative re-telling process that demonstrates how stories are sites where power dynamics can be recognised and challenged (Sonn & Baker, 2016), transforming the way we understand and respond to violence and distress.

Key words: Mental health, domestic violence, community collaboration, early intervention, Gandhi Nivas, Sahaayta

"…it matters what stories tell stories"

- Donna Haraway, 2016, p.39

"affirmative ethics puts the motion back in e-motion, the active back in activism, introducing movement, process, becoming"

- Rosi Braidotti, 2008, p.22

We begin to story a creative research process of narrativity within the gender-based violence sector on a note offered by Donna Haraway (2016, p.39) that *"it matters what stories tell stories"*. Our emphasis on stories recognises them as embodied sites of relational meaning-making that circulate through our encounters with others as a form of negotiating mutual understandings (Coombes et al., 2016); stories move us into relationship, invoking emotion, empathy and connectivity (Sools & Murray, 2015); stories mobilise us politically for transformation (Connor, 2007; Fine, 2017), they are sites for the recovery of historical memory (Sonn et al., 2015) and where social power relationships can be recognised, articulated and challenged (Sonn & Baker, 2016). Our understanding of stories is theoretically informed by feminist scholarship that recognises the *embodiment* of stories, accounting for the specific, situated and limited character of all perspectives (Harding, 1992; Haraway, 1988). This understanding helps us notice the gendered social and structural power relationships of domination and subordination that enable and constrain the ways that stories can be told and

heard (Bartky, 1998; Fine, 2017; Quayle et al., 2016; Waitere & Johnston, 2009), reproducing the insistence of *a single story* as a frame for total understanding (Adichie, 2011). Moving in a mode of resisting the *single story* by recognising the multiplicity and perspectival character of stories opens space to hear creative re-tellings, re-memberings and re-storyings from another perspective. The process of relational re-tellings increases the adequacy of our understandings by thinking with multiple situated stories and knowledges. Such a process of narrativity enables pain and injustice to be heard and responded to in a practice of ethically enabled responses (Haraway, 2016). In other words, creative re-tellings of *stories that tell stories* is a mode of bearing witness to the pain of others (Braidotti, 2010) and making it matter; enabling critical scholarly insights that transform our abilities to respond, ethically.

The New Zealand Family Violence Death Review Committee (NZFVDRC, 2014) emphasises the need to *think differently about family violence,* drawing attention to how the current family violence system operates through single-issue, single-agency practices that fragment complex social issues and patterns of harm into a series of isolated incidents that affect an individual victim. Recognising that different forms of abuse (such as intimate partner violence and child abuse) and social issues (such as mental health, addiction and poverty) are entangled, the Committee remains concerned with how understandings of violence hold individuals responsible for the conditions of their everyday lives. Through meaning-making focused on individual responsibility, understandings of violence are separated and detached from the inequitable conditions of daily lives, fragmenting support to ameliorate the conditions that enable gender-based violence in our homes. Dominant understandings of individual responsibility for victimisation or perpetrating violence shape diverse contexts and experience through the insistence of a single consistent story of how violence and distress are experienced, felt and lived. As a consequence of individualising responsibility, victims of violence are expected to navigate their way through complex system(s) to access support and facilitate safety for which they are held accountable. Emphasising that *"safety is not something individual victims can achieve alone"* (p.14), the FVDR report exposes the narrative of individual responsibility as compounding victims' experiences of distress, violence and pain. Within the fourth report from the Committee, Associate Professor Julia Tolmie articulates a call to "*change the narrative about family violence"* as "*transformational change requires a new story"* (p.13). We connect this call from Tolmie with how it *matters which stories tell stories* (Haraway, 2016) and how we might respond to telling and hearing stories of family violence differently.

Understanding the need to tell and hear a narrative for transformational change in responses to violence and distress, we recognised how differently a story of intervention for safety from violence might be told from the perspective of a community collaboration inspiring a unique approach to supporting families experiencing violence in their homes. April's story is a specific memory that Hazel brings to our project which connects with other memories we each recall from time spent at police stations or court rooms, bearing witness to the experiences of women victims within the criminal justice system, and in our communities and families. On this day, Hazel felt immobilised and unable to provide an ethical response to April as she was located within an agency dedicated to responding to a single issue – violence. While a response to violence was needed, April was also requesting support for 'mental health' and within a fragmented system, any ethical response to the co-occurrence of the two issues was impossible: her experience of violence was either a criminal justice issue *or* a mental health crisis, for the purpose of intervention.

For the NZFVDRC (2014) the intertwined character of people's health and safety needs integrated family violence and mental health responses. We recognised the need to remember a day with April by re-telling her story from the perspective of a collaborative, dignified response to violence in the home that becomes embedded within a community and inspires a

unique approach to supporting families experiencing violence in their homes. Our narrative account is located in ethnographic research with Sahaayta Counselling Services and their partnership with Gandhi Nivas, a community collaboration with New Zealand Police to respond to family violence in South and West Auckland, Aotearoa New Zealand. Our engagements with the community are made possible through six years of reciprocal and respectful research relationships between us and Gandhi Nivas, and our relational meaning-making is enabled by previous research formed from this partnership (Buckingham et al., 2022; Morgan & Coombes, 2016; Morgan et al., 2020; Rogerson et al., 2020).

April's story of intervention for family harm draws attention to the fragmentation of domestic violence and mental health crises at a location where she must choose which pathway to follow to take responsibility for her victimisation. So far, in our research partnership with Gandhi Nivas, we have both statistical and qualitative data identifying the co-occurrence of crises in family harm and mental health. Our statistical analysis showed that within the New Zealand Police records of 'family harm episodes' among men referred to Gandhi Nivas for early family harm intervention there are frequently recorded, '1M: mental health' and '1X: threatens/attempts suicide' incident codes and the research team has heard stories from women clients about *"alcohol and/or drug abuse within their family; isolation and shame; difficulties accessing adequate social and/or mental health services; precarity and poverty"* (Morgan et al., 2020, p.25). Since Gandhi Nivas is a collaboration with New Zealand Police, it was unsurprising to find that over 95% of recorded police codes involved a family harm investigation (5F/1D) and 58.3% of the remaining recoded incidents were child protection reports or breaches of justice orders. Still, nearly 24% of the codes that were not directly recorded for police as family harm involved mental health crises or alcohol abuse. Even within the data of a criminal justice response, traces of the co-occurrence of family violence and mental health crises are evident. How could such a collaboration tell a different story of intervention in support of April's safety and recovery?

We begin, then, on a day to remember with April…

> *I met April several years ago in a local police station. I was there as a volunteer to support victims of crime, and April was categorised as such that day. I sat with her in the foyer of the station as she (we) waited for her partner who was currently in the cells, awaiting a mental health assessment from the crisis team. April was covered in blood and bruises which she continued to reassure me, and the concerned police officers, were "nothing". She recounted to me her story of 'what had happened' earlier that morning: how her partner woken up, turned to April and told her he was going to take his life that day. This was not an uncommon experience for April; her partner was categorised as 'having' a mental illness, and she had developed skills in responding to what she described to me as "his mental health crises". She supported her partner, listened to him as he spoke, and when she realised the situation was beyond her supportive capacity, she called the crisis team. The crisis team had informed April that they were stretched to capacity but would be there as soon as possible, telling her to "keep him in the house" and to "keep him safe". With the responsibility for both her and her partner's safety returned to April, she had paused to consider what to do next, but by that stage her partner had heard the phone call, assumed the crisis team was coming and was gearing up to leave the house. Panicked, April stood in front of the doorway to prevent him leaving but he used physical force to get past her. She followed him, begging him to stay, and in response she received more pain. Her partner left, April called the police as she was concerned for his safety, and they were (eventually) brought to the station.*
>
> *As April told me her story, one of the police officers interrupted us.*

"Please, you need to consider laying a 'male assaults female charge' against him," the officer begged. "I've seen bruises like these before…"

"No no no, he's no criminal!" April cried. "He needs help! The crisis team are here, and they are assessing him, they'll see that he has a mental health history and that what he needs right now is care and psychological support."

The officer looked at me, and then back at April.

"I understand. I understand that he's unwell. But he's still hurt you. And what if the crisis team don't section him and they release him back to you? Please, please consider it. The last woman I saw with bruises like this –," he gently cradled her arms, blotted with fresh blue and green bruises. "Well the last woman I saw with bruises like this, she didn't lay a charge. She didn't get a protection order. And two weeks later we were burying her."

I locked eyes with the officer and saw the fear, care and determination in his eyes.

"I won't. I won't do it. He doesn't deserve a criminal record. He deserves help." April maintained. The officer sighed, suggested she "think about it" and left us to it.

The mental health team didn't section April's partner that day. They decided that the 'crisis' was a "domestic violence issue" and not mental health. Here, the response system I was part of made a clear delineation; if it was not a mental health crisis but a domestic one, it became the territory of police, and me, rather than psychologists and psychiatrists. April had denied the help of the police, as they could only offer her legislative instruments that would criminalise her partner for his actions.

The responsibility for safety and service provision was left with me. I talked April through a safety plan I had been trained how to construct, but that seemed redundant in these circumstances, given it was a plan for her to leave her partner during his crisis and April had made it clear that would not happen. I reminded her of the crisis team which seemed similarly problematic given what had ensued that day. What I had left was to stay with April, to hear her, care for her and to acknowledge her experience that the system could not see. But as my space of response-ability remained in the police station, I had to (eventually) return the responsibility for safety (both her's and her partner's) to April.

As April and her partner left the police station that day I was troubled. I worried about April, I worried about her partner. I wondered if April or her partner would become 'just another statistic' in domestic violence or suicide reporting, and I worried about my complicity as a service provider if that were to be the case.

Hazel's worry for April's safety and her care for her partner, moved her from volunteering at a police station, to joining a research programme focused on dignified and ethical responses to domestic violence. Joining us in our collaboration with Sahaayta and Gandhi Nivas, Hazel began reading a literature rich with stories from families, clinicians and domestic violence practitioners (see for example Black et al., 2020; Bunston et al., 2017; Humphreys et al., 2022; Humphreys & Thiara, 2003; Short et al., 2019; Wilson et al., 2019). We discussed April's story, and remembered other stories, from the literature, our previous research and the lives of women we know and love. We recognised that the experience of witnessing April's experience was among many recollections of incidents that appear as isolated in the moment we experience them, yet our collective stories assure us that there are patterns in the incidents, and neither the event nor the women involved as victims or witnesses are alone with experiences of fragmented services in response to violence in the home. From our positions as researchers, we recognise how April's story also speaks to us of the gendered

social power dynamics operating through fragmented knowledges and responses to women in her situation: women from various communities, ethnicities, or generations, who care for their partners and understand the complexities of their mental health struggles from their everyday domestic experience of living with him. In re-telling April's story through our ethnographic collaborations with Sahaayta and Gandhi Nivas, we offer a different story of responsibility for family harm, challenge assumptions that women are responsible for their own safety in their homes, and suggest alternatives to fragmentation in community-led interventions for family harms.

As we are remembering April's story, when she sought help for the entangled crises that she and her partner were experiencing, she was responsible for the criminal justice decision: whether or not to charge her partner with a specifically gendered assault. She carried this responsibility after the experts of the psychological crisis team decided on whether or not her partner was experiencing a mental health crisis. Responses to April's situation were fragmented into *either* a 'mental health crisis' *or* a 'domestic violence crisis', yet from her perspective her partner was experiencing a mental health crisis that required support and care beyond her capacity. However, the police officer had noticed the blood and bruises on April's body and was concerned about her safety in the relationship – from his vantage point, he had recognised April as a 'victim' and (therefore) her partner as a 'perpetrator' in a domestic violence crisis. April's partner was released from his mental health assessment with no follow up or support for the 'mental health crisis' that April recognised from her everyday experience of loving and living with her partner. Yet, the system from which she has sought help, has decided her experience is mistaken. The only avenue available for April for intervention, required her to see herself as a 'victim' and recognise her partner as a 'perpetrator' instead of someone who was unwell and needing support.

The fragmented either/or understanding of 'mental health' and 'domestic violence' crises witnessed with April is addressed in the specialist domestic violence literature by recognising these experiences within the social entrapment of western gendered power relations that individualise complex social issues (Short et al., 2019) through a story of individual deficit and/or disorder. With a focus on issues of crises of mental health diagnosed as illness or disorder, a clinical understanding of pathology detaches experiences of distress from the inequitable conditions of daily lives and emphasises a pathology inherent within an individual as a site of intervention to relieve distress (Hodgetts & Stolte, 2017; Rose, 2019; Walker et al., 2015a). From here, a dominant story operates that suggests a causal relationship between two separate crises of mental health and domestic violence, where mental health is sometimes a potential cause of violence (e.g., Kageyama et al., 2015; Kessler et al., 2001; Labrum et al., 2021; Labrum & Solomon, 2016; Onwumere et al., 2019; Oram et al., 2014; Sediri et al., 2020; Shorey et al., 2012; Solomon et al., 2005; Spencer et al., 2019; Yu et al., 2019), and sometimes mental health issues are a result of violence (e.g., Alejo, 2014; Bunston et al., 2017; Ellsberg et al., 2008; Fergusson et al., 2005; Fischbach & Herbert, 1997; Hegarty, 2011; Howard et al., 2010; Humphreys & Thiara, 2003; Karakurt et al., 2014; Khodarahimi, 2014; Kim et al., 2009; Knight & Hester, 2016; Kumar et al., 2005; Liu et al., 2021; Mezey et al., 2005; Romito & Grassi, 2007). The imposition of categorical understandings of two separate crises and an insistence on a causal relationship, one way or another, produces responsive practices that seems blind to violence when mental health issues are present (Humphreys et al., 2022; Trevillion et al., 2012). The fragmentation we witness in the literature is supported by a narrative of causality in which either one *or* the other is attributed as the cause: the original problem which caused the harm. The separation involved conceptualising crises as causally connected, underlies assumptions that violence is either a mental health or criminal justice issue and facilitates responses that address *either* 'mental health' *or* 'domestic violence'.

The either/or framework imposed by a causal relationship between two categories eclipses possibilities to recognise the co-occurrence of the two crises within the inequitable conditions of daily lives, dis-abling possibilities for ethical responses to the both/and character of the crises often experienced, in situations like those in April's story. Mental health practitioners suggest difficulties in their practice for addressing family violence with those they are working with, with some explaining their boundary of expertise is only 'mental health' not violence (Humphreys & Thiara, 2003; Rose et al., 2011; Trevillion et al., 2012). Some report not knowing how to or feeling unable to provide safety responses for those they are working with when violence is reported or recognised (Nyame et al., 2013; Short et al., 2019). Similarly, family violence practitioners explain they are afraid to discuss mental health issues with those they are working with, feeling unable to provide responsive responses and worried about doing more harm (Mengo et al., 2020). Mental health issues may also justify women being excluded from refuge when fleeing a family violence crisis (Hager, 2007; 2011). Violence and mental health understood through singular stories reproduces fragmentated understandings and services, and families like April and her partner fall through gaps and cracks within system responses. Without the opportunity within mental health and domestic violence specialist services to hear and address the both/and character of crises, families like April's are drawn into the justice system through the policing of mental illness *or* domestic violence. However, police officers report experiencing frustration and powerlessness within the current lines of response that locate them as first responders to both mental health and domestic violence crises, feeling they are not adequately trained, supported or resourced to respond (e.g., Fry et al., 2002; Holman et al., 2018; Maple & Kebbell, 2021; McLean & Marshall, 2010; Marsden et al., 2020; Ogloff et al., 2020; Segrave et al., 2018; Wells & Schafer, 2006).

As the story of fragmentation circulates through domestic violence, mental health, policing responses and the research literature, it has inspired an emphasis on integrated, shared and/or collaborative responses to violence and distress (e.g., Humphreys et al., 2022; McLean & Marshall, 2010; Meyer et al., 2022; NZFVDRC, 2014, 2020, 2022; Polaschek, 2016; Short et al., 2019; Stanley & Humphreys, 2017; Trevillion et al., 2012). Repairing fragmentation in our knowledge and in the sector involves working with *families* to keep those experiencing violence at the heart of our responses while keeping those enacting patterns of harm in view for accountability (e.g., Heward-Belle et al., 2019; Humphreys et al., 2022; Stanley & Humphreys, 2017; Tolmie, 2020). Remembering April's story within a narrative of fragmentation that keeps individuals responsible for their safety at home reminds us to connect with Gandhi Nivas for her and her partner and re-tell her story differently.

Through a collaborative partnership between New Zealand Police and the South Asian community in South Auckland, Gandhi Nivas contributes to repairing the fragmentation of our knowledge and sector with *homes of peace* – places of residence where men can be brought by police officers (in the aftermath of a family violence event) for temporary accommodation and 24/7 social and cultural support from specialist domestic violence practitioners. Their contribution also entails a practice of movement as relational caring expertise; the Gandhi Nivas team move through community to connect with women and children and work with them to facilitate their safety – a movement of responsible others who will tell and hear the stories of women and children living through the storm of violence differently and with dignity.

Connecting April with Gandhi Nivas

We all have been welcomed into Gandhi Nivas as colleagues in a research collaboration with the community initiative. When we first meet with the Founder, the Director, the Board, the Team Leaders or Police with strong commitments to the collaboration, we talk and share meals and cups of tea in community spaces. From the beginning of our collaborations, we share the stories of our experiences, interests and commitments, forming stronger understandings of

our different locations. At one of our meetings we shared stories of our experiences of responding to the both/and character of mental health and family violence crises and from our different locations we began a process of becoming able to tell and hear stories located in the nexus of these crises differently. We had all borne witness to the inadequacies of our system responses where these crises are entwined and had begun to understand how inadequately our literature addressed the specialist praxis needed for responding effectively. We had all borne witness to the fragmentation of services that draw on the expertise of siloed fields of knowledge. In response, the Sahaayta team members shared their experiences of responding to the *both/and* character of the two crises in their daily working lives, and suggested that where the two crises meet, forms a *"black hole"* in system responses. They understood the gap in knowledge and praxis relating to the harms and challenges of fragmented services and the effects on families through their specialist service context. Though we did not talk about April's story, specifically, our collaborating conversation and the sharing of our story, became a space where we sensed that April might be heard – not translated into culturally specific categories of 'victim', 'perpetrator' or 'mentally ill' – but heard to say that her and her partner needed *"care", "help"* and *"support"*.

Following our conversations that day we were excited for the possibilities of building and creating ethical responses to people like April and her partner. Connected with a community who were struggling with similar questions at the nexus of mental health and violence as we were, we felt our stories of being unable to respond were heard and understood, and our sense of ethical responsibility was affirmed. We became involved with a community who had been working with the entanglement of 'mental health' and 'domestic violence' crises (and&and) over many years, and we wanted to hear more of their specialist expertise. *Could we come and 'hang out' and listen to more stories*? we asked, and we were invited to spend time across the three *homes of peace* in the South and West Auckland community in different contexts.

> *Hazel met April several years ago in her local police station. We have all met women seeking help at our local police stations, sometimes over decades of experiences.*
>
> ***We met the team at Gandhi Nivas, the men and their families anywhere but a police station. We met them in the homes of peace, in the supermarket, dairies, doctors' offices, family homes, garden centres, refugee resettlement centres, social services offices, parks, libraries, gardens, airports and pharmacies. Not once do we meet them in a police station. When the police make referrals, they bring men to the home, where they are welcomed with a cup of tea and a meal. Soon after, Sahaayta moves into the community, visiting the man's family in their homes.***
>
> *We have all been in volunteer capacities to support victims of family violence crime. We have hung out with women at police stations. We have supported women categorised the way April was categorised when she was given the choice to press charges against her partner for a gendered offence.*
>
> ***We have 'hung out' with the Sahaayta family and Gandhi Nivas team as ethnographic researchers moving with them through the rhythms and routines of their daily working lives (and sometimes interrupting them). In these movements we learn to understand and appreciate the team, the families they work with and for, and the community that welcomed us. The team at Gandhi Nivas includes registered social workers and counsellors alongside support staff and volunteers. While police reports provide categorisations that suggest the men at Gandhi Nivas are (most often) 'perpetrators' or 'primary aggressors' and their families are 'victims', these are not understandings that are used by the Gandhi Nivas community. Or (now) by us.***

The collaborative approach of Gandhi Nivas within the justice system offers men who come to attention of police for putting their family at risk of harm a move away from the police station to a home of peace within the heart of a community. In this new initiative space, different possibilities for hearing April's story emerge where the distress of family violence is recognised and responded to within the inequitable conditions of daily lives. Taking up ethnographic strategies of *hanging out – "being with the people in our communities of interest but also…a strategy for reflecting on our own epistemological assumptions"* (Coombes et al., 2016, p.445), we have collectively spent months (now years) with the team within the homes of peace and moving through South and West Auckland communities – an often unexpected and unpredictable movement as we became responsive to the immediate needs of the families we were working with and for. In learning to move with the unexpected and the unfolding, we recognise how the location of a home shifted static framings of a 'perpetrator' who could be *"put in a cell"* to a community connection with a *family* who needs *"help" and "support"*. Though the violence that brings a family into contact with Gandhi Nivas is addressed through multiple strategies, the team is focused on building relationships of care and dignity by addressing the immediate needs of a family, first and foremost. Beginning with an ethical relationship of care enables the violence to be talked about and addressed differently – heard within the context of the inequitable conditions of daily lives where experiences of poverty, precarity, sexism, racism, grief, stigma, discrimination, distress, and violence are interwoven (Hodgetts & Stolte, 2017). The social determinants of ill health, mental disorder and violence are not always separately experienced by those who are living their effects. The team understand these conditions of distress are not confined to an individual but ripple throughout a family and community. Beginning with respect for a family's dignity and a willingness to hear their stories moves possibilities for engagement, shifting the frame of listening towards hearing families' strengths, skills and potentials.

As we recognised how Sahaayta and Gandhi Nivas flow in constant movement to open spaces within themselves to hear families' stories of violence and distress differently, we shared many conversations about the flows of care and dignity circulating through homes of peace across the community and how listening as a practice of caring movement can facilitate safety for those living through the storm of violence. From these conversations and ethnographic moments emerges the possibility to reimagine the day we remember with April – how April would have moved with Gandhi Nivas, and how each movement is a potential for being heard differently and responded to ethically. To demonstrate the difference Sahaayta's caring expertise makes, we imagine April's story *as if* the responsive response to family violence of Gandhi Nivas had been there on the day we remember with her. In these re-tellings, we are joined now by the memories and stories of the many Aprils we have had the privilege of meeting through our ethnographic work with Sahaayta and Gandhi Nivas. The memories of the many Aprils (re)connect us to women who have been similarly-differently precariously located at the nexus of 'mental health' and 'domestic violence' crises as April and Hazel were on the day we are together remembering. As the chorus of voices builds throughout our processes of becoming response-able with Sahaayta and Gandhi Nivas, so do the possibilities for re-telling April's story with dignified responses to family violence.

We begin, again, as if….

Following April's story through the flows of the social power relations embedded in systemic responses to crises understood as 'mental health' and 'domestic violence', we imagine Hazel meeting April one day at a local police station. However, in this re-telling….

> *April had refused any further help from the police, as they could only offer her legislative responses that would criminalise her partner for his actions.*

But now, in South and West Auckland, police are authorised to provide a safety response by offering men temporary accommodation and support from Gandhi Nivas: a home of peace. The Sahaayta family could welcome April's partner into a home where his calls of distress, that life was 'too much,' could be heard with dignified responsiveness, within the context of the inequitable conditions of his daily life.

At Gandhi Nivas, men who enact patterns of harm (like April's partner) are brought into view and their need for help and support is received with attentive, practical concern.

The temporary accommodation simultaneously provides respite for families, for partners, like April, and mothers and children and parents while the men are cared for in a home of peace – a temporary home of peace for homes in the community too.

Through a dignified response focused on safety within homes of peace, April's calls for *"help"* and *"support"* for her partner become heard. Gandhi Nivas recognise how caring for April's partner in his moments of crisis becomes a strategy for caring for April's safety too. While men are offered support for change in a(nother) home, possibilities for respite, rest and recovery for April and her family are facilitated in their home. The problem at the intersection of 'family violence' and 'mental health' crises is re-told in Gandhi Nivas praxis. It is no longer told as a story of causality, one way or another, where it is possible to decide which caused which and either treat or criminalise depending on the distinction. Gandhi Nivas offers a re-told story, where issues of 'mental health', 'family violence' and 'addiction' are not separate but are experiences of distress in response to the inequitable conditions of daily lives and often underpinned by compounding and connected issues such as poverty, food insecurity, employment issues, visa/migration issues, inequitable gender norms and stereotypes, housing insecurity, homelessness, legal issues, experiences of grief, violence, racism and stigma. This hearing connects to understandings within the research literature that emphasise the need for a *relational hearing* of the social determinants of health (Hodgetts & Stolte, 2017). As a responsive response to these experiences that manifest in crises, *homes of peace* offer a space for police to bring men to for a time of rest and reflection while enabling respite for the family at home. Importantly, this means women and children do not need to flee to refuge and so daily rhythms and routines such as school and childcare are less disrupted.

Within the Gandhi Nivas homes, men such as April's partner are provided a warm and dry space to sleep, and counsellors and social workers are available 24/7 to sit with men and offer them dignified relationships through counselling and social and cultural support. Within the peaceful homes of Gandhi Nivas men are invited into processes of becoming well and violence free. April's partner's distress and pain is heard and changes for his wellbeing are supported, but his accountability for violent harms to his family are woven throughout these responses to ensure safety is prioritised and central to the response. A disruption to the fragmentation of issues and a dignified, caring approach to bring families into view, enables Gandhi Nivas' family violence intervention to move with the families, whether together or separately, towards potential for safety, peace and security. They begin forming a relationship within the context of a caring response to a crisis of police intervention into their family.

April's family didn't come to Gandhi Nivas, and April faced a crisis when the support she was seeking meant that she bore sole responsibility for deciding whether to seek a criminal intervention for her partner's distress and harm of her. If a Police Safety Order (PSO) had been issued, binding her partner to leave her in peace for period of time – anything from a few hours to 10 days - and he had been referred to a home of peace himself, then a relationship would have begun between April, her partner and the team: Just as a relationship with families begins when men enter Gandhi Nivas for

their temporary stay. Encounters with the team and engagements with services (often) continue far beyond the man's discharge from the home of peace, as the Sahaayta family move through community rhythms and routines of daily life to connect with women, their partners and families and invite them into processes of becoming well and violence free.

As families such as April and her partner navigate the complexity of system responses formed at the nexus of 'mental health' and 'domestic violence' crises, they have a choice to keep engaging with a team that provides them with company, support, advocacy and solidarity. Sometimes, the relationship stretches without contact for relatively long periods of time, but when need arises the door to re-engage is open and the relationship resumes whenever clients return to a home of peace. They become a 'we': Gandhi Nivas is with them too.

By sitting with, being with, moving with and listening to families, Sahaayta and Gandhi Nivas professionals work with families as *"a 'we' who needs support"* to address the inequitable conditions of daily lives that contribute to experiences of distress and violence within families. Whether talking through safety plans or visiting with food parcels; whether facilitating a counselling session or a non-violence programme or perhaps helping with a job application, Sahaayta's processes of building affirmative ethical relationships with families fosters trust, enabling deeper discussions and understandings of the difficulties they are experiencing. Building relationships with families also contributes to an ongoing 'needs assessment', as the team listen to understand how they can facilitate safety in their homes and communities. As they pay dignified respect to the expertise of the family in relation to their situation, as well as their own expertise in the sector and their local communities, Gandhi Nivas professionals know when they need to engage support for a family from specialist mental health and addiction services and they refer clients ready to engage with change, maintaining safety plans and accessible respite as a matter of daily praxis.

Importantly, the team understand that not all experiences of mental distress require a specialist response; understanding distress within the context of the inequitable conditions of daily lives enables Gandhi Nivas to respond effectively with care to both families and specialist agencies. By attending to the precarity and violence experienced by families to address their distress, Gandhi Nivas support specialist mental health and addiction services to prioritise their work with families who need specialist expertise in responding to serious mental wellbeing concerns. Such support includes addressing the underlying determinants of distress and providing ameliorative immediate responses such as counselling and group work – a responsive response to families as well as a specialist mental health and addiction system that is overwhelmed and under-resourced in Aotearoa (Patterson et al., 2018). Moving with families and attending to their needs in these ways enables processes of empowerment, supporting families to remain connected to support and engaged to begin or resume relationships with those from specialist mental health services. In Gandhi Nivas praxis, empowering families to engage with resources their community can provide becomes possible through building relationships of dignity, respect and care. Their story is shifting the narrative of individual responsibility for either a mental health or a family violence crisis, which implicates praxis that fragments service responses from centralised institutions to a narrative of relationship, empowerment and connection within local communities.

The praxis of dignified, locally embedded responses to family harm that moves Gandhi Nivas also builds community relationships. Gandhi Nivas provides support for men and their families who are in the situation that April and her partner encountered, where a crisis of police intervention means the threshold for an immediate response from a mental health crisis team is not met. Their creative processes for engaging men and their families with specialist support

that they may need rely on their local expertise. Sahaayta has relationships with local healthcare providers who make possible same day visits to a general practitioner for initial assessments and ameliorative medication provisions, or they will bring men to local emergency departments and advocate for their immediate support needs. Staff will also call for assistance from emergency services if it is appropriate, and they remain connected to the family and walk alongside them during a crisis team's response to emergency calls. In these contexts, Gandhi Nivas advocates for clients' cultural and spiritual needs throughout their encounters with systems where they are not well understood. As the team move through different encounters with clients and services in their communities on their travels with clients through various fragmented services, intended to address their needs, the relationships they build create more community visibility and recognition of the multiple diverse languages, cultures and religions in their daily lives. Strengthening their relationships with service providers facilitates wider understanding of how culturally safe processes of care and engagement can empower families to accept specialist support when their previous experiences of support left them disadvantaged, misunderstood and potentially misdiagnosed and/or mistreated (Patterson et al., 2018).

Joining with families as *"a 'we' who needs support"*, Gandhi Nivas' relational expertise strengthens community connections for supporting the family and offers a *home* for hosting gatherings such as family meetings and mental health and addiction assessments, bringing various agencies (and understandings) of a fragmented system together. The focus on relationships with families and community fills the 'in-between' spaces of a system that separates experiences of distress into different experiences, with consequently different agencies and different responses provided for the same family, compounding the work they need to do to be able to access support when they are already experiencing hardship, violence, distress and crisis. As a 24/7 home, Gandhi Nivas residences fill the in-between spaces created by a system that operates Monday – Friday 9am-5pm despite knowing that distress and family violence are experiences that permeate all moments of a day and night. Gandhi Nivas empowers both families and services to remain connected and working together through experiences such as mental health compulsory assessment and treatment, detox and addiction support and ongoing psychiatric treatment. They remain connected, encouraging safety and provision of support through affirmative, ethical relationships. In the bringing together of families and communities, fragmentation is addressed through embeddedness in their local communities and connection through ongoing, dignified relationships – by being home with peaceful relationships in the community and at Gandhi Nivas.

In re-telling April's story through a PSO referral to Gandhi Nivas, it becomes noticeable how the early intervention collaboration with Police that has become Gandhi Nivas makes a difference in the unfolding events of a day where police become involved in a family harm incident that is interwoven with a mental health crisis. Though April's partner was assessed as 'not mentally disordered' when he harmed her, and therefore he did not warrant an immediate response from mental health professionals, his concerns for his mental distress still needed to be heard. Both his and April's safety depended on recognising and responding to their calls for help. In a home of peace, Gandhi Nivas could work with April's partner to understand what would *"help"* and *"support*", spending time with him during his stay in the home and moving through community to visit April and others in his family, even before he had left. Connections with and support from the Sahaayta team relieve April of the burden of individual responsibility she bears for responding to her partner's experiences of distress and her own victimisation, and they open opportunities for empowerment through local community relationships with Gandhi Nivas supporting April and her partner. Becoming locally connected to responsive services enables a form of empowerment, facilitated through relationships of care and dignity, that seeks to address the underlying social conditions enabling distress, violence and harm within families and community.

Since they collaborate with New Zealand Police for family harm early intervention, Gandhi Nivas and Sahaayta understand that supporting April's partner is also supporting April, providing a safety-focused response in the immediate aftermath of the crises. Welcoming men into engaging with support in *homes of peace* relieves April of the responsibility for her partner's safety and wellbeing while also addressing the violence he uses against her that textures April's daily life. April is given time and space to rest and reflect while becoming connected to a team of experts in relational care that work with her to build possibilities for living well and violence free. Such a responsive response resists the either/or causality pathways that underpin fragmented knowledges and services by addressing the social determinants of harmful distress, including patterns of gendered violence and ethnic discrimination. Gandhi Nivas facilitates sustained and meaningful engagements that bear witness to April's pain and make it matter – the violence against her is not minimised or unrecognisable but instead observed and addressed through relationships of care and dignity.

Gandhi Nivas responds to April's partner as both someone who is unwell needing support *and* someone who enacts patterns of harm and violence that need to be addressed, and from this response, they work with April to build a safety response designed for her and her family's needs. Through processes of care and connection, the team support April to live her life in a way that she would like to – they enable April to imagine her future and provide connections for sustaining her safety and wellbeing. April's partner and April are welcomed into homes of peace with Gandhi Nivas, where they are welcome to return to at any time they need *"support"* and *"help"*, regardless of whether they stay together as a family. Those who are supported by Gandhi Nivas' early intervention for family harm, often travel non-linear pathways to wellbeing since healing from distress, becoming well and living peacefully are not enabled by the social conditions of precarity, racism and discrimination that contextualise their lives. In a home of peace they are always welcome to return when they need support again. The Gandhi Nivas team explain that their work is not providing a *'service'* but a home, and one is always welcome to *come home*. Theirs is not a narrative of service provision to individuals whose processes of change are their sole responsibility, it's a story of creating the conditions for coming home to peace and collaborating to fulfil families' aspirations for their lives.

Concluding

We began recreating April's story of seeking help for her partner and finding her only option a criminal justice response that she could not understand as a way to support and help him recover from his distress, so that she could be safe. April's story speaks of the fragmentation of mental health and domestic violence into separate categories offering different, relatively isolated interventions for helping either April or her partner. We have drawn on our ethnographic experience of collaborating with Gandhi Nivas on research, to retell April's story as if the outcome of her search for help that day came in the form of a Police Safety Order that bound her partner to keep her safe by staying away from home for a while and a referral for him to a home of peace where he could engage with Sahaayta's team and they would visit April to see what support she needed.

Re-telling April's story through our engagement with Gandhi Nivas enables the social conditions of harmful distress to come into view, transforming the site of intervention from the individual to the fragmented system of services that the NZFVDRC asks the sector to address. The story of becoming welcomed into a home of peace and offers of engagement to help with conditions of distress, including gendered violence against women, precarity, poverty and discrimination. The support

and advocacy for ending harmful distress that might be possible once you are welcomed into a home of peace involves diverse and multiple strategies: actions for supporting you through encounters with the police, or homelessness or social welfare, access to connections with creche or food parcels or driving lessons. Help might include counselling sessions at the kitchen table, or in a group, or at the counsellors' rooms. It might mean arranging legal advice or attending court, accompanying doctor's visits or staying with someone in distress as they pray or cry (Buckingham et al., 2022).

Such a different story offers a contribution to repair the fragmentation within the family violence sector and a movement to respond to the inequities of daily lives. The *stories that tell stories* (Haraway, 2016) within Gandhi Nivas homes of peace resist the operation of gendered and colonial power relations of domination and subordination. The diversity of daily praxis in support of families' safety and wellbeing belies the reproduction of a single story of responding, creating spaces to listen to and respond to multiple situated knowledges and experiences. Moving with care and dignity through the community, moving with clients anywhere (but the police station), enables Gandhi Nivas to engage a socially committed praxis that enacts ameliorative and transformative change as interconnected relational and dynamic processes (Walker et al., 2015b) – enabling immediate here and now responses to experiences of harmful distress while also working to transform the social conditions that underpin such experiences.

Re-telling April's story within the context of Sahaayta's local, relational collaborations and the welcoming homes of peace created by Gandhi Nivas, enables us to re-position the either/or of western knowledge that impose a process of categorisation that separates experiences of distress from experiences of gender-based violence and reproduces an assumption of causality. By moving from categories of harmful distress to ethical relationships of dignity and care within the context of the inequities of daily lives, it becomes possible to *think differently* (NZFVDRC, 2014) about violence and gender, resisting single stories that individualise, and pathologise women's and men's experiences of pain, violence and distress. Becoming able to tell and hear stories of violence and distress differently with attention to socially unjust conditions, connects to psychology's ethical commitments to pursue social justice and to do no harm (Coombes et al., 2016). Re-telling April's story as if her partner came to Gandhi Nivas enables us to recognise how a story focused on 'mental health' may leave a victim of harmful distress with little option for safety but the criminal justice system that cannot help his distress. *Changing the narrative* (NZFVDRC, 2014) with Gandhi Nivas opens space to reimagine relationships of care and dignity in ethical responses to violence and infuses *stories that tell stories* (Haraway, 2016) with potential for transforming gendered violence against women in their homes.

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Patterns: A Woman's Story of Recognising Coercive Control

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More than half of adult women experience some form of gendered abuse in their home (Fanslow & Robinson, 2011). Recognising patterns of abuse embedded in and through white heteronormative coupledom can be difficult. Speaking of felt unease and danger can be fraught particularly in the absence of explicit physical abuse, stereotypically understood as domestic violence. As researchers, we have heard many stories of women's endurance of abuse by someone they love. Women we speak with have often expressed the desire for their stories to be shared so that other women may see themselves in such stories, recognise danger in their experience of abuse, and become safer in their lives. In this paper, we share one woman's story of coercive control in her relationship in the context of Aotearoa New Zealand. We provide an orientation and coda for her story, gifted to us in the hope that others may recognise more quickly the entrapment of coercive control.

Keywords: coercive control, domestic violence, gendered violence, narrative, patterns of abuse

In Aotearoa New Zealand, community interventions to improve women and children's safety from gendered violence in the home have been mobilised since the Refuge movement began. Taking account of physical and sexual violence, and emotional and psychological forms of abuse, more than half of adult women have lifetime experience of gendered violence in the home (Fanslow & Robinson, 2011).

The National Collective of Women's Refuges (NCWR) (2021) recognises that women may leave their partners as many as seven times, on average, prior to being able to establish their lives more safely for the future. Since the late 1990s, patterns of violence have also been linked to the gendered social power relations that enable particular men to coercively control their partners (Stark, 2007). Becoming "a victim of violence is never a choice" (NCWR, 2021), so coercive control provides an explanation for the ways in which violence occurs within contexts where social expectations of women and men in relationships obscure the forms of harm that are perpetrated, enabling women to remain in unsafe homes so that they continue to responsibly care for their partner and familial relationships (Stark, 2007). Coercive control mobilises gender norms relevant in specific social contexts, and the patterns of abuse that Stark (2007) relates are embedded in the gender norms predominant in his Anglo-American context. In the colonial context of Aotearoa New Zealand, Elizabeth (2015) and The Backbone Collective (2017) provide evidence of coercive control operating, for example, within the institutions of the Family Court. We as Aotearoa New Zealand researchers in psychology are located in a geo-political region where European colonisation continues through the predominance of Pākehā norms and institutions. We locate our knowledge production at the margins of this colonial context, collectively engaged in the work of decolonisation through telling stories of how women in Aotearoa New Zealand become entrapped through predominant social norms that draw attention to the colonial heritage of domestic violence (Pihama et al., 2019), and the urgent need for mobilising decolonial responses to violence within our local communities, together, with attention to the multiplicity of differences in how violence is experienced – we recognise patterns through difference. In previous research within criminal justice systems local to us, women have provided accounts that articulate abusive

relationships as an interplay of shame, love and responsibility for care (Morgan et al., 2008). There can be shame and 'foolishness' felt in the decisions to stay, as well as the recognition of the social responsibilities as women to care for partners, especially when they're distressed. While advocates in the community come to recognise the interplay of coercive control, social coercion and patterns of violence, even in retrospect, women's recognition of coercive control as a form of harm can be difficult given the stereotype of violence as physical assault, and the normalisation of gendered responsibilities in heterosexual relationships. Contemporary research draws connections between how coercive control is entrapping and insidious, and the effects remain long after the relationship ends (see Lohmann et al., 2024). The harm from coercion requires attention to understandings of feeling safe, including problematising linear understandings of safety in the context of insidious abuse that is normalised through dominant cultural norms in Aotearoa New Zealand. Women have explained that coercive control can feel like "agitation in the air all the time" (Denne et al., 2013, p. 87) that is difficult to articulate.

In this paper we present the story of a woman's journey from the beginning of a romantic relationship, to recognising that coercive control harms her in the everyday life of her partnership. We are researchers who have heard many women's stories of violence in intimate relationships, and each bring our own personal experiences to our research perspectives and location. Informally, women participating in research projects we conduct or supervise, whether related to the criminal justice system or community interventions or their collaborative responses to domestic violence, have often told us that they volunteered so that other women might learn from their experience: perhaps others might recognise abuse earlier and become safer sooner if they are able to see themselves and their situation through another woman's story.

The story we are telling here is written with a similar spirit for opening up possible new understandings from sharing our processes of sense making through story-telling where patterns can be recognised from multiple, intersecting positionings. The narrator came to share in story-telling with us through a research project where women speak their experiences of intimate partner violence. Unlike research where we have provided more extensive analytic interpretations of stories we have been told, here we do not attempt to analyse the process of recognising coercive control by a partner we have loved. Rather, we listen as the story unfolds, as the narrator speaks to her former partner. We listen, as she tells him of events and other relationships through which she learned how to relate to him intimately. As understood through traditional academia, our analysis here is minimal, with italicised emphasis woven through by the collective of authors, guided by the storytelling, in recognition of our own experiences within the story told. Through collaborating on how to emphasise patterns, we bring together all the women who have contributed to the wider project in sharing our recognitions and feelings of patterns of coercive control. We travel with the narrator as she moves through her retelling how she came to recognise her most intimate relationship as dangerously harmful.

Patterns

You were the guy that I always said "No" to. You were a friend. I didn't see you in that way. Besides, you lived in a different town, and I didn't want to do long distance. So, I dated another guy for two years. And when we broke up, you were still there. Asking. But I told you that I wasn't in the right head space. And that I wouldn't be for a long time.

Fast forward a few months, there you were. Asking. *Again*. This time, however, I thought to myself: why not? What is the worst that could happen?

~

After our first date, you pursued me. Hard. And I didn't mind. *It was romantic, right?* Every moment you were free, you wanted to see me. *Had to.* I felt needed. I felt special. I felt important. *But I also felt it was moving too fast*. After a fancy dinner I told you so. But you didn't listen. This was rare between us. We can't let it pass by. We get along too well to just be friends. It's okay to be scared, but it's not okay to say no. *You can't say no to our future*. I listened to you. And felt convinced that this was meant to be. Because you said it was. You also said that if I just let go of my past relationships and trauma and everything that was holding me back, I would finally be able to experience a love I deserved. So that's what I did. *I surrendered to the fall*.

Early on, it was easy to see what your love language was: gifts. I was showered in them from when we first met. Expensive dinners, flowers, chocolates, clothes, weekend getaways, overseas holidays. Nothing was too much for you to give. Or too little. You wrote me letters. On scraps of paper. My love language: words of affirmation. I felt completely seen, and heard, and loved. So when you gave me a promise ring on my birthday, I knew this was it. You were it. *You were sure of me, and that was all that I needed*.

~

My parents were preparing to move out of town. And my sister was still living overseas. So my family home would be free. What an amazing opportunity for us both, to live with each other. And to finally make a start on our life together, for real. You basically lived at my house anyway, since our first date. But to make it official, that would be surreal. The move couldn't come quick enough.

The weekend before my parents leave, you tell me you're not moving. You felt pressured into it. You didn't want to move in so fast. Your life wasn't in my hometown. And it never would be. I cried. I felt so stupid. *But I wasn't allowed to cry*. I wasn't allowed to be annoyed. To feel led on, betrayed, hurt, frustrated, blindsided, or confused. Because it was unfair of me to think that you were actually moving in with me. *Instead, I had to comfort you*. I had to let you know that I never wanted you to feel that way. And I didn't mean to pressure you. But hadn't it been your idea? Hadn't you wanted to take this step with me? To save the travel time and close the distance and make a home? *I couldn't remember anymore*.

A month later it is your birthday. You had given me a promise ring on mine. I had to make you feel special. Keep the day free I said, I have plans for us that you will love. You said you couldn't wait. But on the morning of your birthday, you didn't want to do anything. That's fine I thought, I can cancel brunch. Then you told me you had to work. That's fine I thought, we can still go out for dinner. You get annoyed at that suggestion. You never wanted to do anything on your birthday. It was just another day; you didn't care. What right did I have making birthday plans for you? I was too controlling, organising a day for you. *I apologised*. You were satisfied. Or so I thought.

The following weekend you plan a birthday party for yourself. And tell me the day before. You said you always make an effort for me. And that this was the one time you expect anything from me. It didn't matter that I had work. All I was doing was making excuses. So I made it to your birthday party. And you were so happy. But deep inside, *I felt something move.*

~

Our anniversary is here. You plan a surprise weekend away. It's perfect. I feel so special. We talk about marriage and our goals together. You can't wait to marry me. And the hurt I held

inside from your decision to not move in with me subsides. *I feel confident in you and us again*. Little did I know that you were noting down every expense and gift and ounce of kindness you gave as a way to justify your demands.

My month-long holiday to visit my sister arrives. It is the first time we will be separated for so long. We are both sad. You were invited of course. But you backed out. For some reason. *That was okay though, I was getting used to the predictive disappointment*. When I get back, you say you have a surprise for me. Your parents are building a new house. *For us.* It will be our first home together. I cannot believe it. Your parents would do that, for us? Of course they would, you say. Your dad even said we can design it ourselves. *I feel so blessed and grateful*. We will finally be able to live together.

~

You have a business plan. A new idea. You want to start farming. You tell me it will be a massive investment in our future. So I'm all in. I cannot wait to be your business partner again. Last year you had different business scheme, and I relished the time we worked on it together. We were a team. The best team. *And you made a lot of money.* But it wasn't your passion. So this new venture of yours would be fun. For us.

You take on over 100 lambs. They are unbelievably cute. We raise them together. In the sunshine, the rain, the mud, and the dust. Everything is so idyllic. So peaceful. *Yet somewhere deep inside, I feel something move again. And after a while, I can't shake the feeling that I am living someone else's life.*

One day on the farm you ask me if I have applied for any jobs in your hometown yet. I am confused. But I shouldn't have been. *I had to get a real job*. And work full-time. Because university was over now. And you were sick of me not contributing more. And treating you like you always treated me. So I tell you that I will start looking for more work and pay for nice things. *But I was still confused*. I thought you had told me to keep my part-time job because it meant I was more flexible to help you with your business. I thought you had told me you never wanted me to pay for anything. Because you earned more than me and you wanted to spoil me, just for the sake of it. I thought you had told me you appreciated everything I did and that my help with your business was more than enough. Because all you needed was my help. *Nothing else.*

~

Christmas is here. We feed the lambs in the morning. And gather with your family in the afternoon. It is different, but nice. A strange sense of home mixed with unfamiliarity. This will be my future, I realise. *I'm not quite sure how that makes me feel*.

We are excited. The boxing day sales have arrived. We can finally buy furniture and appliances for our new house. We look around the shops. Weigh up our options. And then decide to wait for the Waitangi Day sales. We need to find the best of the best. I swallow the small sense of panic I feel as I look at the prices. I can't afford the best of the best. And I don't even need the best of the best. I am happy with reliable, and affordable. *But I don't have a choice.* You will be paying for most of it anyway.

My overseas holiday with my friends arrives. You aren't happy that I am going. Because you need help on the farm. You don't get to just go on holidays, like I do. You have to work, hard. *And I shouldn't be wasting my money*. I should be spending it on anything but myself. Like our house. Like our farm. Like you. I leave feeling guilty. Your disapproval clouds my holiday. *I feel watched. Monitored. Supervised. Even though I am on a different continent*. You tell me

you hope I am having the best time. Then complain that I am not there to support you. You tell me you hope I am enjoying myself. Then complain that I didn't listen to your advice. I come to learn that a compliment or praise or good word from you is never just that. *There are conditions to your love. And I am not following them*.

~

My sister is moving back to New Zealand. I am ecstatic. My favourite person in the world will finally be able to meet my other favourite person in the world: you. I can't wait. My family plans a big 'welcome home' gathering. We decorate the house and prepare her favourite food. But you won't be able to make it. You're too stressed about the farm. It hasn't rained in over a month. And there isn't enough hay. *You need me there to help you.* It will make you feel better. But my sister is arriving home. I tell you no. I can't. I will help you another day. Besides, are you sure you can't come? Just for one day? It's really important to me for you two to meet. I shouldn't have asked you that. My sister arriving home is overshadowed by your *constant messages*. My family tells me to get off my phone. To be present. So I try my best to ignore the notifications. *But my mind feels far away*.

The messages don't stop. You need my help. *I have to support you.* Thankfully, my family understands. We plan to meet you halfway. It won't be the perfect setting for my two favourite people to meet, but I don't mind. I just want it to happen. I know you two will get along so well. You have to. *Somehow our messages get crossed* and you thought we were driving all the way to your house. When I remind you of what was arranged, I can tell you aren't happy. Your messages become short and sharp. *I swallow my dread*. And pretend that everything is going to plan as we drive. But inside, my stomach churns. *I know I will pay for this later*.

When we pull in next to your car, you don't look up. I smile at my mum and sister. Let me just say hi first. He mustn't have noticed us. I knock on your window and beam at you. This is the moment I have been waiting for. You roll it down and tell me to hurry up. *My heart sinks.* Can you please say hello to my sister? She's really excited to meet you. And my mum hasn't seen you in a few months. Only for a few minutes, then we can go. Please? You sigh a frustrated sigh and get out of your car. This is my sister! I say with as much energy as I can muster. *I hope that it hides that something is wrong*. But I catch my mum's eyes and can tell that it doesn't. You bark at them that we have to go. Now. And then get back in your car with a thud. We all freeze. Time slows. *What just happened?* Finally, my mum takes the lead and says let's go to my sister. But as they hug me goodbye, *I can no longer look my mum in the eyes*.

I try to process what just happened as we drive. And why. I knew you were stressed. But to snap at my family? To ignore my sister? *It didn't make sense.* I tell you I understand that everyone has bad days, but everyone knows they have to hide it when they need to. That was a moment you needed to. You look at me, seething. You didn't do anything wrong. I shouldn't have brought my sister along. *I should have known you weren't in the mood* to meet her. Why did I think today was a good day for you two to meet? *It was my fault.* No one else's. *I cry silently* all the way to your house.

After some prompting, you say you will make amends with my mum and sister. A fancy dinner is arranged, your choice. I pray for it to go well. And it does. I sit next to you and opposite my sister. We laugh and drink wine and chat happily. This is it, I think to myself. This is what I wanted. Later that night you tell me you are hurt that I didn't speak to you much at dinner. You felt left out. You went to all that effort, paid for the meal, and drove us all there and back, only to be ignored as I talked to my sister too much. *I am confused. I thought we all had a nice time*. But you didn't, of course. I apologise and say I will make sure you feel more at ease next time. It wasn't my intention to leave you out. On the contrary, I wanted you to feel at home. Like

you normally do with my family. You laugh and say that it's okay because hanging out with my sister won't be a regular thing. You are too busy with the business. Besides, you don't need to be close to her. You don't want to be. *A little bit of me breaks inside.* What kind of person doesn't want to be friends with their partner's best friend? Their sister? I tell you that it hurts me that you don't want to get to know her. But you just shrug it off. *And say I shouldn't have had such high expectations to begin with.*

A few days later you tell me that I need to buy a new car. Sharing with my sister is no longer an option. It wasn't fair on you to wait a week between visits. Or to meet me halfway. It didn't matter that I didn't have the money. *It was important for me to be there for you whenever you called.* Because you were going through a rough time. And I was the only one who could make you happy.

I spend all my spare time searching for cars. But the ones I view aren't up to your standard. So you find and approve one for me. Your mum boasts to everyone about how wonderful you are for finding me a new car. It was so selfless of you to give up your time to help me. You do so much for me. Aren't I so lucky? I nod and smile. I am just relieved that the pressure will now be off me. *I begin to wonder how long that will last.*

~

Things seem to calm down as we settle into a new routine. You work on the business, while I balance my time between my friends and family and you. Although I am busy running between different towns and jobs, I feel excited for the year ahead. Because at the end of the year, the house should be finished. And our dream of living together will finally come true.

Once again, you ask me how my job search in your hometown is going. Since I will be moving, I should have a permanent job lined up already. I remind you that I won't find full-time work until the end of the year. I need to remain flexible so I can help you with the business and still live in my hometown. Besides, I still have plenty of time. That mutually known fact does not make you happy. You tell me you can't do long distance anymore; it's taking too much of a toll on you. We have been together nearly three years. It isn't right that we don't live together. And it is my fault that it hasn't happened yet. *All of a sudden, that heavy feeling, that weight of pressure, that overwhelming sense of guilt, comes flooding back. And settles within me, making itself at home.* But I need this year to say goodbye to my life, for you, forever. *So I hold my ground*. And you act betrayed. I am made to feel like I have broken you. Every moment I spend in my hometown is met with your unrelenting discontentment. *Only when I return to you does the feeling ease.* To appease your hurt, and relieve my stress, I find a casual job at the local mall in your hometown. *But it isn't enough.*

One random afternoon when I arrive at your house, you seem more excited to greet me than usual. *I brace myself.* Your uncle wants to talk to me. He has an opportunity to discuss. A part-time job in line with my passion, designing. I don't know what to think. It has been a dream of mine to be a designer. And to be paid for it? *It sounded too good to be true*. You tell me you know I've been struggling to find more work. And you don't want me working a job that I'm not happy in. I thank you profusely. And begin as soon as possible.

~

I have a missed call from my sister. She knows I am working at the local mall, so it must be an emergency. I take a break and call her back. She sounds panicked and upset. We are going into lockdown. COVID-19, she says. Please come home. My heart sinks and my stomach drops. I had seen the havoc it was causing around the world. But I didn't think it would be here so soon.

As I head back to work, chaos has hit the mall. Shops are closing. People are leaving. Children are crying. And soon it is a ghost town. I text you saying that I just want to go home.

When I get back to your house after securing the shop, you and your family are glued to the T.V. There are only 48 hours of permitted movement to get ready. To get home. To get safe. To then wait. *I feel sick*. I think about my sister and my grandma, both all alone. With no one to help. I have to go back home and look after them. If we are together, everything will be okay. After the news, you turn to me and tell me you are so happy that I am already here.

When I tell you I am leaving, *all hell breaks loose*. How could I even think that? How could I put my family over you? Why did I lie when I texted you that I wanted to come home? It isn't fair of me to be with my family. *I am your family.* You tell me that you hate my sister and hope she catches COVID-19. *My breath quickens*. I can't believe you said that. What has she ever done to you besides wanting to be your friend? *I am mocked for my crying and confusion*. It shouldn't be that difficult to know what to do. *If I truly loved you, there wouldn't even be a choice*. Because you would choose me over your family, without a second thought. You are so hurt by my instinct to look after my family that I end up comforting and reassuring you that I love you and that I will stay. No matter what.

I call my mum in tears. What do I do? I want to go home to my sister, *but I feel trapped. Cornered. Unable to move*. It would be a betrayal to leave. Especially in this uncertainty. What if something terrible happened? I would never forgive myself. My mum comforts me and tells me that of course she wants me to go home to my sister, but as a family they support my decision to stay. My sister and I cry together on Facetime. It is decided. Yet a few hours before the lockdown begins, you tell me that you don't need me to stay. And I really don't have to if I don't want to. You don't want to force me. And if I leave now, I can make it. But I don't allow myself to show any interest. I can't. *I now know for certain that you would use it against me*.

~

As each day nears closer to my sister's birthday, I feel the guilt build. She will be all alone. Because of me. I try my best to hide my sadness, but you catch on, *and a switch is flicked*. You tell me to go home. That I am not wanted here. You can no longer be around me; my energy is dragging you down too much. I tell you to stop. Please stop telling me to leave. *But you are relentless*. *I break down. I am trapped, literally trapped*, with someone who wants to kick me out. *I feel so alone. So isolated. I don't know what to do*. Your parents arrange a family meeting. When I try to explain that you begged for me to stay, only to tell me to leave a few weeks later, *they tell me to stop being so sensitive*. And that they also think it is best if I go.

The night before I leave, you are so sad at the thought of us being apart. You don't know if you can go without me for an uncertain amount of time. My heart aches. *I don't know what to believe. Or who to believe.* What side of you is the truth? In the morning I tell you I will miss you. *And then I scream and cry and curse as I drive away*.

It made my heart so happy to see my sister again. I knew this was where I was meant to be from the start. I felt safe. I could relax. And be myself. *But soon enough, I wouldn't feel safe anywhere at all*. Soon enough, I would learn that going home was a mistake. The wrong choice. *And I had to pay for it.*

You stopped texting me for days at a time. That was new. *I was used to the unending messages, not silence.* I didn't like it. It made me anxious for your response. And your responses were never nice. *I felt on edge. All the time*. I would flinch each time my phone vibrated. But I

couldn't put it down. *My mind, mood, and body were under the control of your words*. Waiting for a kind message that never came. I didn't understand what was wrong. *I felt like I was being tortured*. I lay in bed for days at a time. Too scared and too tired to move. My sister would make sure I ate. And felt loved. But I didn't have it in me to do anything. If you weren't happy with me, then I wasn't happy with myself. How could I be? *Everything was my fault*.

Our anniversary came and went without so much as an 'I love you'. *I kept questioning over and over and over again what was wrong with me.* Battling with myself about the past and present. How could so much change in one year? What did I do wrong? *Why wasn't I enough?* I decide to search for answers. For clarity. For some reason, any reason, as to why this was happening. And find out that you want to talk to new girls. And meet new girls. And don't think that I should question it. I tell you I understand that making new friends is important, but going about it online makes me uncomfortable. So you delete your social media. And tell me to delete mine too. *Then label me as controlling to your friends and family.*

My graduation is spent in lockdown. I feel so loved and supported and cherished by my family and friends. But the day is dampened by you not acknowledging me. *I yearn for your praise and approval. As your opinion is the only one that matters.* So I decide to tell you that I am wanting to pursue further study next year. At last, the messages stream in. You can't help but feel bad for me. How sad it is for me to have spent all that time and money and effort on a degree that hasn't even been able to get me a real job. You don't see the point of me pursuing university anymore. It wouldn't be fair on you, the pressure of me studying while you work. You don't want to live together if I choose to study. You think I should stay in my hometown if I do. *It is my choice.* And then the messages stop. *I feel like I have been kicked in the stomach*.

~

As the COVID-19 restrictions ease, I try to prove myself to you again by finding more work. I balance four jobs alongside working on the farm and helping you re-establish your previous business venture. And for a little while, you are impressed. Happy, even. I have finally listened to your advice. But that doesn't last long. *You somehow find more faults.* Suddenly, I work too much. I don't spend enough time with you. I should be helping out on the farm more. It's our future, after all. It's mine as much as it's yours. *But is it?* As soon as I do something you disapprove of, it becomes yours. *Everything of ours somehow becomes yours.* And secretly, deep down, *I am afraid of our future when it seems like it is only yours.* But I hide that fear. And resort to functioning on autopilot; *making sure I do exactly what you tell me to. Without question*. Because there is too much hurt to be found in questioning your reasoning. I have learnt that the hard way. So I stay quiet and adjust my life to fit around yours, once more.

~

One day you decide that it is no longer okay for my sister to use your stuff that has been sitting in my garage. I am still allowed to use it, of course. Because you trust me. But my sister isn't to be trusted. With anything. And I can't control you. So if I respected you, I would respect your decision. But I didn't have it in me to tell her. I was still too embarrassed and ashamed and hurt by your immediate dismissal of her to let her know how you truly felt. So I don't say anything. Somehow, I think you knew that I wouldn't.

A few weeks later when you ask me if my sister is still using your stuff, *my stomach drops.* I know I can't tell you the truth. But I know I can't lie either. So I resort to a half-truth. And tell you a half-lie. She has been using it with me, since you trust me. That's okay, right? It is not. You have never been so disrespected in your life. Or so betrayed. This is a hurt like no other. I beg you to let me handle it. But now you can no longer trust me. So you take it upon yourself

to message my sister. And blame her for my mistake. When she sticks up for herself, *you see red.*

You text me that you are on your way to my house. I text you to turn around. I tell you I don't want you to come. *I am terrified of what will happen*. It's the middle of the night. I can't go anywhere. I have work tomorrow. *I feel trapped inside my own house*. My sister asks me if you have ever hurt me before. Physically. I tell her no, of course not. You would never do that. *But I can't stop shaking. And screaming for someone to call the police. She doesn't understand why I am so afraid. Too scared to move. Petrified of the punishment that is to come.*

You pull into my driveway and start grabbing your stuff. I don't move. I can't. But I have to. I have to make things right. So I start helping you pack away your belongings. And you continue to tell me how disappointed you are. How hurt. How let down. How annoyed you are at my sister for causing this problem between us. Your hate for her seeps through your words. And I worry that the neighbours can hear. Suddenly my sister appears and tells you to leave. You turn to me and ask how I could just let my sister abuse you.

Why didn't I stick up for you? Where was my loyalty? How could you ever trust me or my family again? *Messages of blame, guilt, and shame bombard my phone*. Then a new one. Something worse. Something too far. *You tell me that you wish you were dead.* And then you don't respond to me for days. When you finally do, I am scolded for going behind your back to check if you were okay.

I decide I need time. You laugh and say you need time. *You are the true victim.* No one can be as hurt as you. I ask you to listen to me. But you tell me I am being unreasonable. I should be there for you, after everything my family has put you through. I tell you I still love you and care about you. But I need time. To hurt and heal. On my own terms. You let me know that during our time apart the house may be built. And if we aren't talking, I won't be able to have any input on the final designs. *I sigh and let it go*. I know this is your last bid at contact. I tell you I need at least two months alone. You protest. *But I stand my ground*. For once.

~

Two months alone stretch out in front of me. Two months of quiet. Two months of peace. Two months of freedom. Or so I thought.

It's not even a day later that you message me. You couldn't help it; you needed to ask me something. And also wanted me to know that you respect my space and need for time alone. And will wait as long as it takes. But you really miss me. And hope I am not slipping away. I reassure you that everything will be okay.

I try to decipher what went wrong and where and when. If I could just pinpoint the moment, then maybe I could understand it. But nothing makes sense. Everything that has been said and done contradicts each other. *I can't even trust my own judgment anymore*. How can I know what to do if I don't even know what has happened? So I decide to open up to a friend that I can trust. Maybe they will be able to help me see something that I can't yet.

After I share it all, the highest of highs and the lowest of lows, they tell me that our relationship sounds emotionally abusive. I pause. No. That isn't it. It can't be. It was toxic behaviour, sure. I knew that the way you treated me was unhealthy. And that love wasn't meant to feel like this, all the time. But abuse wasn't something I could associate with you. With someone I love. *Because what did that say about me?*

You text me to let me know you've started counselling. That you are taking the right steps to make things better. For me. For us. And our future. You are learning to let things go. To not hold onto everything so much. You want to be the man I fell in love with again. You say I deserve that. *There is a glimmer of hope*. Maybe, just maybe, things can go back to how they used to be.

You message my mum about how much you want to change. Your mum messages me about how much you are doing to change. And I truly believe that you are a good man, somewhere, deep down. So I send you messages of encouragement. And tell you how proud I am of you. I think that if I love you enough, you will become the man I see you as. But at the same time, *my heart is split in two*. Because how can I love someone who hates my sister? And at times, *seems like they hate me too?*

I decide I must prove everyone wrong. Including myself. This wasn't you, at heart. I knew you. *So I knew that you just needed help*. Because loving you was once so right. And it still was. It had to be.

A week later, we reunite. But this time, it is on my terms. At least I tell myself that it is. I set boundaries. You promise not to cross them. And seem so sincere in your apology that my heart aches. I desperately want to trust you. And to feel safe around you once more. *But that feeling is still there. That indescribable unease.*

~

For a while, it was like we did begin again. We went on dinner dates and weekend getaways and laughed like never before. I felt special. It had been so long since I had felt special. Long enough, that I didn't want to see the patterns repeating. Long enough, that I didn't want to know what I already knew, deep down inside. That the gifts, which came at least once a week, and the kind words you wrote to me, on scraps of paper, and the lunches you bought, and the attention you gave, *were all just more conditions*. Another excuse. Another justification. Another reason to hurt me.

One afternoon you tell me that your counsellor said my sister needs to apologise to you. For the abuse you endured. And the trauma she caused. So you can move on. For us. *My body floods with that familiar feeling. That heavy, unmovable weight. That pressure*. I was holding onto the smallest hope that everything would work out. And that peace would finally rest between my two favourite people. But now that hope is gone. Still, I try in vain to tell you that she was only trying to protect me. From you. You knew that. But somehow, *the truth was changed.* You look at me and tell me you won't back down. You deserve an apology. And I have to support you through this, unlike last time. We are a team, no matter what. *Remember?*

~

A week before my mum's birthday dinner, *I feel sick*. I don't want my mum's night to be overshadowed by your presence. But I know if you aren't invited, *I will have hell to pay*. So as we sit in your bed, I tell you that you can come, if you want. But that proposal isn't convincing enough. Because you automatically question why I don't want you to be there. Is it because of your sister? *I snap and tell you it is because of you*.

You punish me by driving off into the night. And as I anxiously await your return, your parents tell me that you are upset because you feel rejected by my family. Especially by my sister. And they just can't understand why she would do such a horrible thing, to you. Or how my family can still support her. *When I try to tell them the truth, I can tell they don't believe me*.

As we enter the restaurant you barely acknowledge my family. *I grit my teeth*. And swallow my embarrassment. This is going to be a long night, I think. I try to hide your lack of engagement by overcompensating as we wait. *Laughing too hard and smiling too wide*. At last, my mum enters the restaurant. And for the briefest moment, when we all yell 'surprise', *I forget who I am standing next to and feel happy*.

During dinner, I muster more fake smiles and fake laughs, hoping I can convince everyone that we are okay. That I made the right choice. But no matter how hard I try, I can't help but notice that my sister is sitting at the end of the table. And that you keep checking your phone. And that you barely touched your dinner. And that you are growing more and more frustrated with my little cousins sitting opposite you. *I wish desperately for you to just try as hard as me*. But then you get up to take a phone call. From your mum. And walk out without saying goodbye.

When we arrive back at my house, you tell me you are going to get your bags and leave. You don't feel comfortable being around my sister. And you never will. *You wish that she was dead.* I follow you inside and watch in shock as your anger dissolves into remorse. Instead of leaving, you cry all night. *You act so broken and helpless that I have no choice but to hold you together*. And for the first time, as I look at you, with your face scrunched up in mock pain, *I feel resentment.* But still, I comfort you. And I tell you that everything will be okay. *Because I am scared of what will happen if I don't*.

You leave early the next morning. Then bombard me with messages once you are home. You aren't happy with how I treated you last night. All I did was make you feel worse. And now you hate yourself even more. When I question what I did wrong, you tell me that you are trying your best. But you feel that I don't think it's good enough. *I have to understand that you can't control your behaviour at the moment.* And I should just be happy that you are trying.

The next few weeks feel like a blur. I revert back to living on autopilot; moving between different jobs and roles and responsibilities to please you. But each time we say goodbye, that weight creeps back on my shoulders and sits heavy in my stomach. *My body has learnt that being apart from you always brings me pain*. You have made sure of it. And when I drive the familiar journey between our towns, *I fantasise about disappearing*. Taking the first exit and not telling anyone where I have gone. Because as each day goes by, *the more I long to escape my life.*

~

The walls around me press closer when your parents tell us that they are going to buy the property next door to our future house. *I feel claustrophobic as the news settles on my skin*. I thought that maybe the issue was your parents; always too involved and always watching. And that having our own space would allow you to relax. So you could finally relax your grip on me. But now as I picture our future, never quite ours, never quite mine, *I can't fucking breathe*.

I feel like I am suffocating. Trapped. Invisible. And completely alone. But I can't speak up because it is not my place. And I can't protest because my silence has been bought. My voice has been traded for a house. My freedom sacrificed for your future. And any emotion besides enthusiasm would be a betrayal. So, I smile politely at your parents. And try not to scream.

Over the following months, I disconnect from myself completely. I become a shell of myself. Never truly laughing, never truly smiling, never truly happy. And after a while, I don't feel anything at all. *Besides the debilitating anxiety*. The unnerving feeling that I am always one word, one look, one sigh, one split second away from disappointing you.

The unnerving adrenaline keeps me going. From place to place, moment to moment. Even though I know I can't keep living like this. But it's only a few months until I move. *So I keep quiet, and keep running on empty*.

I keep quiet when you tell me you can't do long distance anymore. When you tell me you need me to move down, right now. Even though we have nowhere to live. I keep quiet when another woman messages you about going away for the weekend, together. To our favourite holiday spot. I keep quiet when you get angry at me for being upset. And have to walk out of the room because you are so mad. I keep quiet when you belittle my friends. And tell me that I cannot speak to them. Especially about you. I keep quiet when you slander my family. And force me to choose between you or my sister. I keep quiet when you guilt trip me for working. And pressure me to drop everything to help you. No matter the time of day or commitment I have. I keep quiet when you complain that I don't do enough. That I don't pull my weight. That I don't spoil you, like you do for me. I keep quiet when you say I don't contribute financially. I keep quiet when you demand that I change my behaviour, or else. I keep quiet when you compare me to your friends' girlfriends. I keep quiet when your mum complains to my mum about me. And boasts about how wonderful you are. I keep quiet when my design job turns into a personal assistant role. I keep quiet when you tell me how indebted I am to you. And how lucky I am. And how I take you for granted. I keep quiet when you tell me you deserve better. And that you are too good to me. I keep quiet when you tell me that everything you are doing is for me. Because of me. For our future. I keep quiet when you tell me I need to show you some respect. And to stop having mood swings all the time. I keep quiet when you list everything single thing you have ever done for me or my friends or my family as a way to justify your demands of me. I keep quiet when you tell me that relationships are meant to be fair, but our is not. Because I don't do anything. I keep quiet when you tell me you are tired of being nice to me. And if I don't change in the ways you specify, then you can no longer be with me. I keep quiet when you bring up suicide. And tell me that no one else can help you, besides me. I keep quiet when you tell me that I need help. Because I am not sane. I keep quiet until I can no longer recognise the person who I have become. *Until I have no choice but to choose myself.*

I don't realise that I have decided to leave until my body completely shuts down and I cannot physically bring myself to see you again. Until I can't stop shaking at the thought of being near you. And crying until I vomit. Until what remains of me shatters and my mum tells me I cannot go back. For my own safety. For my own wellbeing. For my own peace of mind. And my family's. At least not while I cannot function. I don't recognise that my body is protecting me. That no matter how hard I have tried to ignore it, my body has finally said: *enough is enough.*

My mind and heart and soul are split in different directions. I cannot make sense of what is happening. Or why it is happening. Or what I should do. The mere idea of leaving makes me feel sick. It would mean losing my dreams. My security. My future. My identity. Myself. *But the idea of staying makes me want to die*. I feel torn apart. Crushed. Winded. Broken. Worthless. Unloved. Empty. Betrayed. Ashamed. Embarrassed. Angry. Confused. Useless. Heartbroken. I sit in denial with what my body is telling me. What it has been telling me for weeks, months, and even years.

Eventually, *I decide that nothing could ever compare to the pain of being with you*. Not even leaving.

Once again, you proved me wrong.

~

I wrestle with the guilt I feel. The knowledge that I am breaking both of our hearts. And inflicting pain on us both. *But I know it is the right thing to do*. For everyone. So I call you and tell you that I will not be coming back. I cannot come back. Because I can no longer recognise myself. And that scares me. I brace for the worst. But you just hang up on me.

At first, you don't acknowledge my decision. You deny it. You tell me it can't be over. Because you won't allow it. Then try your best to convince me otherwise. And change my mind. You tell me I am not thinking straight. That I will eventually come to my senses and believe you. If only I knew how much you loved me. And that you would do anything for me. Then you pile on the guilt. The disappointment. The overwhelming blame. *Until I am drowning*. And finally, you resort to suicide threats. Endless suicide threats. When I am at home. At work. With family. With friends. You text me to let me know you are saying goodbye. For the final time. And that you want me to know that you love me. So much so that you can't live without me. And now you won't. Then you don't respond for hours.

I spiral lower than I ever had before. I cannot cope with the thought of you dying. And it being all my fault. Because it would be. *You told me so yourself.*

Your mum won't stop calling and messaging me. She can't understand why I have left you. After everything you have done for me. And everything they have done for us. She doesn't know how to console you. You are so unwell and confused and upset. You don't deserve any of this. *I must support them in your recovery*. I must hear her out. It's the least I can do.

Throughout her calls and messages, my sister is blamed. For causing you harm. And abusing you into this unrecognisable person. An apology is demanded, at the very least from me. And it is revealed what your family truly thinks of me. How they never really thought I was the right fit. Or good enough for you. And how your counsellor says that my leaving you the way I did and when I did was *cruel. And reflective of me as a person.*

One night you text me saying that you are in my hometown. And want to see me. You think it will be good for us to talk in person. You say you deserve that. When I tell you no, you tell me goodbye. So I panic and message your mum to let her know where you are and that I fear for your safety. She responds by telling me that you are in your room, safe at home. And I begin to lose grip of reality.

I don't feel safe. In my house, in my body, in my mind. So I flee to my parents' house. And my mum takes me to a counsellor. But I struggle to open up. What if she thinks I am cruel too? What if everything you said was true? What if I am the toxic one after all? *I doubt my own memories. My own feelings. My own thoughts. I don't have the words for what I went through and what I am going through. I don't think I ever will.*

The counsellor takes her time. She doesn't push me. And I am grateful for that. She tells me that I have been emotionally abused. For a long time. By someone I love. And that it isn't my fault. She tells me that you are a master manipulator. So skilled that no one would be able to consciously recognise it as abuse if they were in it. She also tells me that she is proud of me, for breaking the cycle of abuse. And that I am brave and strong and capable of getting through this. But warns me that the end is the most dangerous time of all. So a safety plan is made. *Just in case*.

~

You turn up at my work. Unexpected and uninvited. I tell you I cannot leave. You say you will wait.

When I get into your car, you promise me the world. And beg me to take you back. You tell me that you will change. For real this time. And do whatever it takes. And wait however long it takes. Because your love for me will not end. You say you cannot keep living without me. *And that your gun is in the boot of your car*. You just wanted to see if there was a chance, a sliver of hope, before you go.

I start to cry as I tell you that it's too late. That too much has happened for us to recover from together. The damage is done. All we can do now is work on healing and loving ourselves, separately.

The next day you turn up at my house. *Because you want me to know that today is the day*. No going back. You tried your best. But you can't keep going without me. When you apologise to my sister, *I feel sick*. So I message your mum that I am worried about you being left alone. She just tells me to never contact her again.

~

The following months fade into a sleepless haze of never-ending nights and days. *Always on edge. Always dreading. Always waiting*. For a message confirming that you were really gone.

Two years have nearly passed. You still message from time to time. You let me know when the farm got robbed. Twice. And when your friend was in hospital. And when your aunt died. My favourite one. You say that you have no one else to turn to. No one else who understands.

Why am I so nice to you after all this time? I think about that a lot and one day you ask me. I am not sure. I don't have an answer. Maybe I am still scared. Living in fear. Afraid of you. *Of what will happen if I don't respond.*

~

Coda

As we read her storying of recognising emotional abuse in her relationship, we bring our memories of other stories where coercive control is obscured until patterns are recognised, enabling openings for safety. We hear the affective flows of feeling that entangle love and responsibility to care within networks of heteronormative gendered social responsibilities, italicising where these networks become particularly dense, and specifically located with the social dominance of patriarchal colonial culture in Aotearoa New Zealand.

Storying the norms of heteronormative romance enables the recognition of gendered conditioning to the surrender to love and responsibilities for care and support. Even in the face of sometimes confusing doubts, the fall into coupledom is a story told as comforting. Patterns of apologies for perceived wrongs, forgiveness, hope, acceptance, dampening disappointments can be recognised as compounding coercions that entrap. Each beginning again unfolds with new hope and new responsibilities to care again, closing down choices, subduing her voice, entrapping her. She becomes unrecognisable. Unimaginable travel restrictions - lockdowns - begin amplifying constrictions and love, shame and compassion stretch into feeling unsafe, everywhere. Her world circles around him, enclosing her uncertain futures. Persistently, love represents itself hopefully; stubbornly, love is the dream and the patience of care demands endurance, even after the romantic relationship ends and safety becomes a possibility, however fraught and still conditional.

Reading her story within our memories, we follow the mobilisation of heteronormative norms that make coercive control unrecognisable in the everyday responsibilities of caring for those we love. We notice how travel restrictions of the pandemic amplify constraints, so they are ever present. We recognise how struggles to reveal the affective violence of coercive

control are embedded in the predominant cultural norms of Aotearoa New Zealand. We know, diversely as woman and as researchers, that sharing stories of how we come to recognise coercive control and social entrapment strengthens our struggles and journeys towards living more safely.

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The authors are a collective of researchers at the School of Psychology Te Kura Hinengaro Tangata, Massey University Te Kunenga ki Pūrehuroa, Aotearoa New Zealand. We have research experience ranging from professorial to senior postgraduate levels. We are actively engaged in research where we hear stories of coercive control and social entrapment as we conduct studies into the experience of gendered violence and service provision in the sectors

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Coercive Control and the Law: Considerations for Work with the Community

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This article comes from the perspective of a research-practitioner, and it aims to engage with practice concerns by resourcing psychologists in the field of community psychology on some of the practical considerations when dealing with people or communities affected by domestic and family violence (DFV). As the legal definition of DFV expands to include an understanding of coercive control, it is important for psychologists to be aware not only of the variations on the application of the term, but also how the public may take up this concept to understand their experiences. While legal changes can spark interesting and innovative community responses to violence, history in the policing of DFV proves that many times survivors, particularly women, can find themselves in a worse situation with new legislation due to intersecting vulnerabilities and an inbuilt difficulty of law to listen to women's voices. Awareness, transparency with clients and communities, and readiness to support communities while considering possibilities of collaboration with the state and services is a requirement in this changing landscape.

Key words: coercive control, domestic and family violence

Violence worldwide has been decreasing for decades, but violence against women specifically has been increasing (Walby & Towers, 2018. Domestic and family violence (DFV), for instance, is estimated to be experienced by a quarter of women worldwide, at least once in their lifetime (Walby & Towers, 2018) The goal to end violence, including DFV, has been articulated in the UN Sustainable Development Goals (the 'SDGs') since September 2015, because ending violence against women is perceived as key to move towards a more sustainable and better future for all (UN General Assembly, 2015). DFV is therefore an individual, governmental, and social concern that demands engagement from several professionals including psychologists in all areas.

For the last decade, policy responses to DFV in Australia have expanded in scope and funding, guided by the National Plan to End Violence Against Women and Children (2010-2022). One of the concepts that have influenced this shift in policy is the concept of 'coercive control' that has moved the understanding of DFV from 'discreet actions' to 'an atmosphere of violence'. Nevertheless, it was just in the last three years that the public discussion moved towards laws regulating coercive control directly (Jarrett, 2023). While many states have considered explicitly engaging with the concept of coercive control in law, NSW and Queensland are the only states so far to criminalise coercive control, with the new laws applying from 2024 and 2025 respectively (Jarrett, 2023; Tamsin, 2022). This move in Queensland has been strongly motivated by the coronel inquiries into recent high-profile domestic homicides, particularly the killing of Hannah Clarke and her three children in 2018, by the children's father (Queensland Courts, 2022), and the *Hear her Voice* report from the Women's Safety and Justice Taskforce (Jarrett, 2023). Despite so much engagement with the concept, media coverage and government officials have referred to coercive control as the non-physical aspect of DFV, not always highlighting that the defining characteristic is being a 'pattern' (Jarrett, 2023; Hislop 2023).

This practice paper has been conceived from the perspective of a research-practitioner, as the author works with research in violence while also working as a psychologist in partnership with a women's service in DFV, in Queensland. In 15 years of clinical and community professional engagement, variations have been observed on the patterns of abuse experienced by women and the way they narrate their experience. These trends start with external events and community attitudes that are sometimes traceable. For instance, there is a large body of literature on women's reluctance to report sexual abuse (Bumiller, 2008) due to gender stereotypes, survivors not reporting their experience as DFV when the abuse is not physical (Bumiller, 2010), or even abuse being reported but not being identified as DFV by services, government agencies or the police due to narrow definitions and understanding of DFV (ALRC, 2012; Borges Jelinic, 2021). There is also considerable evidence that legal procedures are often traumatising, exhausting and invasive, leading many survivors to not report violence. It is expected that with coercive control becoming more of a point of consideration for research and community services, and a pattern of abuse with legal ramifications, women's narratives of their experience of DFV will start to incorporate coercive control and those engaging with this group will need to understand the concept, its application and potential limitations in the context of a century of DFV specific policies, to better support those in need.

Second wave feminists spent the second half of the 20th century stating that the 'personal is political' and aiming for DFV to be in the public eye and out of the hidden corners of private houses. Framing DFV as an important collective issue has been fundamental for the development of strategies to tackle violence, giving individuals and communities the language to discuss DFV and a framework for interventions, however, the way DFV is publicly framed can also limit or hinder progress by diverting resources from more useful initiatives to less useful ones. Further, definitions in community and legislation don't always converge, resulting in laws that do not protect people from the actual violence they are being subjected to. For instance, the 2012 Australian Government attempt to have a national definition of domestic and family violence across all jurisdictions failed (see, ALRC, 2012) resulting in the maintenance of varied definitions of DFV across the country and across legislations. Many violent acts currently would be perceived as DFV in family law but not immigration law (Borges Jelinic, 2019). In practice it is common to hear survivors of violence describe their experiences without naming them when there was no physical abuse, while others would perceive threats of divorce as violence due to the stigma around divorce in the couple's community of origin (see, Borges Jelinic, 2020). It is important for practicing psychologists in community, education or clinics to be aware of variations in legal frames and how they influence people's accounts of their experiences and their expectations regarding community and legal responses.

This article is a reflection on DFV and more specifically the potential impact on survivors of the concept of coercive control once it is coded in Law. The goal is to consider DFV and the history of tackling the issue, alongside research on the impact of DFV on mental health and wellbeing and provide recommendations to improve engagement of psychologists with survivors of DFV, particularly those going through the legal system. These recommendations come from the lessons from the history of responses to DFV overall and the specific discussions on coercive control and law.

Domestic and family violence (DFV) - Definitions

Domestic violence can be defined differently in different places attracting a variety of state interventions aimed at its elimination. It is widely accepted that it can involve physical, psychological, sexual, or material and economic abuse between former or current partners

irrespective of whether the perpetrator shares or has shared the same residence with the victim. (Menjivar & Salcido, 2002; Morgan & Chadwick, 2009; Voolma, 2018; Douglas et al., 2019). Sometimes the term is substituted by 'domestic and family violence' (DFV), referring to violence between family members as well as violence between intimate partners (Morgan & Chadwick, 2009; Douglas et al., 2019). DFV is a term more common in Australia, aiming to be inclusive of First Nation peoples whose experiences of abuse post colonisation were not often captured by the term domestic violence.

The perception that most perpetrators are men, and most victims are women is prevalent in statistical studies, and its explanation is theorised in many feminist studies (Stark, 2009a). These studies understand DFV to be a tool used mostly by men to overpower and control women in a patriarchal society (meaning, a society that validates male domination) (Towers et al., 2017). For instance, male domination is observed when men occupy institutionalised positions of decision-making from which women are excluded, and when women do not have their own spheres of comparable privilege or control over men's lives (Elizabeth et al., 2012). It does not mean there is no female violence against males, but it means the distribution of perpetrators and survivors is heavily gendered. It is important to highlight it here too that understanding power and control as fundamental to DFV means understanding individual acts of DFV as supporting an overall goal of control by the perpetrator.

Responding to DFV – The history influencing Australia

Numerous survivors, supportive family members and perpetrators will look for psychological interventions to address DFV and its impact on mental health and wellbeing, even though these professionals are often not perceived as frontline workers. Currently the social and state approach to DFV is heavily directed by legal sciences, but it was not always this way. Barner and Carney (2011) explain that it took a long time for women to have legal protection from violence in the US as a direct consequence of the colonial system of English Common Law, a characteristic Australia shares. It was then mainly psychology that engaged with the topic. In the early twentieth century, psychological theories on the association between mental health and DFV focused on the idea that DFV was the product of mental illness. (Roberts et al., 1998). Those theories served to pathologize both the aggressor and victim with the perception of both people being mentally ill. While it is true that women with persistent mental illness are more vulnerable to DFV than the general population (Ferrari et al., 2016), the last 30 years of research has identified mental illness is often a consequence of DFV (Roberts et al., 1998; White & Satyen, 2015). It is also true that other groups of women are more victimised by their partners and family members than the general population, including women with physical or psychological disabilities (Saleme et al., 2023).

The first attempts to approach DFV as a real social and not only an individual problem involved efforts to provide services to victims, along with psychiatric treatment and short jail terms for perpetrators. In the 1970s, DFV in the US was mainly addressed by civil and not criminal courts, but this started to change in the 1990s (Barner & Carney, 2011). In parallel, the trend of unilateral divorce resulted in a quantitatively significant decrease in domestic assaults, with most divorces initiated by women (Barner & Carney, 2011).

In the early 1990s in the US, more perpetrator-centred interventions, with a criminal justice perspective, began to dominate again the public responses to DFV and emerged as the most visible intervention response, mainly due to the wide adoption of mandatory arrest and prosecution legislation (Barner & Carney, 2011). There is a perception that this shift did not add

much to the safety of women, particularly women of color, as it left financially dependent partners and children in a more vulnerable position besides reinforcing racist stereotypes (Bumiller, 2010).

The issues with the American model of addressing violence against women, and their turn to criminalisation and incarceration despite the impact on women survivors, became a point of reference for workers in the field and feminist researchers when considering engagement with the legal system. While there were many important initiatives for women survivors of violence, including shelters and the Duluth model, the response to DFV in the US resulted in some women survivors being oppressed by multiple layers of the criminal system, including some being arrested for failing to appear as witnesses in criminal proceedings (Goodmark, 2004).

In Australia, DFV has been treated as mainly a civil matter since 1975, and throughout the 1980s (Caruana, 2005). This has attracted criticism because the approach treats criminal acts committed in the context of DFV differently to the same criminal acts committed in other contexts. Australian DFV legislation was expected to operate in conjunction with criminal law and, in this way, the Australian approach was intended to provide better protection to victims than that provided by criminal law alone (Caruana, 2005). However, more recent changes in Australian law are mostly aimed at strengthening criminal responses for abusers, with strangulation in the context of DFV becoming a serious criminal offense and now the criminalisation of coercive control already approved in two states. Laws like these run the risk of generating similar problems to the ones in the US and feminist activists and workers in the field face the challenge of engaging with the criminal system in a way that increases the system's ability to listen to women and take DFV seriously, instead of increasing the threats to women's wellbeing.

Many feminists have described how in the context of police arrest and in court procedures, women survivors of violence may have their words and actions misconstrued and their experiences of violence not believed. The expected way for a victim to present herself to be considered genuine, to tell her story and provide evidence is mostly built from the perspective of men; what men and the systems they built believe is acceptable evidence or appropriate ways to tell stories (Bumiller, 2008; Goodmark, 2004). The penalty for crimes has also been historically developed from a male perspective with women often experiencing their accounts of abuse being minimised in investigation and sentencing (Goodmark, 2004). For a long time, feminist legal researchers have argued that feminist perspectives are critical to understand and respond to violence inside and outside legal institutions, often engaging in proposals for legal reform (Bumiller, 2010; 2008). This is because feminist research identifies that laws have historically changed and improved outcomes for women in some areas but emphasise that legal systems are still resistant to hearing women's voices and if those voices are not heard, legal remedies will not attend to the victims' actual needs (Bumiller, 2008).

Coercive control – Definitions

The relevance of coercive control as an independent concept and as a concept to understand the dynamics of DFV is widely accepted. Engaging with coercive control as a core concept in DFV allows for observing potentially minor repetitive behaviours as part of a whole context intended to maintain control over someone's live (Elizabeth et al., 2012), helping to explain the persistency of DFV, and of the victim's levels of fear, even if the definition slightly varies in legal and academic spheres.

Coercive control is broadly defined not as individual acts of abuse employed at moments the perpetrator aims to exert control, but as an experience of constant fear maintained by small and less visible behaviours such as threats, put downs and coercion. Women survivors of DFV commonly refer to experiencing fear or being controlled by 'the way he looked at her', 'the way

he said her name' or even 'the way he entered a conversation with others in front of her'. Stark outlines the characteristics of coercive control as being specifically inserted in the couple's routine (the behaviours are frequent), with the controlling practices being personalised (i.e., a look or a placement of an object that only the victim will know means a threat or that it is a put down), the controlling practices are experimental, there is spatial and temporal dimensions of the coercive control, it is prevalent, and there is general acceptance of such practices, as they are not overtly violent, generating a context of normality around it, and finally, Stark highlights the gendered nature of DFV (Douglas, Harris & Dragiewicz, 2019; Stark, 2009a). His work highlights the centrality of intersecting vulnerabilities and the risks of specific cultural and historical nuances of violence contributing to the normalisation of some non-physical abusive behaviours (Stark, 2009a). Stark warns about the cumulative effects of more covert forms of abuse and their importance to understand the relationship dynamics in DFV (Douglas et al., 2019; Stark, 2009b).

Despite being a popular author in this area, Stark is not the only one theorizing on coercive control. Johnson has proposed one of the most cited theories on DFV, developing a typology of intimate partner violence, and coercive control appears as a defining characteristic of only one type of DFV in Johnson's theory, 'intimate terrorism', the most severe of the three (Johnson et al., 2014). While Johnson will conceive of DFV that does not incorporate coercive control, other authors disagree. Towers et al. (2017) argue that all violence is coercive and controlling. They state that behavioural variation observed in DFV cases does not prove there is a typology of violence but that there is escalation of the same violence (Towers et al., 2017). Therefore, the contribution of coercive control as a concept to the understanding of DFV will vary depending on the definitions of DFV and coercive control being discussed.

Coercive control, in being incorporated in criminal law in Queensland and NSW, progresses a national discussion on the best way to respond to this violence, including civil and criminal law responses (Burt & Iorio, 2023). The concept of coercive control is being incorporated into law to expand the definition of DFV and the options for responding to violence (Young et al., 2023). In Queensland, the recommendations from the Women's Safety and Justice Taskforce provided a springboard for discussions on constructing responses to coercive control that hold those using violence accountable without compromising the safety and wellbeing of victim-survivors (Young et al., 2023). It meant not only typifying coercive control in criminal law but also supporting this change with extensive training for law enforcement to comprehend the nuance in the concept, and funding trial projects to enhance collaboration between specialist services and the police, before the implementation of the law (Jarrett, 2023).

It also means the opening and trialling of new services with psychological components to attend to children and adult survivors and perpetrators, after all, a purely punitive response leading to imprisonment could fail to attend to the needs of communities. Victims need to be empowered during legal processes and perpetrators require a range of responses that acknowledge their diversity, promoting accountability and enabling change (Young et al., 2023). Some of these services will need to respond to remaining fears concerning a risk of increased vulnerability for the most marginalised groups in society. First Nations women and migrants have expressed concern that coercive control may be too nuanced and beyond the capabilities of police work when attending to crisis situations (Young et al., 2023, Tamsin, 2022). There is also the question of why coercive control cannot be understood as a concept that assists on the identification of DFV instead of coercive control becoming an independent criminal offense. The experiences of women in the US with the heavy-handed application of law enforcement in DFV occurrences and the Australian history of incarceration of Australian First Nations peoples should also alert to the risks in Australia of an expanded criminal code. While there is a chance of exciting new responses

to DFV emerging and incorporating psychologists in its ranks, a need indicated by research in the area (see, Albanesi et al., 2021), there is also the chance that it will increase the number of clients and service users fearful of police interventions and willing to disengage from psychological services if they are perceived to be collaborating with repressive forces. With the push from the state for more collaboration between services and little clarity on how new laws would affect certain visa schemes, housing and family income, some communities may be justified in their fears. People that grew accustomed to civil responses to DFV or even complained of police inaction, may be surprised by criminal law responses and see negatively an increase in the presence of the police.

DFV, Coercive control and Mental Health – reflecting on engagement with this issue.

Systematic reviews of research confirm that DFV is present in all countries and all cultures studied (White & Satyen, 2015; Fischbach & Herbert, 1997). Research has found that women survivors of any kind of DFV frequently present with worse mental health than women who did not experience such abuse (Roberts et al., 1999; Holden et al., 2013). Post Traumatic Stress Disorder (PTSD) and depression are the most prevalent diagnoses associated with DFV, (Ferrari et al., 2016; Hansen et al., 2014; White & Satyen, 2015). followed by Generalized Anxiety Disorder (Howard et al., 2010; Perryman et al., 2016; Hansen et al., 2014). Between 20 and 30% of women who have experienced DFV also experience PTSD and depression in most countries, including Australia (Devries et al., 2013; Parker & Lee, 2002) and not only in western countries (Wong et al, 2016).

Much of the research in DFV and mental health has attempted to understand the impact of specific violent behaviours on women's psychology but not coercive control by itself. Physical, sexual and psychological violence and stalking have all been associated with increased physical and mental problems and, usually, the same pattern of mental health diagnosis, (Parker & Lee, 2002) namely, PTSD, depression and generalised anxiety. Studies show that women rarely experience just one type of violent behaviour, because to control the victim many perpetrators of violence will swap between several control tactics when they realise previous forms of abuse are no longer effective (Pence & McMahon, 2003), and coercive control is likely maintaining these dynamics and creating a pattern of abuse. Therefore, the presence of coercive control is not directly measured, but it clearly contributes to the worsening of mental health as acts of DFV individually do (Walby & Towers, 2018).

Psychological abuse particularly has been found to lead to worse mental health than physical abuse alone (Howard et al., 2010), across different cultural groups (White & Satyen, 2015). Psychological violence includes a variety of behaviours such as, blaming, name calling, threatening, and gaslighting (Walby & Towers, 2018). When clients in a psychological service refer to psychological abuse, they may be referring to substantially different experiences, such as name calling, threats, the perpetrator boycotting their work or friendships through the spread of rumours or even forbidding religious practices (see, Borges Jelinic, 2020). Further, small and specific behaviours that maintain the environment of coercive control would be historically most likely described as psychological abuse or social control, as these forms of abuse are so broadly defined.

The occurrence of psychological abuse is a strong predictor of future PTSD symptoms, particularly when the abuse includes threats (Peltzer et al., 2013). Other predictors are the severity of the violence, the existence of previous trauma and the level of control exerted by the abuser on the woman during the relationship (Roberts et al., 1998; 1999).

Psychological abuse is also associated with longer recovery times or no recovery from PTSD, anxiety, and depression. This is true even when psychological abuse was the only abuse present (Fischbach & Herbert, 1997; Peltzer et al., 2013). Psychological abuse is the most common form of abuse that persists after the end of the relationship, directly or through third parties, making it difficult to determine the end of the abuse and, as a result, to measure improvement since separation (White & Satyen, 2015; Blasco-Ros et al., 2010). Once again, a pattern of coercive control may be what is described as psychological abuse and it can be prolonged after separation if frequent contact is still required, such as for child custody arrangements.

Considerations when working with individuals and communities.

There is limited research on factors mediating people's wellbeing after DFV besides the centrality of feeling safe where they are and time away from the abuser (Mertin & Mohor, 2001). There is also no consensus on the amount of time required for recovery from DFV and how time interacts with the kind of violence experienced, (Mertin & Mohor, 2001; Humphreys, 2009; Humphreys & Thiara, 2003). Time in this case includes the length of time people were subjected to violence and the time away from violence.

Research has shown how often women may even experience some sense of safety after separation but due to institutional barriers, postseparation abuse and lack of support services assisting beyond the time of separation, women would feel again restricted in their capacity to act besides feeling unsafe (Sharp-Jeffs et al., 2018).

In this context, migrant and First Nations women may also experience compounding and intersecting issues that impact recovery over time, such as racism, social exclusion, and poverty (Chiu, 2017). These factors impinge beyond DFV itself, making it difficult to determine a single cause for women's mental states, but they are relevant when engaging in psychological services and they impact presentation, engagement and outcomes.

Social support

Considering the scenario above, it is unsurprising the importance of social support for recovery. Social support is a major indicator of women's likelihood to improve their mental health (Peltzer et al., 2013; Howard et al., 2010; Holden et al., 2013; Parker & Lee, 2002; Dillon et al., 2016). Survivors of trauma with high perceived social support have significantly lower rates of PTSD than those with poor or perceived poor support (Humphreys & Thiara, 2003). Greater social support contributes to less depression among women and even for a reduction in the violence itself, as it increases surveillance on the perpetrator and stops isolation that is often so necessary for the perpetration of abuse (Mertin & Mohor, 2001).

Women often experience not only social isolation imposed by their abuser but disbelief among family and friends, who may blame the woman for the abuse. Women may also find themselves surrounded by people too frightened to help, or who eventually become frustrated when women do not leave the relationship (Peltzer et al., 2013). The Australian Longitudinal Study on Women's Health identified social support as a main factor for the wellbeing of women of all backgrounds, including social support at the time of separation and later in life (Parker & Lee, 2002). For psychologists in the area, maintaining or developing women's ties to community and assisting on developing supportive communities is a priority.

Offering services

This does not mean that engaging with support services is not complicated. On an

individual level, while engaging with health and legal services is fundamental for women's long-term health and safety, the engagement with these services can often be traumatic. This is due to the regulations around the professional spaces where these services are delivered for example court rules, and hospital priorities or the professional's distrust or lack of training when working with survivors of DFV (Bumiller, 2010). Women with a diagnosed mental illness, a disability or struggling with addiction, a common outcome of experiencing particularly sexual violence (Roberts et al., 1999), describe experiences of not being believed by courts and having their diagnose used to dismiss their claims of abuse by legal actors (King & King, 2017). While most research indicated the importance of offering health and legal services to survivors of DFV, studies seem to also identify the problems with these services' readiness to assist survivors (Dillon et al., 2016; Albanesi et al., 2021). This is particularly concerning because the proximity between health and police services is being reduced by law, and while this collaboration can be fruitful, it happens in a context where there is already distrust by service users.

There are also considerations when it comes to community engagement as communities need to be educated on the concept of coercive control and the laws around it. Part of this learning is moving from identifying acts of violence to a pattern of behaviour. This process has started in some government agencies, for example, the Safe and Together training offered to Child Safety workers in Queensland encourages child protection workers to document the patterns of behaviour that abusive fathers are using against women and children and the impact of such pattern on the family (Young et al., 2023). This way, child protection decisions are informed by such documentation (Young et al., 2023).

Intersectionality

Identification of intersecting vulnerabilities also becomes key for the implementation of the law. Migrant and culturally and linguistically diverse women (CALD) are often identified as vulnerable to DFV due to visa conditions, language barriers or lack of local network (Borges Jelinic, 2021). There are forms of abuse that are more prevalent or more effective in harming or controlling when perpetrated against CALD women. Some of this abuse includes restricting religious practices, attacks on women's reputation in their community and threats of deportation. These behaviours are not clearly typified in law, and they can be potentially better understood in the context of coercive control, benefiting the community. Nevertheless, this will only be possible if women can be reassured, they will not be further victimised by criminal law procedures, and that is not clearly stated in the upcoming criminal law changes.

First Nations women are vocal regarding fears around DFV laws and particularly the criminalization of coercive control not only due to intersecting vulnerabilities, but particularly due to the difficulty to trust legal interventions considering the high incarceration rates for aboriginal people, with aboriginal women routinely perceived as the offenders and not the primary victims by the police (Buxton-Namisnyl et al., 2022). Here psychologists in the community may need to understand the law to reassure clients, but also to advocate for communities and support their advocacy efforts to ensure safety.

Finally, community members need to have a good understanding of coercive control in order to report or intervene effectively. Community education is needed to dispel myths and having trust in system's responses is integral to community engagement. Community education must empower bystanders to confidently identify abuse, intervene and support individuals in the community, similarly to the model offered by the MATE bystander program and the Be there app (Young et al., 2023). If communities are more informed about coercive control, they will be better resourced to respond to violence.

Conclusion

The last decade in Australia has seen unprecedented efforts to tackle DFV and increase community safety. Coercive control written into law is the most recent development in this series and it brings the possibility of furthering the understanding of DFV while increasing multidisciplinary collaboration and strengthen support to those affected by DFV, particularly women survivors. Nevertheless, there is a history of women's distrust in health and allied health services due to a perceived dismissal of their experiences of abuse (many times justified) and a fear of the involvement of police in DFV matters and the worsening of women's situation due to intersecting vulnerabilities. Psychologists should not be oblivious to this challenge. There is a need for diverse responses to DFV and a need for increased trust in services by the community. Both necessary steps can then lead to interagency collaboration in new developments. However, interagency collaboration and the implementation of new laws and policies cannot take precedence over community concerns, particularly when it comes to the most vulnerable in society.

The fear of police mishandling cases should not stifle innovation, but history has proven that allowing criminal law to take the lead in DFV can have drastic consequences.

Civil society and particularly feminist theory and movements are necessary to keep reminding governments of traditionally relevant responses to violence like shelters and to develop innovative responses. Psychology has a role to play alongside individuals and communities, bringing innovation, but also reminding all of the importance for women's recovery of feeling safe, having time away from the perpetrator and experiencing social support, goals only achieved with services and communities with purposeful interventions that do not aim for a quick fix but for a real disruption on the patterns of violence.

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"Oh, you look pretty on your knees": Exploring Gendered Safety Work in Traditionally Masculine Workplaces

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Gendered safety work is a response to gender-based violence (GBV) where harm is caused through the reinforcing of problematic gender norms, or through actions against others based on their gender identity or sexuality. Traditionally masculine, or male-dominated, workplaces often have a culture that lends itself to sexual harassment and GBV. To prevent the threat and experience of GBV, individuals report altering their behaviours via 'safety work'. The aim of this study was to explore the perception people have of their engagement in gendered safety work in the context of traditionally masculine workplaces. Reflexive thematic analysis and social constructionist epistemology were adopted; 13 in-depth interviews were conducted. Participants identified as working in a traditionally masculine workplace, and as currently or previously aligning with womanhood or femininity. Four themes were identified: workplace gendered safety work; burden of responsibility; deprivation of independence; and gendered workplace culture. Notably, participants reported making personal sacrifices to ensure their safety at work, for example downplaying their expression of femininity to avoid sexual harassment and avoiding confrontation to ensure job security. Findings allowed further development of our conceptualisation of safety work and its gendered aspects.

Key words: safety work, harassment, gender-based violence, masculine workplaces

Gender-Based Violence (GBV) is harm perpetrated in both public and private spaces through the actions of one or more people against others based on their gender identity or sexuality, or by acting in ways that reinforce harmful gender norms (World Health Organisation [WHO], 2024). GBV can occur as sexual, physical, mental, and economic forms of harm and can include: threats and acts of violence, bullying, coercion and manipulation, sexual harassment, stalking, defamation, hate speech, and exploitation (United Nations [UN], 1993; United Nations High Commissioner for Refugees [UNHCR], 2022; WHO, 2024). In public contexts GBV includes deliberate intrusions, commonly by male strangers, and predominantly perpetrated against those who present as (or are perceived as) women, feminine, or gender diverse (Fileborn & O'Neill, 2021; Vera-Gray, 2016). Publicly, these deliberate intrusions typically take the form of street harassment and abuse, often intersecting with discrimination against disadvantaged groups (Fileborn & O'Neill, 2021; Fileborn & Hindes, 2023). However, GBV in the form of public intrusions is not limited to street harassment and can include other public and common spaces (Mellgren et al., 2018), including public transport (Gardner et al., 2017), academic settings (Roberts et al., 2022), and workplaces (Wright, 2016).

Gender-Based Violence is commonly underreported, but the consequences are long-reaching and devastating (Rees et al., 2011; UNHCR, 2022). Data suggests that mental health disorders, disability, and the impairment or disruption in an individual's behaviour or mental wellbeing are significantly associated with GBV (Rees et al., 2011). This association could be

that GBV may predispose women to mental health disorders; that mental health disorders may increase vulnerability to GBV; and/or that biological vulnerabilities of mental health disorders are compounded by the trauma of GBV (Rees et al., 2011; WHO, 2012). However, considering GBV through a single-axis (e.g., gender) and ignoring intersectionality undermines how the impacts of GBV can be exacerbated by the intersection of other identities (Brassel et al., 2020).

Gendered Safety Work

To prevent the threat and experience of gendered violence that pervades public settings, individuals report altering their behaviours, including avoiding strangers and risky locations, and travelling at particular times of day and night and/or alone (Pain, 1991; Roberts et al., 2022). Such behaviours are examples of 'safety work': the often intrinsic and automatic adaption of behaviours and activities to avoid or prevent the threat of intrusion in public spaces (Vera-Gray, 2018; Vera-Gray & Kelly, 2020). Safety work, or gendered safety work, is a response to that threat of GBV and is commonly experienced by those presenting as, or perceived as, women or feminine. Though the term safety work has only been coined in recent years, these behaviours are by no means a new or novel experience. For example, Pain (1991) described similar behaviours as a by-product of women's fear of crime. Other studies such as Murnen and Smolak (2000) looked at the construction of gender identity, vulnerability, socialised fear of crime, and experiences of harassment that pervade the lives of women and girls from childhood, from personal and peer experiences of harassment to prevalent safety advice aimed at how women can avoid being the victims of gendered violence. This fear of crime is also the basis of Vera-Gray and Kelly's (2020) conceptualisations of safety work, particularly in the context of street harassment. They use this idea of socialised behaviours coming from gendered expectations communicated throughout people's lives as part of their construction of safety work in public spaces. A systematic review undertaken by Fileborn and O'Neill (2021) solidifies the idea that street harassment is a global gendered experience and has the potential to cause great harm, not only for women but for all marginalised groups.

Most safety work research considers the experiences of those who identify, or have been identified, as traditionally feminine cisgendered women; however, there is growing emphasis in recent works on the need to consider safety work with an intersectional perspective (Fileborn & O'Neill, 2021; Fileborn & Hindes, 2023). Yavorsky and Sayer (2013) found that, following socially transitioning, transwomen often report heightened anxiety and fear of crime in public spaces, frequent experiences of objectification, and an increased perception of their vulnerability to becoming victims. Yavorsky and Sayer describe these experiences as resulting from early socialisation and later learned behaviours. Gender identity and expression, gender role socialisations, and the way society itself perceives GBV means there is a diversity of people who employ safety work whose perceptions are important to consider (Eichenberg et al., 2022; Fileborn & O'Neill, 2021).

Gender-Based Violence and Safety Work in the Workplace

Workplace harassment is a common experience that can cause a great deal of harm to the individual's mental and physical health, and to the overall functioning of the workplace (Goodman-Delahunty et al., 2016; Raj et al., 2020). In particular, sexual harassment can result in traumatising physical and psychological impacts for the individual experiencing it, as well as a decrease in their work productivity, effectiveness and morale; and an increase in absenteeism and staff turnover for the organisation (Naveed et al., 2010). Traditionally masculine or male-dominated workplaces are those where most employees are men and the roles seen as masculine; such workplaces have been described as designed and catering for white, cisgender, heterosexual men (Roberts et al., 2022; Valentine, 1993; Wright, 2016). The

Australian Human Rights Commission (AHRC, 2018) reported that three of the five industries to have the highest rates of workplace sexual harassment were those currently considered to be male-dominated (electricity, gas, water and waste services; mining; and information, media and telecommunications). Sexual harassment was most commonly reported as comments or jokes of a sexually suggestive nature and intrusive or offensive questions directed at physical appearance or private lives (AHRC, 2018). This GBV in the workplace, also referred to as work-related gendered violence, encompasses this sexual harassment as well as other types of harm such as verbal, physical, or sexual abuse (WorkSafe Victoria, 2022). In a survey examining sexual harassment in the workplace, Raj et al. (2020) found that risk of sexual assault was much less in female-dominated industries compared to those which have gender parity or more men, while in male-dominated industries the risk of sexual assault from a supervisor was much greater than any other. Within traditionally masculine or male dominated workplaces, harassment is seen as a result of masculine privilege where there is a cultural pressure to maintain masculine dominance and control (Dorrance-Hall & Gettings, 2020; McLaughlin et al., 2012). These workplaces often have an established culture of toxic masculinity where dominance and aggression are traits that are valued and positively socialised, and femininity is seen as vulnerable and shamed (Galea & Chappell, 2022; Hulls et al., 2022).

The presentation of harmful gender norms is also most likely to be prevalent in the workplaces that are seen as traditionally masculine (Dorrance-Hall & Gettings, 2020). Goodman-Delahunty et al. (2016) considered the traditionally masculine workplace context of policing and found that women employees were seen as more vulnerable to negative workplace outcomes than their male colleagues. They found that physical injury, sexual coercion, and gender-based hostility were all likely to produce clinically diagnosable injuries, and that specifically sexual coercion was considered to elicit more workplace problems in its aftermath (Goodman-Delahunty et al., 2016). Certain groups are disproportionately affected by GBV in the workplace; among these groups are women, workers diverse in gender, sex, or sexuality, and workers who are seen as not fitting into gender roles and stereotypes (AHRC, 2018; WorkSafe Victoria, 2022). Dray et al. (2020) observed that there was a hierarchy of how likeable and competent colleagues were, based on their gender and sex assigned at birth, as non-binary and transgender employees were unfavourably compared with cisgender male colleagues, who were considered the most likeable and competent.

Despite the extensive evidence of sexual harassment and other GBV in workplaces, there is limited research that considers or explicitly looks at safety work as a term to describe behaviours in workplace settings (Dorrance-Hall & Gettings, 2020). Research conducted by Wright (2016) examined qualitative data on the intersection of gender and sexuality in the construction industry in the UK and provides some ideas of what safety work could look like in this context. Although not explicitly deemed safety work behaviours, Wright (2016) noted that to avoid the threat of violence women were distancing themselves from femininity, 'managing' male sexual advances, seeking out female solidarity, and engaging with male allies.

Research Rationale

As mentioned, despite extensive reporting of GBV and the forms it takes in workplaces, especially traditionally masculine settings, there is limited application of the concept of safety work in the workplace. Although there has been some research into protective factors such as mentoring and the presence of male allies to prevent workplace GBV, safety work has not been the focus of research in this area and there is very limited understanding on the actual behavioural changes adopted as safety work in the workplace context (Atkinson, 2020; Brassel et al., 2020; Jones, 2017). Further to this, the current literature calls for more for consideration of intersectionality (Fileborn & Hindes, 2023; Fileborn & O'Neill, 2021), as the majority of

research on safety work has focussed on the experiences of cisgendered women or does not acknowledge other populations at risk of GBV.

Understanding safety work and its effectiveness in different settings can help address GBV, particularly in settings where there is high incidence, such as masculine dominant workplaces (AHRC, 2018). Given this, the research question of this research was: How do people perceive their engagement in gendered safety work in traditionally masculine workplaces?

Methods

Research Design

An exploratory qualitative approach was used. Participants were recruited through purposive sampling and engaged in semi-structured interviews. Verbatim transcripts were analysed according to reflexive thematic analysis (RTA). A social constructionist epistemology was adopted, whereby, ideas and perspectives of safety work were viewed as constructions of how we interact as a society (Losantos et al., 2016). Social constructionism's core concepts centre the idea that knowledge is something that is constructed by community and the interactions people have with each other and is not unproblematic objective truth; this includes the knowledge of gender, and GBV (Marecek et al., 2004). This social constructionist approach was relevant to this research as safety work entails both the interaction of people with their environment and others, and with the social construction of gender roles and stereotypes that are a direct aspect of GBV (WHO, 2024).

We recognise our approach to research and choice in research design is shaped by our positionality. The first author (she/they) is a fifth generation (or more) Caucasian Australian of heavily Western European ancestry. This meant that her perspective and experience was framed within the context of the privilege that heritage gives them as a part of the dominant culture of Australia. Her positionality towards this research also comes from being a bisexual, queer, and feminine-presenting person and the familiarity this gave them with certain risks and dangers. Specifically queer people and those perceived as feminine, which includes cisgender and/or straight women, may adopt specific behaviours to reduce the risk of harm. Beyond personal experiences with safety work, her experience with gender involved observing it as an intrinsic experience, not limited to a binary understanding. Instead, they view gender as subjective but also informed by the societal contexts and innate traits of an individual.

The second author (she/her) is a white cis-gendered woman with invisible chronic illness. She is the daughter of an Australian-born White Catholic mother of Celtic ancestry, and a White refugee Muslim father born in a displaced persons camp and resettled in Australia as part of a post-war government re-settlement scheme. She experiences the White privilege afforded to colonisers in the country now called Australia. She has experienced gendered violence and coercive control and has witnessed the intergenerational impacts of these dynamics as a child. Engaging in gender research has afforded her language and theory to describe these lived experiences and that of the women in her life. Social constructionism has afforded her an epistemological stance to make sense of the boundaries and overlap of lived experience and research practice.

Participants

The population of interest was individuals who identified as working in a traditionally masculine employment who wished to talk about their perceptions of safety work in that context. Thirteen participants who aligned or had previously aligned with womanhood or femininity at any point were recruited. This alignment allowed them to describe their gendered experiences of learned or performed gendered safety work.

For RTA, Clarke and Crook (2021) propose 6 to 10 dense interviews containing rich and detailed data could be appropriate, in line with Braun and Clarke's (2013) recommendations around small thematic analysis studies, prioritising pragmatics in terms of research scope and timelines. Data collection ceased after 13 participant interviews after the allotted recruitment time passed with the expectation of having obtained sufficiently dense and detailed interview data. Out of the 13 participants, 5 worked in mining fields, 3 in research fields, 1 in the energy sector, 1 in warehouse labouring, 1 in law, 1 in finance, and 1 in male focussed retail. Ten out of 13 of our participants opted to complete a voluntary demographic survey (Table 1).

Table 1.

Demographic Survey Data (n=10)

Demographic Questions	*n*	*%*
Question 1. What pro-nouns do you use?		
She/Her/Hers	8	80.0
He/Him His	1	10.0
Did Not Answer	1	10.0
Question 2. Please select the category that best describes your age		
18-24 years	6	60.0
25-29 years	1	10.0
30-34 years	2	20.0
35-39 years	1	10.0
40-44 years	0	00.0
45-49 years	0	00.0
50-54 years	0	00.0
55-59 years	0	00.0
60-64 years	0	00.0
65-69 years	0	00.0
70-74 years	0	00.0
75-79 years	0	00.0
80-84 years	0	00.0
85 years and older	0	00.0
Question 3. Do you engage in employment and/or education and training?		
Engaged through full-time study and full-time employment	0	00.0
Primarily engaged in full-time study	3	30.0
Primarily engaged in full-time employment	3	30.0
Engaged through part-time study and part-time employment	0	00.0
Engaged in part-time study only	0	00.0
Engaged in part-time work only	3	30.0
Not engaged in paid employment	0	00.0
Not engaged in education/training	0	00.0
Prefer not to disclose	0	00.0
Did not answer	1	10.0
Question 4. On average, how many hours of unpaid domestic work do you engage in per week?		
Nil Hours	1	10.0
Less than 5 hours	4	40.0
5 to 14 hours	4	40.0
15 to 29 hours	0	00.0
30 or more	1	10.0
Prefer not to disclose	0	00.0
Question 5. What is your highest level of education attainment?	1	10.0
Postgraduate Degree Level	1	10.0
Graduate Diploma and Graduate Certificate Level	4	40.0

Bachelor Degree Level	0	00.0
Advanced Diploma and Diploma Level	1	10.0
Certificate Level III & IV	3	30.0
Secondary Education – Years 10 and above	0	00.0
Certificate Level I & II	0	00.0
Secondary Education – Years 9 and below	0	00.0
Prefer not to disclose		

Procedure

Following ethics approval [HRE2022-0256], recruitment commenced. A recruitment poster was displayed at key locations in the community with permission (e.g. university campus with a focus on traditionally masculine faculties, lobbies of business hubs, recreation facilities), as well as online via a research-specific Facebook page and relevant social media pages. The poster defined safety work as "the often-automatic activities individuals engage in to avoid intrusion, threat, and prevent them from experiencing harm by others". Participants expressed interest in participating by privately messaging the research-specific Facebook page; via telephone; or by scanning the QR code and emailing the research team via the address provided. Participants were provided an information sheet and consent form and were invited to complete a demographic survey. The demographic survey detailed (Table 1), consisting of five questions, was developed with the research question in mind and was optional for participants. A time and date were arranged for the interview and a corresponding invitation to a video call was sent.

A semi-structured interview guide of 17 questions was developed iteratively and used to interview participants, and included questions such as 'What is your understanding of safety work?', and 'How is safety work discussed in your workplace?'. Interviews were completed online via WebEx. Before beginning the interview, the participant was again informed about their rights and their consent to participate and be recorded was confirmed verbally. Following this confirmation, the interview began following the semi-structured interview guide.

The interview began with the question of 'What is your understanding of safety work?' and after the response and asking any relevant prompting questions, a definition of safety work was provided to the participant before the remaining questions were asked. Following the interview, participants were debriefed, and next steps explained, including the withdrawal process, and member checking if they wished to participate. Interviews ranged from 34 to 67 minutes in duration (M = 52 minutes). Interviews were transcribed verbatim; pseudonyms were applied and transcripts deidentified to maintain confidentiality.

Data Analysis

A Reflexive Thematic Analysis (RTA), intended to help develop, analyse, and interpret patterns in qualitative data, was adopted (Braun & Clarke, 2021; 2013). Central to conducting RTA was acknowledging how positionality influences and contributes to the research process and that themes are not objective facts or data but rather developed by the researcher in response to the data (Braun & Clarke, 2021; 2013). RTA allows determination of the pervasive themes in the data while acknowledging the influence of the researcher and the active role they take in understanding the data. Both the clear semantic data around the participants' experiences and the latent meanings derived by the authors from participant perceptions in the data were examined. Doing so entailed reviewing the transcripts and forming initial codes, then generating and assessing the groups of codes that were defined and named as themes (Braun & Clarke, 2021; Byrne, 2022).

Quality Procedures

Quality procedures were adopted in accordance with RTA-specific quality assessment developed by Braun and Clarke (2021). Positionality was achieved through reflexive journalling which allowed awareness of positionality and the potential impact of position on each step of the research reflexive approach was maintained throughout data analysis to consistently think critically regarding the influence of our positionality on data interpretation, and how the selection of codes and themes was shaped. Quality procedures were adopted in accordance with RTA-specific quality assessment developed by Braun and Clarke (2021). Positionality was achieved through reflexive journalling which allowed awareness of the researchers' positionality and the potential impact of position on each step of the research process (Byrne, 2022). In particular, a reflexive approach was maintained throughout data analysis to critique the influence of positionality on data interpretation. Peer coding was undertaken, again with a focus on reflexivity. Through in-depth discussion of transcripts, we allowed for multiple interpretations of data and sense-checked the ideas behind these interpretations rather than looking for consensus (Braun & Clarke, 2021). This allowed a deeper understanding and broader perspective of the data without stifling any variations in themes. Member checking was also adopted (Birt et al., 2016; Clarke & Crook, 2021). A two-page summary of initial findings across all interviews was emailed to participants to provide feedback on interpretive accuracy. Participants who were engaged in the process gave positive feedback and concurred with the interpretations, and no changes were incorporated as a result.

Findings

In this research, effort has been made to recognise that gender is not limited to a binary, and this enabled participation of women and individuals who currently or previously aligned with womanhood or femininity at any point in their lives. Consistently, participants described perpetrators of actual or potential harassment and violence as being predominantly men, and described the victims and/or survivors of harassment and violence as being women or gender-diverse individuals.

The thematic analysis resulted in the identification of four themes: workplace gendered safety work; burden of responsibility; deprivation of independence; and gendered workplace culture. Pseudonyms have been adopted and fields of work stated in brackets.

Workplace Gendered Safety Work

In this theme, participants reflected on being hypervigilant at work and their private lives, but identified workplace-specific behaviours, namely, downplaying their femininity and avoiding confrontation. Downplaying femininity was often described in terms of workplace-appropriate attire whereby participants referred to either the experience of presenting or the expectation to present in a more masculine way. Johanna (mining) stated:

> *I think everyone does downplay their femininity. You see a couple of women come through with, you know, they express it, and they wear makeup, and they've got false lashes and the clothes fit them well. And they do get judged by a lot of other women.*

Johanna is describing the experiences of some women in her workplace and how their femininity is a target of judgement. This quote demonstrates the expectation of how those aligned with womanhood should present themselves in the workplace and further demonstrates criticism directed from other women for failing to do so. This example illustrates an expectation

of certain safety work behaviours and an associated judgement that accompanies perceived failure to perform those behaviours.

Participants described how they were burdened by having to make difficult decisions at work that often resulted in trade-offs between their emotional, physical, and financial needs. Engaging in safety work often entailed choosing the path of least resistance, that is, the path of least confrontation and risk. This translated to potentially minimising and undermining their own experiences. For example, Grace (energy) conceptualised *"conflict avoidance"* as a means of safety work, stating that sometimes she would have to tolerate uncomfortable work situations to prevent backlash if she spoke up. Similarly, Dorothy (research) recounted a male colleague *"mansplaining"* but she had resisted challenging his behaviour because, *"I don't want to be like, Oh, I'm starting all this conflict by being like a person who's hard to deal with. And doesn't like talking to a male co-worker".* To avoid the judgement of other co-workers that could have impacted her reputation and security in a job, she avoided the confrontation and tolerated the harmful behaviours. While this behaviour was not undertaken to avoid physical harm but rather harm to career or financial safety that might result from harm to her reputation in the workplace, this trade-off between one kind of safety and another can have far-reaching impacts on a person's whole life. Cynthia (finance) describes an occasion where a male colleague was behaving in ways that made her feel unsafe, and the lack of support or action from those around left her with limited recourse; *"I sort of just left I just quit. And I was like, I can't deal with this. And I didn't receive any more things from him from that after I left".* This is an example of participants often being forced to choose between the burden of confrontation and risk in one setting or shifting this burden to other aspects of their lives; in this instance, the lack of safety and security that comes with unemployment.

Burden of Responsibility

Participants described how they felt a societal pressure to engage in gendered safety work, specifically, that it is a practice that is framed as being the burden of those aligned with womanhood, whereby *"you have to take that responsibility to look after yourself"* (Mae, mining). As Mae describes here, it is a burden that is seen by participants as necessary requirement for themselves. Participants reflected that the burden of responsibility is not just at moments when they felt explicitly at risk, but that they experience a constant state of vigilance in an attempt to make themselves comfortable and secure. Cynthia (finance) detailed the never-ending experience of gendered safety work, "*I think even if you told me like, all [perpetrators of GBV] were in jail, these people were gone, I would still be practising it [safety work], because this is something I've taught myself to do".* This describes the unending and ingrained nature of these safety work behaviours present even in the absence of obvious threats. Katherine (mining), also conveyed this state of hypervigilance irrespective of visible threat, "*We're not walking around thinking that everyone's out to get us but really, subconsciously keeping ourselves aware".* Ida (research) and Helen (mining) both described safety work as providing them with a *"peace of mind"*. Helen added that, *"It's a bit of overkill, but I always have this image of I'd rather be safer than sorry"*. This idea participants describe suggests that the act of safety work also has direct impact on their feelings of safety. Grace (energy) describes the tangible emotion of this responsibility of having to advocate for and ensure her own safety, stating, *"I'm, like, hyper-aware of it happening at work, and I get very cranky about it. And that's exhausting... it's tiring, constantly having to advocate for yourself".* So while safety work can contribute to feelings of safety and peace of mind, the burden of constant hypervigilance affects the individual in negative ways. Having to take responsibility for their safety, particularly in the workplace, is an added labour for those practicing gendered safety work.

Participants often compared their experience to a notable lack of burden experienced by traditionally masculine men and critiqued their complicity in gendered safety work. Grace (energy) reflected on a former partner's view regarding safety work, *"but I don't think it would occur to him to think about [gendered safety work]".* While Helen (mining) described that for men *"some of them aren't even aware of how like, bad the behaviour is".* These descriptions convey a lack of awareness of people who are not the targets of GBV or who do not participate in gendered safety work behaviour. This is not just a lack of awareness of the issue but also lack of awareness of its severity or extent. Annie (retail), described an instance when her only female colleague was facing harassment:

> *Another employee was harassing her, being very misogynistic. There was even one instance of sexual harassment... and she complained about it very loudly, and how just nothing was being done about it and how it made her feel awful. And the owner's response was, "just don't come into the store while he's working".*

In this example, the business owner failed to provide a safe workplace and instead the burden of responsibility was placed on the victim/survivor to accommodate the perpetrator's existing work schedule. Annie's workplace environment appears indicative of a broader cultural issue within traditionally masculine workplaces, where there appears little expectation that men and other perpetrators of GBV change their behaviour and so patriarchal values are upheld. For example, Bonnie (research) reflected on the complicity of male colleagues who tend to, *"conform with the other men around them",* and that they *"can't really say anything because everyone else is like for it, you know, but just kind of the culture of it".* Arguably, this tendency to conform may serve as a means of protection for those not subjected to GBV, whereby inappropriate behaviours are normalised and not viewed as warranting intervention and to intervene may bring risk of harm or censure. Consequently, it appears that the harm experienced by victim/survivors is undermined or maintained by this system, and the burden of responsibility to be hyper-vigilant at work is reinforced for those victims of GBV.

When there were endeavours in the workplace to curb problematic male behaviours, participants described examples that appeared at best tokenistic, doing little to challenge the underlying culture supporting problematic behaviours. In such instances, intervention appeared more as a way for men to protect themselves as opposed to challenging the status quo, or as one-off interventions. Bonnie described an instance at her partner's workplace where the men were warned away from their female colleague:

> *They sat all the boys down and had a speech about like, you're not allowed to hit on her, you know, you are not allowed to flirt with it, and stuff like that. Like, you're not allowed to add her on Facebook, don't talk to her.*

Rather than address the causes of behaviour or changing the potential workplace culture that would deem that behaviour appropriate, the response of management was to restrict her involvement in the workplace on her behalf. This suggests that they were aware of the problematic behaviours present but only chose to intervene when there was a direct victim.

Deprivation of Independence

Participants described how working and existing in spaces designed for and dominated by men meant that they experienced little ability to exercise control or independence particularly while performing safety work. Losing independence was evidenced in participants' need to partner with others to ensure their safety, and how their professional autonomy was invaded through sexual advances.

Participants described that while safety work is ultimately considered an individual's responsibility, it was common for this safety work to occur within a group or as a collaborative effort. Cynthia (finance) reflected, *"I always feel comfortable asking like other girls [for help] because it's like, because, you know, most of the time, they're gonna say "yes", that they get they understand that there's that common sort of understanding".* Participants described how engaging in safety work often occurred in solidarity. For example, Katherine (mining) described how she engaged with a colleague on site to keep safe, and stated, *"So she will get off her bus and wait for me and then we will usually walk to our room. We go to the gym and go to dinner together, our washing in a pair".* To be safe in that environment Katherine explains that her safety work is aided by the presence of another. There is an expectation that those aligned with womanhood cannot simply exist unescorted and have to be accompanied by others. This restriction of independence comes across in an almost infantilising way, suggesting that they are unable to be alone, as if they were a child. This is reflected explicitly in some participant accounts. Cynthia (finance) described seeking protection from men around her as making her feel like *"a weird little girl. Like, following, like, this strong dude going like, 'if anything happens, please help me'"*.

Participants also detailed their experiences of when others, particularly men, felt entitled to their time and attention in ways that threatened their independence and altered their navigation within the workplace. Eli (law) described having to avoid a co-worker because *"he would often make gross comments like about everything in general"* and *"make it sexual"*. Eli was not alone in his experiences; Lili (mining) described such an instance, *"I was kneeling down stocking the fridge. And somebody made a comment to me saying, Oh, you look pretty on your knees".* Sexual comments and sexual harassment that is suggestive are a major part of these experiences of GBV in the workplace (AHRC, 2018) that participants experienced, and were not just limited to passing comments. Katherine (mining) also had a similar experience with being subject to the sexual advances of a colleague:

> *... he would come to my area of work, even though he wasn't like, that wasn't his area of work, he would purposely come there, and try and get me like, on my own, and he was always talking to me and hanging around and things like that. And then, you know, he started trying to talk to me outside of work when I was on [break].*

In another example Katherine reflected on when she refused romantic advancements from someone in a position of power at work:

> *he was insistent on starting a relationship with me. I didn't want to. Told him repeatedly. But I didn't want to, wasn't interested. And then he ended up cutting my contract. So, I did end up losing my job from that.*

Here in Katherine's accounts and with other participants' experiences they are not able to exist alone and unbothered. There are these elements of the constant presence of others that either present a risk or a potential ally.

Participants reflected on how being viewed as independent and autonomous presented as a professional and safety risk and described how they would relationally anchor themselves, or, be anchored to others in order to garner more respect from male colleagues. For example, participants described how it was their outward relationship to men that tended to afford them respect, not their own personhood. Johanna (mining) described that in the workplace *"a lot of women will fake wedding rings"* to avoid unwanted attention, and Helen (mining) reflected that a way to dissuade men from harassing women was through reminding them that they *"have a sister, a mother, daughter, you know, wife, all of that, you know?"*

Participants reflected on a clear deprivation of independence that comes with working in a traditionally masculine workplace. Being deprived of independence is at its core a restriction of agency, making participants reliant on the support of others for their safety work as a direct result of a combination of men's active and passive roles in removing the agency of those aligned in some way with womanhood.

Gendered Workplace Culture

Participants described navigating traditionally masculine workplaces as a complex and threatening experience, and one that mirrored the broader culture. For example, Ida (research), reflected that there is:

> *a culture of sexual harassment in the workplace and outside the workplace. And even if people haven't experienced it personally, they know the dangers of it, because it's just everywhere. Problem is, I sometimes fear that it might lead to victim blaming once an assault does occur.*

Participants reflected on gendered roles within their masculine dominated workplaces and often identified safer spaces as those occupied by fewer men. For example, Grace (energy) described her workplace as *"pretty good, especially my like department. Because we are more of the like, on the administrative, non-technical side of things. There are a lot more women in my area"*. Person-centred helping roles were described by participants as being more commonly held by those aligned with womanhood, than the more technical or manual roles. This likely has relevance to overarching societal influences, of elements of gender roles and the construction of traditionally masculine workplaces. Further to this, leadership roles were seen as male-dominated. Bonnie (research) reflected, *"My boss, and the other person that I work with, they're both male, but the other research assistant is female. So, it's a bit like the bosses are men, and we are ladies"*. Frankie (warehousing) described witnessing resistance to women taking on more masculine-coded tasks and accounted for this on the basis that those tasks were seen as a 'man's' job:

> *And this girl's been trained up because she'd been nagging and because they needed people to be trained up- It's like, you- we needed people, she's already got a forklift license fine. And they weren't training her up in the more prominent area they are only training her up in the middle area. Just hard to explain, but one is more high paced, and they don't want to put her in the high paced area, which is kind of like- it's a bit unfair. They haven't even tried her out there.*

The perception of those who want to step outside the gendered expectations of roles within the traditionally masculine workplaces is seen to meet resistance and only accepted as a last resort.

Participants also explain that they themselves and others around them were reduced to feminine or masculine stereotypes by both men and non-men in order to fit into the workplace. Those aligned with womanhood were often seen as a novelty rather than another employee or colleague, as Grace (energy) described:

> *just the way he talks about [her] is like dehumanising, like she's just like a novelty. It's not- It's not here's a capable, professional tradesperson that came and did their job. It's like, 'Oh, it was on a lady on site'.*

Grace goes on to say that the way a woman is spoken about in the workplace is like she is the *"team mascot"*. This suggests that women and those aligned with womanhood or femininity

are viewed tokenistically and as something that is lesser and trivialised, rather than considered a colleague on a level playing field.

Participants also described that within the gendered space of work, there are acceptable limits regarding the expression of femininity. Annie (retail) described how as a transwoman "*it's kind of expected to me to need to be feminine. And like, present my gender very loudly. But not too loudly".* Annie's reflection conveyed the idea that there is an acceptable level of femininity to avoid being reduced to a stereotype or diminished in some way particularly regarding gender diversity. Similarly, Mae (mining) reflected, *"I think, in the workplace, there still lots of people have this stereotype, thinking, you know, it's a male dominant company then is like, woman, you know, just don't be a lady".* Katherine (mining) described the experience of exceeding the expected level of femininity in her workplace:

> *I am quite feminine. I have my nails done. I have my eyelashes done I am relatively quite short and little, and I think people kind of stereotype me as in, you know, I don't know what I'm doing here, and I shouldn't be here.*

As demonstrated above by Mae and Katherine, there appears to be an understanding that expressing femininity beyond what is deemed acceptable in a male-dominated workplace is a risk. This dehumanising aspect that accompanies the culture of traditionally masculine workplaces appears somewhat connected to the safety work behaviour of downplaying femininity.

Lili (mining) reflected on the causes of the detrimental culture by describing men's role in the maintenance of damaging ideas like victim blaming, *"when guys get into groups, sometimes they really take on the poorest of their behaviour".* By buying into those behaviours and beliefs to maintain the status quo they are creating a problematic work environment, even if they are doing it for their own safety. Participants described that there are ideas within their workplace that even though they worked within traditionally masculine workplaces they cannot do a 'man's' job, and instead adopt a 'woman's' role. Dorothy (research) conveyed how this perception was endeavoured to be instilled in her prior to entering the workforce and described how her high school chemistry teacher attempted to dissuade her from pursuing science, *"telling me in no uncertain terms that I shouldn't pursue chemistry because I was a girl".* Dorothy's account demonstrated the threat of internalised misogyny, noting that her teacher upheld harmful gender roles even as a woman who had studied chemistry herself.

Participants said they were more likely to feel supported and had a sense of solidarity when there was visibility of those aligned with womanhood in positions of leadership and power, and that they were encouraged when there was an opportunity for mentorship. Lili (mining) viewed this as *"the best way to help people is to give them the time to kind of be supported".* Eli (law) states that he will *"constantly say to everyone how much I love [his workplace] because it's mostly women".* While Mae (mining) describes the peer support in her workplace as *"support from different perspective for women and gives us an opportunity".* A benefit that Johanna (mining) noted was that she had *"found some really supportive people and mentors and peers"* and Helen (mining) supports this idea, *"it's important to have more women because it's important to say, hey, is this okay?".* The accounts of Lili, Mae, Johanna, and Helen depict that even if the representation is limited, those aligned with womanhood find comfort and safety through the presence and mentorship of others aligned with womanhood.

Even with the problematic culture of traditionally masculine workplaces and industries; the diversity and support of their immediate surroundings mitigate potential issues or negative feelings. Something Frankie (warehousing) goes on to explicitly say:

> *There's nothing you really want to say to a big… guy, right? It's a bit awkward, like or inappropriate or something, you'd rather talk to a female but because it's female manager, she's in a different area. So, it's a bit hard.*

Here Frankie is explicitly showing demonstratable barriers this presents when it comes to discussing the issue of bringing problems around safety work to managers that are men.

There are several impacts that workplace culture has on the participants' perception of their safety work. The depiction of gender expectations of roles and the dehumanising nature of stereotypes suggest that the traditionally masculine workplace is a heavily gendered experience that has problematic implications for those aligned with womanhood who work there. The presence of peers and representation for those aligned with womanhood helps to negate the negative aspects of this culture.

Discussion

The aim of this research was to explore the perception that people had of their engagement in gendered safety work in traditionally masculine workplaces, not just the detrimental and problematic culture in traditionally masculine workplaces, but how participants conceptualised their participation in gendered safety work to combat the GBV present. The reflective thematic analysis resulted in insights regarding gendered safety work practices in male-dominated workplaces, the associated burden of responsibility of safety work, the deprivation of independence that occurs within these workplaces, and the gendered nature of workplace culture that necessitates engaging in this gendered safety work.

Findings indicated that while participants engaged in an array of safety work practices, they perceived two practices as specific to the workplace: downplaying femininity and avoiding confrontation. Downplaying femininity was reflected in the way participants described the 'ideal level' of femininity, and the judgement or censure that came from expressing 'too much' femininity. Steps taken to downplay femininity are interpreted by participants to result in less instances of overt GBV even if it does nothing to combat the more subtle aspects of gender roles, and may not in actuality have an impact at all. Avoiding confrontation was evidenced in the way participants describe repeatedly avoiding addressing problematic behaviours, particularly from their male co-workers, to either avoid being perceived in a negative light in the workplace, or even to avoid the risk of more blatant GBV. Both of these workplace-specific safety work strategies reflect efforts to minimise themselves, to appear less visible, for example, through downplaying their femininity.

Participants described how they had to make difficult decisions that often resulted in trade-offs between their emotional, physical, sexual, and financial safety and security. Another implication of participants making trade-offs is that through minimising their presence in the workplace, it also makes their professional self less visible. In doing so, it perhaps inhibits the opportunity for individuals in these traditionally male-dominated workplaces to engage in work practices that may be conducive to their own career progression. The process of making trade-offs is reminiscent of findings that Watson (2016) found when they investigated disadvantaged groups in the context of GBV in public, specifically with young Australian women who had experienced homelessness. Watson (2016) found that with young Australian women who experienced homelessness, their safety work was in trade-offs between the risk of GBV from strangers, or, as a consequence of garnering protection from known men, then finding themselves at risk from intimate partner violence instead. For these women, danger was a given and it was instead a case of determining which situation would result in the lesser threat of harm. Through intimate relationships, they gained via proxy the safety and privilege masculine bodies have in the public space that is simultaneously hostile to the female or feminine body (Watson, 2016).

Though Watson (2016) described a unique intersection of environment and disadvantage, looking at other aspects of intersectionality draws on similar ideas. Nicholls (2017) drew on qualitative interviews with young women engaging in nighttime leisure spaces in describing how the visibility of gender and sexuality also has important intersections and implications in safety work. Adopting clear visual signs of heterosexual femininity out in public serves to reduce the risk of experiencing homophobic harassment. Although this lowers the risk of one type of harassment, doing so increases the risk of experiencing other forms (Nicholls, 2017). The trade-off that participants describe in our study is consistent with the ideas raised by both Nicholls (2017) and Watson (2016) and further establishes that the kind of trade-off that safety work requires depends on the context they are performing that safety work in (Vera-Gray, 2018). This aligns with Vera-Gray and Kelly's (2020) conceptualisation that women undergo this gendered safety work in exchange for freedom and a sense of safety.

The participants perceived that their engagement in gendered safety work was accompanied by both a burden of responsibility and a deprivation of independence. The failure to be responsible for their own personal safety would result in judgement and harm, while men as the likely perpetrators were described as facing little accountability or judgement. There is a clear deprivation of independence that comes with working in a traditionally masculine workplace while being a person who aligns in some way with womanhood. This restriction of independence is at its core a deprivation of autonomy, making participants reliant on the support of others for their safety as a direct result of a combination of men's active and passive roles in removing non-men's agency. Lennox (2022) suggested that women undertake safety work in order to be perceived as 'virtuous' and undeserving of attack or censure, and therefore perceived as acceptable to be participating in public life. Campbell (2005) examined rape prevention literature of the time and described that the safe-keeping acts that women perform in response to perceived threat of rape have become a norm of femininity. The literature around gendered safety work being accompanied by a deprivation of independence is consistent with this idea. Campbell (2005) raised the point that instilling rape and sexual assault as a fixed reality supports gender norms including the vulnerability of femininity and the invulnerability of masculinity, which only makes rape seem even more of a fixed reality; one that women have no ability to change, and that men have no desire to change. As such, gendered safety work presents in the current research as a mechanism that participants, and women and feminine presenting people more generally, are expected to engage in as virtuous citizens (Lennox, 2022) and have to engage in to protect themselves from normalised reality of the threat of sexual assault and rape (Campbell, 2005). Engaging in gendered safety work is not limited to managing stranger intrusions, but as evidenced in this research, occurs within workplaces, and is perpetrated by known individuals. What appears common to all types of safety work is the sacrifices made by means of the trade-offs undertaken by those engaging in it.

Our research was interpreted specifically in the context of traditionally masculine workplaces, where participants described a highly gendered environment that leaned heavily into ideas of 'men's' and 'women's' work: a notion reflective of their workplaces considering gender according to the binary. This was seen to the extent that the depiction of gender expectations of roles and the dehumanising nature of stereotypes necessitated changes to the femininity or masculinity of someone's gender expression in that context. This idea of femininity or masculinity having an impact on gendered safety work was considered by Cops and Pleysier (2011) who examined the reported levels of fear of crime in adolescents and young adults. They found women consistently reported higher levels of fear than men but accounted for this difference beyond binary gender. They found that regardless of the sex of participants, those who described more 'masculine' patterns of behaviour and attitudes reported lower levels of fear of crime, than those who reported more feminine patterns; this suggests that a fear of crime is socialised as a part of being feminine (Cops & Pleysier, 2011).

Findings from the current research in culmination with the existing literature suggest gendered safety work is perhaps not limited to those who have been socialised as women or perceived by society to be a woman or feminine in their lifetime. Several participants indicated that they felt men around them were participating in GBV to prevent themselves from being ostracised, and that their violence was perhaps a means of self-protection from the threat of violence from other men, its own kind of safety work. Additionally, some participants indicated that their own safety work was dependent on aspects of 'femininity' or 'masculinity' they might choose to present outwardly. This dynamic was particularly apparent in the accounts of the two participants who identified as transgender. Combined, there is some suggestion that perhaps gendered safety work consists of scales of behaviour, related to whether there is conformity or not to different 'feminine' or 'masculine' societal gender role ideals. These behaviours are not just dependent on an individual's gender expression, but how those individuals express traditional or stereotypical feminine or masculine traits and how that expression is interpreted and responded to by others. Thus stereotypically 'feminine' aspects are portrayed as relying on others for safety, accepting GBV or general poor behaviour so as to be seen as agreeable and not difficult. Conversely, 'masculine' safety work behaviours are those that require elements of either passively or actively perpetuating GBV, by treating femininity with disdain and distancing from it or otherwise engaging in behaviour that could be misogynistic.

A key aspect of safety work emerging from these considerations is trade-offs. These may involve not only potentially choosing between feminine or masculine conformity, but also weighing up what choosing not to conform to either, whether fully or partially, might mean in terms of one's safety and security. To our knowledge, there is no research that considers the idea of adopting masculinity and femininity as explicit engagement in safety work, though the ideas behind it are consistent with some explorations of gender. This includes Cops and Pleysier's (2011) aforementioned research, and the mixed methodological study by Roberts et al. (2022) on how women construct the urban landscape. The latter considered how women construct and navigate the urban landscape to avoid sexual violence, and found distinctly gendered readings, where women were viewing the public environment as masculine in ways that were interwoven with fear and aversion. They also touched briefly on the accounts of men in the same spaces, describing that while men may feel the increased danger, their narratives lacked the impact and detailed strategies to address feeling unsafe that women recount (Roberts et al., 2022).

Limitations and Avenues of Future Research

This study sought to expand understanding of gendered safety work as it applies in traditionally masculine workplaces. As a result of sampling, five of the 13 participants worked with the mining industry, and four of those participants worked in nearly identical roles. The majority of the participants who answered the demographic survey indicated that they were educated to at least a bachelor's degree and were under 30. A useful avenue for future research would be to consider other industries and roles not covered by this research's sampling, and to look at more specific age ranges or education levels.

Another limitation is a limited focus on intersectionality. So, while this research did encounter data relevant to these areas and included a wider sampling of gender and sex than other research in this area due to the broader target population, this was not measured in a quantifiable way. The demographic survey did not include questions related to cultural identity and ethnicity, nor did it include questions related to sex, sexuality, or gender beyond asking pronouns. Some participants alluded to the idea of safety work behavioural changes being undertaken to avoid violence other than GBV, and this could be a promising future avenue of safety work to explore.

Additionally, though the themes were interpreted with a focus on traditionally masculine workplaces, it was clear in the data that safety work expands beyond that context, and potentially even beyond the context of public spaces. There were several references to safety work in urban areas, rural areas, online spaces, and in private spaces such as the home. Applying the ideas of gendered safety work within the context of the home presents as an important avenue for future research, where they may amplify parallel research previously done in relation to family and domestic violence.

Conclusion

The way people perceive their gendered safety work behaviours is dependent on the context and culture in which they are employing the safety work. The four key findings from this study involved gendered safety work practices, the burden of responsibility and deprivation of independence that is associated with those practices, and the gendered nature of the workplace culture which necessitates it. This results in individuals being forced to make concessions to some forms of their personal safety or comfort in order to protect themselves from others, be that in minimising their gender expression, or making trade-offs that impact their emotional or financial security. The above findings were interpreted specifically in the context of traditionally masculine workplaces, where participants described a highly gendered environment necessitating changes to the scale of how stereotypically 'feminine' or 'masculine' someone presents. This gendered context can perhaps be attributed to the construction of these workplaces in relation to gender roles and 'women's work' and 'men's work'. These ideas lead to the conceptualisation of gendered safety work, and though this research takes steps to acknowledge the restrictions of gender binary constructions, such constructions still form a part of the societal context necessitating these safety work behaviours. As a result, we could interpret this gendered safety work as being interwoven with ideas of 'femininity' and 'masculinity', where an individual's presentation and how others interpret that, on either scale, can influence the safety work they perform in response. Moreover, choosing how 'feminine' or 'masculine' to present, or to not present, can itself be an aspect of gendered safety work – notions that warrant further research.

This research is highly relevant as GBV is still a pressing issue in Australia, and combatting it requires examination of its nuances and recognising how different groups might be affected by and participate in it. This examination encompasses how those at risk understand and interpret their reactions in the form of gendered safety work. Our research presents a deeper understanding of the psychosocial impacts of engaging in gendered safety work in traditionally masculine workplaces, and also has implications for other forms of violence targeting individuals on the basis of their identities.

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Addressing Heteronormative Assumptions: Working with Gender Schema in Schema Therapy

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This paper introduces the concept of gender schema and argues for its inclusion as a target of treatment in schema therapy intervention. The paper explores the origins of gender schema, using Bem's pioneering work in the 1980's as a platform from which to extrapolate the ways in which the hegemonic/patriarchal gender binary is internalised as gender schema. The paper introduces schema therapists to post-heteronormative discourse, which is not easily or readily available to most clinicians and is mainly absent within dominant psychology discourse. The project of incorporating gender schema into the schema therapy field might be considered within a broader practice and project of decolonising our discipline.

Keywords: schema therapy, gender schema, heteronormativity, gender binary

Several experiences prompted me to use schema therapy as the lens through which to look at gender and write this paper. Apart from times I have worked within specifically feminist organisations, very few workplaces and professional peers have seemed to consider how the patriarchal gender binary (man/woman) operates in cisgender and heterosexual people's lives and how heteronormative assumptions and gender roles may create harm for cisgender individuals, as well as gender diverse or gender non-conforming individuals. Some may assume that second-wave feminist ambitions for gender equality have largely been met in Western cultures. While there is broader acceptance of gender diverse identities, Western culture remains largely heteronormative. The patriarchal gender binary remains the dominant paradigm through which society and relationships are organised (Office for Women, 2023).

Further, it was as a participant in a workshop at the 2023 schema therapy conference in Melbourne where a presenter asked the audience, specifically the men in the room, how they respond when faced with a cis male client who espouses attitudes reflective of heteronormative attitudes at best, misogynistic attitudes at worst. I appreciate the courage displayed by a few individual men who responded. However, the majority of the responses indicated difficulty in grasping or addressing gender issues related to patriarchal gender norms from a schema therapy perspective. Apart from expressing disapproval of these attitudes in their clients, no one volunteered that they explore beliefs and assumptions about traditional gender roles, how they might have originated, are sustained, and what consequences may arise when those assumptions are questioned or challenged. This exploration could be a valuable clinical approach. While it is possible that participants, when confronted by these situations in their therapy rooms, would take that clinical path, the lack of explicitness suggests a gap in the schema therapy (and, I would argue, all therapy) landscape. I hope this paper starts a broader discussion within the schema therapy community regarding how gender schema may be identified, conceptualised, and addressed when gender schema emerges as part of a clinical presentation. Throughout this paper I aim to use gender inclusive language and use the prefix, cis which refers to individuals whose gender identity is aligned with the sex (male/female) they were assigned at birth.

Hertzmann and Newbigin (2023) optimistically suggest that at this time in history, we, as a [Western] society, have entered a post-heteronormative world. However, 2024 has not seen a decrease in incidences of violence against cis women (Counting Dead Women, n.d.) nor

Lesbian, Gay, Bisexual, Trans-sexual or Queer (LGBTQIA+) identifying people and those figures are worse for First Nations cis women and people of colour (Amnesty Internation, n.d.), so I am less optimistic. While there have been notable improvements for many LGBTQIA+ individuals in the Western world, for example in Australia same sex marriage became legal in 2017 and conversion therapy is now illegal in most states in Australia (Equality Australia, 2024), it is essential to remember that, in various parts of the world, being gay is still considered a crime punishable by death. Furthermore, hard-fought rights regarding access to reproductive justice, bodily autonomy, and equality for cis women and LGBTQIA+ individuals are currently facing debates and threats to repeal the progress that has been made. In Australia, we continue to grapple with alarmingly high rates of gender-based violence, even when compared to other OECD countries (UN Women, 2023).

LGBTQIA+ individuals often experience minority stress, leading to significantly higher rates of mental health issues and mortality compared to cis-gendered and heterosexual individuals (Australian Institute of Health and Welfare, 2023). Gender inequality remains deeply entrenched in our society. In the fields of psychology and psychiatry, the historical focus has predominantly centred on the LGBTQIA+ community, often pathologising non-heteronormative identities (Schudson, 2021; Cardoso et al., 2023), cis women (Ussher, 1991; Tseris, 2019), and other oppressed groups.

It is the purpose of this paper to address this heteronormative bias with the aim of increasing the inclusivity of the schema therapy space by dismantling the practice of prioritising and reinforcing heteronormative structures such as the patriarchal gender binary. Individual and societal change is driven by individuals who push for progress, and this change is at risk when heteronormativity is accepted as the norm. This paper aims not only to shed light on the issues with heteronormativity and the gender binary but also to propose ways in which schema therapy can help reshape perspectives in a therapeutic setting when dealing with what I will come to show as gender schemas.

In this paper, I will briefly provide an overview of the dominant psychological theories of gender and re-introduce gender schema theory, a theory introduced to psychology in the 1980's by Sandra Bem (Bem, 1981, 1982, 1983). I will use this theory to conceptualise gender schema through a schema therapy lens using research and discussions from psychoanalytic, sociological, social- psychological and philosophical literature.

There are many theories of gender. What I propose here is a theory that holds the promise of creating a way for schema therapists to work with what I will demonstrate is gender schema in the therapy space. This paper takes the position that we all hold schemas about gender but seeks to identify whether those schemas are adaptive or maladaptive, and whether gender schema is a helpful construct to bring into the therapy space.

Further, I hope for this paper to introduce to schema therapists' post-heteronormative discourse, which is not easily or readily available to most clinicians and is mainly absent within dominant psychology discourse. The exception to that is psychoanalysis which has a recent tradition of examining and questioning heteronormative assumptions and making attempts to conceptualise gender and sexuality through a diverse and intersectional lens and bring that into the therapy space (Chodorow, 1992; Mitchell, 1996; Hansell, 1998; Dimen, 2011; Butler, 1990; Orbach, 2016). This paper also reflects a nascent attempt at introducing a feminist and decolonising lens to schema therapy.

On Gender Theory and The Gender Binary

The assignment and categorisation of gender "is something human beings have created to make the world intelligible" (Olufemi, 2020, p. 50). For many people, their experience of gender represents and is experienced as an ontological truth. Gender is primarily accepted in cultural critical and intersectional feminist studies as a way in which Western and colonised societies

are organised. One is born and, depending on the visible anatomy, is assigned a gender that sets up expectations and roles around sexuality and desire. Butler (1990) calls this the heterosexual matrix, where one assignation "naturally" leads to the next. Gender is often introduced when we are in the womb, pre-verbally, before we have words to understand the way gender is enacted upon us. Mitchell (1996) describes the process of internalising that ontological truth as requiring a "prior fractioning and splitting of experience into socially constructed dichotomised gender categories" (p. 55).

Gender constitutes a prominent and influential facet of an individual's self-identity. However, Halberstam (2018), as well as other historians and critical theorists (Haraway, 1988; Grosfoguel, 2013), identify that the classification of gender arose:

> *...at a time when Europe was engaged in a large-scale imperial orientation toward classification, collection and expertise. Our current investments in the naming of all specificities of bodily form, gender permutations and desire emerge from this period…The fiction of a gendered and sexual identity… took hold and became the reigning narrative of being in the late twentieth-century life* (Halberstam, 2018, p. 7).

Subsequently, how society today constructs and perceives gender plays a pivotal role in shaping a person's outward appearance, preferences, pastimes, social connections, interpersonal behaviours, romantic involvements, and career choices. Given the pervasive impact of gender on one's life, many theories have been formulated to elucidate the development and distinction of gender. For a comprehensive overview of these theories, the reader is encouraged to consult Vanderlaan and Wong (2022). However, what is primarily accepted is that biological differences between the binary sexes (cis- man/woman) do not account for why cis men and cis women are often considered to be from different planets (Fine, 2010). People who are intersex disrupt the binary also with prevalence rates being approximately 1.7% of the world population (Office of the High Commissioner for Human Rights (n.d.), which is commensurate with the number of redheads in the world, 1-2% of the population (Flegr & Sýkorová, 2019; World Population Review, 2023). In a study examining gender identity in "normative" [cis-gendered] individuals, Joel et al. (2014) found that approximately 35% of participants reported fluidity in their gender identity. The authors "conclude that the current view of gender identity as binary and unitary does not reflect the experience of many [cis gender identifying] individuals" (Joel et al., 2014, p. 1).

Further, there is ample evidence to indicate that hegemonic patriarchal gender norms and strict adherence to those contribute to poorer health and mental health outcomes for those who adopt them. The concept of hegemonic masculinity, for example, has been the subject of extensive research and discussion in the fields of sociology, gender studies, and psychology. It refers to the dominant and socially accepted norms and expectations surrounding masculinity in a given culture or society. These norms often prescribe physical strength, emotional control, stoicism, and vulnerability suppression (especially in white, Western cultures). Hegemonic masculinity can impact various aspects of men's lives and the lives of those around them though the association between hegemonic patriarchal masculinity and mental health outcomes is complex and multifaceted. Some of the consequences of hegemonic masculinity for men reported on by Slegh et al. (2021) include men having far higher rates of suicide (Suicide Prevention Australia, n.d.), making up three-quarters of all suicides, not engaging in help-seeking behaviours, having challenges in personal relationships, and having higher rates of substance misuse as a coping strategy.

The evidence suggests that societal expectations and pressures placed on cis men to conform to rigid norms of masculinity have far-reaching consequences for their emotional well-being. As indicated above, emotional suppression, perceived stigma against help-seeking, strained relationships, identity crises, and a higher risk of suicidal ideation are among the mental health issues associated with this conformity. Addressing and challenging these norms

is essential to creating a society where cis men can freely express their emotions, seek help when needed, and ultimately enjoy better mental health outcomes. Further information and resources on assisting cis men and tackling harmful hegemonic masculinity can be found here: https://xyonline.net (Flood, n.d.).

Gender Schema Theory

A brief overview of different dominant psychological theories of gender includes psychoanalytic theory, which underscores the significance of a child identifying with their same-sex parent and learning to experience gender as a "restriction of possibility" (Ahmed, 2017, p. 7). This restriction, according to Butler (1995) and Hansell (1998), represents and is experienced as a loss "for homoerotic early attachments and gender-inconsistent traits, which must be renounced in childhood in our heterosexual-dominant culture" (Hansell, 1998, pp. 338-339). In contrast, social learning theory highlights the influence of explicit rewards and punishments for conforming to gender-appropriate behaviours, as well as the power of observational learning and modelling. Cognitive developmental theory, conversely, emphasises how children autonomously socialise themselves after firmly establishing their gender identities as either male or female (Miller, 2016).

Bem (1981) and others (Crane & Markus, 1982; Markus et al., 1982; Liben & Bigler, 2017; Starr & Zurbriggen, 2017) have identified and supported the presence of gender schema for gender binary socialised individuals. Emerging from second-wave feminist research in the 1970s and 1980s, Sandra Bem introduced the term "gender schema" to psychology in 1981. She aimed to demonstrate that "sex-typing", the process of categorising individuals, objects, activities, and roles as masculine or feminine, results from gender-based schema processing and a generalised readiness to process information based on gender. She focused on how an individual's self-concept aligns with gender schema, and she proposed that gender schematic processing partly arises from societal insistence on the hegemonic gender binary.

Bem's Gender Schema Theory (Bem, 1981) offered a cognitive framework for understanding the development and organisation of gender identity. It extended previous gender development theories, emphasising the role of gender schemas, and it has been influential and generative in psychology (Liben & Bigler, 2017; Starr & Zurbriggen, 2021). Bem also introduced the Bem Sex Role Inventory (BSRI), which has been widely used for identifying gender-role orientation but has faced valid criticisms of whether or not it captures and measures gender schema, and in its omission of consideration of the variability of gender norms as they intersect with race, disability, and other marginalised identities (Liben & Bigler, 2017). Subsequently, various other instruments have been developed to measure gender (e.g., Joel et al., 2014) and gender schema. It is beyond this paper's scope to compare and evaluate measures that have the potential to identify gender schemas for schema therapy at this time. However, this should be a focus of future research.

Bem's theory identifies two elements: gender-aschematic and gender-schematic individuals. Gender schematic individuals vary in the rigidity with which they hold their gender schema. Those identified in research undertaken by Bem as having gender schema were shown to categorise, interpret, and remember information based on gender. Gender-schematic individuals are hypothesised to conform to traditional gender roles and stereotypes, reinforcing societal norms. In contrast, gender-aschematic individuals are more open to diverse gender-related behaviours and attributes, being less influenced by stereotypes (McCann, 2022; Morgenroth & Ryan, 2021). Gender schema theory also addresses gender development in children, suggesting that they actively seek, internalise, and imitate information about gender roles and stereotypes from their environment, contributing to the formation of their gender identity (Bem, 1983).

Using Bem's gender schema theory as a bridging theory, I will now argue for incorporating gender schema into the schema therapy frame.

Schema Therapy

Schema therapy is a transdiagnostic, comprehensive and integrative approach that combines elements of cognitive-behavioural, psychodynamic, and experiential therapies to address deep-seated emotional and behavioural patterns (Young et al., 2003). It was designed to address long-standing and pervasive psychological issues that standard CBT failed to ameliorate. Schema therapy is founded on the premise that many of our emotional and behavioural problems can be traced back to early life experiences, especially those involving unmet core emotional needs.

A schema, in the context of schema therapy, is a deeply ingrained and enduring pattern of thinking and feeling that is thought to develop in childhood and adolescence. Young et al. (2003) defines a schema as: *"a broad pervasive theme or pattern; comprised of memories, emotions, cognitions, and bodily sensations; regarding oneself and one's relationship with others; developed during childhood or adolescence; elaborated throughout one's lifetime and dysfunctional to a significant degree"* (Young, 2003, p. 7).

These schemas are formed due to early experiences and are essential in shaping one's self-concept and worldview. Schemas can be adaptive and healthy, but they can also become maladaptive if early needs are unmet or a person experiences repeated negative interactions and events. Schema therapy aims to identify and address these early maladaptive schemas (EMS), which underlie a wide range of emotional and psychological issues. The goal of schema therapy is to help individuals recognise and challenge these early maladaptive schemas and replace them with healthier, more adaptive beliefs and behaviours. This is accomplished through cognitive, emotional, and behavioural techniques and, centrally, the therapeutic relationship.

Schema therapy, in its current form, conceptualises schemas as forming in response to the child's needs being unmet or partially met. Pilkington, Younen, and Karantzas (2022) advise though that the [schema therapy] model is currently theoretical and that it is possible and necessary to consider other frameworks for schema development.

The universal needs, according to schema therapy, are "1. Secure attachments to others (including safety, stability, nurturance, and acceptance); 2. Autonomy, competence, and a sense of identity; 3. Freedom to express valid needs and emotions; 4. Spontaneity and Play; 5. Realistic limits and self-control"(Young et al., 2003, p. 10). More recently, Arntz et al. (2021) have introduced the need for self-coherence and fairness. However, there has not yet been discussion in the schema therapy literature of how the perception and acceptance of needs might be gendered and/or culturally informed and therefore reinforced along gendered lines. For example, cis girls may be discouraged, because they are cis girls, to express anger freely and cis boys may be deprived of nurturance because they are cis boys. While it is evident that these experiences may result in the development of schemas already existing within the schema therapy framework, they may also contribute to the development of gender schemas.

There is also limited research exploring gender differences in early maladaptive schemas though in a study examining early maladaptive schemas among alcohol dependent men and women Shorey et al. (2012) found that women scored significantly higher than men on 14 of the 18 early maladaptive schemas. In another study examining gender differences in treatment seeking opioid users, Shorey et al. (2013) again found that women scored significantly higher than men on a number of schema domains and individual schemas though the etiological factors that may be responsible for these gender differences are yet to be established.

When we consider the need for a sense of identity and self-coherence in the construction of gender schema (identity stemming not only from the family unit but also from where one fits more broadly in society), we can consider ways to account for how gender schema may become embedded despite families attempting to raise gender aschematic children. This is similarly how we might start to consider how race and internalised racism may occur despite a child being raised in a family where efforts are made to mitigate negative messages around racial identity. Mitchell illustrates this in his 1996 paper. Mitchell's paper begins with his reflection on how his memories of his mother and father were likely influenced by a desire to be more like a man and attribute "manly traits" (persistence in the face of challenges, to face them head on; to not flinch; belief in one's own resources and instincts) to his father despite his mother being the "passer-on" of such traits. This, he reflects, was primarily a function of the reality that his mother, being a woman, held a lower status in his family and society, something he wished to distance himself from. Mitchell (1996) states he "wanted to be like the men, not the women" (p. 147) but not like his father, whom he described as anxious and lacking in resilience and self-assuredness. Mitchell reflects that his fantasy of his father being the one to teach these lessons was necessary in order for him to adopt a masculine gender identity that aligned with "stereotypically masculine" patriarchal societal norms. Here, we can consider that what was internalised was gender schema, and according to Bem (1981), it was gender schema that impacted Mitchell's recollections.

Mitchell (1996) acknowledges that his account reflects the development of his gender as a "construction within a relational context" (p. 47). However, it is relational not only to his parents but to broader societal norms around gender and gender hierarchies.

Mitchell (1996) goes on to cite Butler (1990) who writes that "If [gender] is culturally constructed within existing power relations, then the postulation of a normative [gender] that 'before', 'outside', or 'beyond' power is a cultural impossibility" (p. 55). However, as schema therapists, we recognise that an individual's schema activation does not occur inside a vacuum. The schemas and their origins are not free of the relational and cultural context in which the child and subsequent adult find themselves. Gender schema, therefore, is an ongoing negotiation between what occurs in the individual's environment that might activate the gender schema in a way that results in unhelpful or helpful consequences. When considering the adaptiveness of gender schema, the question that needs to be asked is whether it is adaptive and functional for the individual, their relationships and, more broadly, the community. This is an especially important consideration as some gender schema may result in outcomes that are personally advantageous but cause harm to others. McCann (2022) utilises the term "rigid" to encapsulate Waling's (2019) idea that we should pay attention to a strict adherence to the gender binary. "Rigid" refers to certain ways of expressing femininity and masculinity (gender schema) that promote inflexible gender concepts. The focus here is not solely on enforcing boundaries of gender but also on the political and emotional attachments that sustain inflexible gender ideals. These attachments are rooted in the belief that specific forms of femininity/masculinity (gender schema) promise success, liberation, or social advancement. Examples can be found in the discourse surrounding the #tradwives phenomena (Love, 2020) and the misogynistic ideas espoused by Andrew Tate (Verma, 2023).

Considering the rigidity of gender schema helps us grasp how the inflexible expressions support a gendered system and foster a misguided optimism that some forms of femininity/masculinity, manifested through gender schema expression, will bring success, liberation, or social advancement. "Rigidity serves as a signifier to understand what is problematic about maintaining unchallenged and unchanging gender approaches" (McCann, 2022, p. 17).

The implication here is that gender schema is unconditional and able to be recruited by defences or what are called schema coping modes in schema therapy. Schema coping modes

act to ensure needs are met, even if those needs are around rigidly maintaining the gender schema (patriarchal gender binary) to satisfy the need for acceptance and belonging by others or self-coherence, for example. It is also worth considering that some conditional schema and schema coping modes may be gender-coded, something I wish to explore in future research.

An example of how gender schema might operate can be explored when considered alongside objectification theory (Fredrickson & Roberts, 1997). The integration of gender schema holds the promise of incorporating a more profound developmental and cognitive aspect to elucidate the origins of self-objectification and why some cis women may exhibit a higher susceptibility to self-objectification than others.

Objectification theory contends that due to the sexualised nature of Western culture and media and the prevalence of objectifying experiences for many cis women, they tend to internalise an objectified and sexualised self-perception, resulting in negative outcomes like depression (Fredrickson & Roberts, 1997). Although objectification theory has predominantly focused on adult cis women, its explanation of how cis women become socialised to adopt an observer's viewpoint aligns with a developmental framework. For example, the socialisation process that leads gradually to the internalisation of these ideas through objectification closely resembles Bem's (1983) account of how cis girls are socialised into femininity within Western-gendered society, creating an internalised gender schema that guides their information processing and decision-making about themselves and their surroundings.

Gender schema provides an additional layer of understanding regarding how individuals process objectifying stimuli differently. Cis girls with strong feminine gender-typed characteristics tend to find gender-related information more noticeable, making them more attuned to sexualising and objectifying media, as well as other cultural and interpersonal influences from peers and family. Consequently, they may consume more of this content, considering it highly relevant to their self-concept and gender identity. This, in turn, results in self-sexualisation and self-objectification more frequently than cis girls who do not strongly identify with traditional gender roles (and who may be gender aschematic or possess less rigid gender schema). It is essential to note that this behaviour is not driven by self-directed sexual desire or a desire to appeal to men but rather as an effort to conform to cultural definitions of femininity which, in gender-typed individuals, may enhance their self-esteem by aligning with these societal norms.

As a result, early experiences of sexualisation and objectification may become self-reinforcing, and cis girls who are socialised from an early age to adhere to traditional gender roles may continue to perpetuate these traits throughout their development. Butler (1990) refers to this as gender performativity. Olufemi (2020) argues that what Butler means by this is that gender might be best viewed as “a ritual that is made up of certain kinds of repetitive behaviours that sediment over time. When we repeat this behaviour, we create ourselves” (Olufemi, 2020, p. 53).

This reinforcement occurs through mechanisms such as the increased salience of gender-typed information, media choices, and self-assessment and regulation based on gender-typed behaviours. However, in line with the predictions of objectification theory, the initial and ongoing self-objectification may lead to negative outcomes over the course of a person's life, including higher rates of depression and disordered eating. Incorporating gender schema into a schema therapy conceptualisation and intervention is likely to be a beneficial clinical path when gender schema is prominent.

Maintaining Gender Schema: Performing and Policing Gender

Morgenroth and Ryan (2021) put forward a framework from which the perpetuation and impacts of the disruption of the gender/sex binary can be understood. In essence, they argue that when the heteronormative gender binary (gender schema) is disrupted, efforts are spent

attempting to re-align the binary to alleviate anxiety or minimise perceived internal and external threats (schema activation). Those efforts may be intrapsychic, where an inner critic, for example, may police the performance of gender through shaming statements and self-directed reprimands, or external, where an individual or group may push against changes to legislation, such as allowing people to change their gender on their birth certificates or, at worst, harm those who desire to live a life outside the gender binary and heteronormative matrix.

I hypothesise that the presence of gender policing, in oneself or others, signals the presence of gender schema. To illustrate this, Butler, in an interview available on YouTube (Stef. Trans, n.d.), tells the story of a young man who walked with a swish of his hips in what could be described as feminine, and as he got older, 16 or 17 years old, that swish became more pronounced, and he started to be harassed by the boys in the town, and they fought with him, and they killed him. Butler asks the question, "Why would someone be killed for the way they walk? Why would that walk be so upsetting to those other boys that they must negate this person? They must stop that walk, no matter what?". Butler goes on to suggest that what occurs in this situation is the provocation of deep fear and anxiety that pertains to gender norms. She asks us, the viewer, to consider what the relation is between complying with gender norms and coercion. I put forward the argument that the relation is a gender schema. In the same vein, Halberstam (2018), at the time a self-described masculine female (now a trans-man), argues that "ambiguous gender, when and where it does appear, is inevitably transformed into deviance" (p. 20) and describes a personal experience of having security called by cis women when Halberstam was using the women's bathroom at an international airport. The security guard, on arrival and due to the sound of Halberstam's (female-sounding) voice from behind the bathroom door, realised the error that had been made and moved on. While these represent perhaps more extreme forms of gender policing and imposition of gender norms from those who comfortably occupy heteronormative spaces onto the bodies of those who do not, there are seemingly more subtle forms of gender policing that will, from a needs model perspective, resonate for the schema therapist. In her writings on happiness, Ahern (2017) illustrates the ways in which the heteronormative path may be subtly encouraged by family and society more generally. An illustration of this can be found in a clip by BBC Stories (n.d.) based on the work of Frisch (1977), where children were dressed in clothes read as clothes for a cis girl or cis boy, and adults were instructed to play with them. The adults in the clip tended to play with the children in highly gendered ways. When they believed the child was a cis boy, they would show the child toys for boys, such as trucks, and when the adults believed they were playing with a cis girl, they would show the child dolls to play with. According to Ahern (2017), for some children, walking the "right heteronormative path" results in approval and a relief of pressure felt when the "wrong" action is taken up. Further, it is not unheard of that a parent will state, "I just want my child to be happy"; that implies there is a direction that can be taken by the child in regard to gender and sexuality that will inevitably lead to unhappiness. Ahern (2017) goes on to state:

> *Not being boy enough meant being hurt, damaged by other boys who were boy enough. To want happiness is to want to avoid a certain kind of future for the child. Avoidance, too, can be directive. Wanting happiness can mean wanting the child to be in line to avoid the costs of not being in line. You want a boy to be a boy because not being a boy might be difficult for a boy. Boying here is about inclusion, friendship, participation, approval. Boying here is about avoiding the costs of not being included. To want happiness for a child can mean to want to straighten the child out. Maybe, sometimes too, a boy might "self-boy", realising that he might have more friends and enjoy himself more if he does the same things other boys do….No wonder then that in some parental responses to a child coming out, this unhappiness is expressed not so much as being unhappy about the*

> *child being queer [or deciding not to marry or have children] but as being unhappy about the child being unhappy* (p. 51).

This experience also highlights the ways in which the child's gender schema may be formed in part in an effort to make the parents happy. Certainly, for the schema therapist, we can see the ways in which enmeshment, or approval-seeking schema, may emerge as a result of these kinds of experiences, but so too are there messages about gender and the requirement to internalise the "right kind" of gender schema. For the interested reader, Ahern (2017) eloquently goes on to discuss the ways race and culture intersect with gender and the gender policing experience. She highlights that one can "kill joy in others just by not being made happy by the right things" (p. 53), whether that is not playing the right sports or wanting to play with the right toys in the right way.

Olufemi (2020) writes that it is "the violence [policing of gender] that defines our experience of the world, not our biological makeup" (p. 54). Here, I do not believe Olufemi is referring to violence that is only ever overt or physical. It is in the subtle and not-so-subtle messages that approve of some gender rituals over others that shapes experience and informs gender schema. They go on to state, "The pressure to 'do' gender correctly is so embedded in our social lives that it is hard to conceive of a world without it" (p. 55).

Policing gender is also not something that is the domain of older generations who have not grown up with the same post-heteronormative images, stories, and discourses as younger people. Olufemi (2020) reports on statistics, for example, that "In the Americas, 80 per cent of the trans women killed as a result of gendered violence are 35 years of age or younger. Gender harms us all." (Olufemi, 2020, p. 53).

For schema therapists, there may be a temptation to want to identify what gender schema is adaptive and what is maladaptive. This is understandable, given that there is an emphasis in schema therapy on categorising schemas into adaptive or positive and healthy or maladaptive categories. Bem's gender schema theory (Bem, 1981) and research, as previously stated, identified individuals who were gender aschematic and who were gender schematic. Bem demonstrated that "sex-typing", the process of categorising individuals, objects, activities, and roles as masculine or feminine, results from gender-based schema processing and for those who were identified as gender schematic, a generalised readiness to process information based on patriarchal and gender binary norms. Given this paper's argument that heteronormativity and the patriarchal gender binary create problems for individuals and society, having gender schema is potentially maladaptive though the rigidity with which the gender schema is held and might be more detrimental. It is in that vein that I will attempt a nascent working definition of gender schema.

A Working Definition of Gender Schema for Schema Therapists

A gender schema is a cognitive framework that consists of a network of associations and beliefs about gender that organise and guide an individual's perception of self and others. Some key aspects of the gender schema concept:

- It is a mental structure or framework that shapes how we process information related to gender.
- It contains interrelated gender associations, expectations, and stereotypes that affect how we categorise and respond to gender cues.
- The gender schema gets established early through socialisation and experience. Children learn the cultural meanings and stereotypes associated with males and females.
- The schema provides guidelines for gender-appropriate behaviour, attributes, and roles. It creates a gendered lens through which we filter information.

- Individuals differ in the strength and flexibility of their gender schemas. Rigid gender schemas strictly conform to traditional binaries and stereotypes. Flexible schemas allow more latitude.
- Strong traditional gender schemas lead people to process information in a stereotypical manner and evaluate others based on gendered assumptions.
- Gender schemas influence self-perceptions. People evaluate their own competence and abilities through the lens of their internalised gender expectations.

In summary, a gender schema is a mental framework of gendered associations and stereotypes that shape how we perceive, evaluate, and behave related to gender, both in ourselves and others.

What can Schema Therapy Offer?

The schema therapy model and specifically the therapeutic relationship as embodied in limited reparenting can create the safety required, relationally, in order for individuals to explore parts of themselves, parts that contain gender schema, otherwise disavowed or significantly defended against (Howell, 2013; Bromberg, 2003; Bromberg, 2013). This is especially so for working with men who perpetuate gender-based violence – something I wish to take up in future discussions.

In the next section of this paper, a possible gender schema mode model for the schema therapy community's consideration is provided.

Gender Schema Conceptualisations for Schema Therapy.

Healthy Adult

The healthy adult is the term used in schema therapy to represent the self at best which is able to accommodate flexible and multiple gender states, in self and others, and recognise gender as a social construct where rigid binary examples of gender are recognised as constructed. The healthy adult is able to recognise the social and political imperative for individuals and society to be organised according to gender and can remain intelligible to self even if not intelligible to others. The healthy adult mode does not 'police' gender in others in regard to enforcing rigid binary gender norms.

Critic Modes

Critic modes may represent an internal 'policing' mode that is critical, shaming and guilt-inducing and espouses rigid messages directed at the self around enforcing the gender binary. They also often will contain culturally and socially dominant messages around gender and gender roles. They may be critical of and feel the need to 'police' others in order to enforce rigid binary gender norms.

Coping Modes

Coping modes recruit gender schema. Coping modes may be conceptualised as performing patriarchal/hegemonic gender (masculinity or femininity) as an overcompensation to gender schema or another maladaptive schema. Coping modes may also contain and perform subversive gender roles in response to gender schema activation. It is important to note here that subverting masculinity and femininity is not in and of itself always a response to gender schema.

Olufemi (2020) highlights the point I wish to caution the reader about when considering the recruitment of gender by coping modes. Olufemi cautions that "rejecting femininity, [or masculinity for that matter] does not equal liberation. Women are not oppressed because of the existence of makeup and high heels…; these are merely by-products of a sexist society. This kind of thinking stems from the kind of feminism that argues that women can escape sexist

oppression by ‘de-gendering’ or refusing traditional femininity. While this approach opens our eyes to the fact that femininity is a construct that serves male dominance, opting for gender neutrality often means adopting a universal masculinity. Baggy shirts and suits do not equal liberation either.” (pp. 61-62), nor do they necessarily represent an absence of gender schema.

Vulnerable Child Modes

Vulnerable child modes contain gender schema. In line with Bem’s (1981) research, individuals can be aschematic for gender, and gender schema may be context-specific, that is, in relation to desire and may be more likely to be present in cis gendered heterosexual relationships. It is also useful to consider the presence (though felt absence) of an abandoned child "not-me" gendered self-state, which represents cut off from or disavowed gender parts of self (Hansell, 1998; see Bromberg, 2003; Bromberg, 2013; for more on ‘not-me’ self-states).

Conclusion

Mitchell rightly asks the reader (therapist) to consider their programmatic intent when it comes to gender and, for that matter, sexuality. What schemas get reproduced (for the clinician and client) and reinforced when the clinician does not question heteronormative and heterophilic (a term coined by Schwartz, 1993) assumptions? What message do they convey to the cis man and cis woman when they fail to examine or question gender schema that may encode man=superior; woman/non-binary/trans=inferior, for example?

By not naming gender schema, we potentially collude with the patriarchal gender binary system. By naming it, therapists assist the individual in becoming conscious of the ways in which the schema is perpetrating potentially unhelpful and unhealthy ways of being in the individual's life and the broader community. This is also useful for those who wish to be allies to the LGBTQIA+ community. By bringing gender schema into the therapy field, we have the potential to give people tools to understand themselves better and to become more aware of the ways in which societal pressures and power operate. Of course, these pressures and the impact of power shift when they intersect with other oppressed identities. However, the point I wish to emphasise is that it is not enough to not intend to replicate or collude with sexist or discriminatory attitudes.

What I hope for by writing this paper and putting forward this theoretical mode of gender schema is for those who work in the schema therapy space to become curious, or remain so, about the possibility that gender schema may be operating. I also hope that we, as therapists, continue to hold the conceptualisation in mind, listening out for ways gender schema may contribute to a society that can feel unwelcome to those sitting outside the gender binary norms and at worst, contribute to the ongoing manifestation of patriarchal and colonial hierarchies, that both have the potential to harm the possessors of the rigidly adhered to gender schema or that seek to violently impose, control or destroy those bodies existing on the gender diverse and gender non-conforming rungs of the gender hierarchy.

I also acknowledge that for many therapists, this way of thinking or using gender schema as a lens through which to understand and work with unhelpful and unhealthy behaviours for clients and the community more broadly may mean needing to do our own work on our own gender schema, often and especially, having grown up in a culture that values heteronormativity. It is also important to acknowledge that psychology as a discipline is built from colonial and patriarchal practices which have historically striven to normalise and reinforce the gender binary and heteronormativity. I see the work presented here in this paper as not only being fruitful for the people we treat but as a broader practice and project of decolonising our discipline.

Future Directions

There is much to do to bring gender schema into the schema therapy frame. Identifying and establishing psychometric tools that might best capture gender schema is one priority. In future papers, I wish to put forward case studies illustrating the ways in which this work can be performed, and research into the effectiveness of schema therapy as an intervention that can modify gender schema and result in a reduction of oppressive attitudes and behaviours is another priority, especially in the gender-based violence treatment space. Further research into the way gender schema may contribute to and intersect with other schemas will also be a valuable pursuit.

I am also hoping, if nothing more, that this paper assists in creating a space where discussion can begin to take place around how, as schema therapists, we might address the issues of gender inequality, gender-based violence, and rigid adherence to the patriarchal gender binary.

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Reimagining Schema Therapy: A Queer Approach to Trans and Gender Diversity-Inclusive Practice

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For transgender clients, societal stigma often leads to adverse formative experiences rooted in gender experience and expression, potentially resulting in early maladaptive schemas related to disconnection and rejection. Schema Therapy offers a powerful avenue for healing through emotionally corrective experiences. However, many therapists have not been supported in recognising how social and cultural factors, such as cisgenderism and heteronormativity, impact the therapeutic needs and opportunities for healing when working with marginalised communities. This influence extends well beyond individual and family-of-origin issues. This underrepresentation of LGBTQIA+ therapists may also create therapeutic blind spots and biases, potentially affecting treatment effectiveness. This paper describes the aims and impacts of a half-day Schema Therapy Workshop on adapting the modality for trans clients. The purpose of this workshop was to explore treatment approaches that actively challenge biases and incorporate social and cultural factors into every facet of therapy, from formulation to treatment implementation. This paper reflects on how we aimed to fulfill this purpose, the lessons learned, and potential ways forward by reimagining Schema Therapy through a queer lens to enhance its therapeutic potential in the mental health care of clients with diverse gender identities.

Keywords: Schema Therapy, LGBTQIA+, Transgender, Queering, Minority Stress, Oppression

Queering, or interpreting a theory through a Queer lens, is an active and nuanced process involving the embrace of fluidity and complexity, and the deconstruction of established binaries. It involves disrupting and subverting established norms, fundamentally reshaping societal constructs and establishing space for the acknowledgment and affirmation of marginalised voices and perspectives. It is derived from Queer theory, championed by scholars such as Judith Butler (2006) and Sara Ahmed (2006), which offers a transformative lens through which to scrutinise and challenge normative structures of identity, gender and sexuality.

Schema Therapy, an established psychotherapeutic approach, operates as an integrative framework, incorporating elements from various therapeutic modalities such as Psychodrama, Attachment Theories, Psychodynamic therapies, Cognitive Behavioural Therapy, and Gestalt therapy to tailor interventions to individual needs (Young et al., 2003). It uniquely emphasises attunement to the client's internal reality and encourages therapists to explore their own schema activation. The infusion of a Queer lens into Schema Therapy necessitates a critical examination of societal norms and heteronormative biases, which may contribute to the development and perpetuation of maladaptive schemas within trans clients. In Schema Therapy, maladaptive schemas are viewed as deeply ingrained patterns that develop in response to unmet emotional needs during early life, often leading to difficulties in one's current well-being and relationships. We acknowledge that the term maladaptive, though technical in schema therapy, has historically been used in ways that pathologise the coping strategies of

individuals—particularly those from marginalised communities. In this paper, we use the term with care, referring specifically to patterns that were once protective but may now limit a person's capacity to meet their needs or form fulfilling relationships.

Adapting Schema Therapy through a Queer perspective is an evolution that not only contributes to dismantling historical pathologisation but also propels the field towards more equitable and affirming mental health care practices. While acknowledging the expansive nature of Queer theory, this paper intentionally narrows its focus to the tailored application of Schema Therapy for people of diverse gender identities. Note that we use the term 'trans' as a shorthand for clients who identify as transgender or as people of diverse genders. Transgender and diverse genders encompass all forms of gender identity and expression that differ from cisgender experiences, such as those that differ from the gender assigned at birth. This includes transgender, non-binary, genderqueer, agender, Two Spirit, Sistergirls, Brotherboys, and more. This definition aligns with the guidelines set forth in the American Psychological Association's Sexual Orientation and Gender Diversity research manuscript writing guide (Veldhuis, et al., 2024).

This transformative shift is vividly reflected in a client's articulate testimony: "*It's the first time I've experienced therapy that didn't require me to fit into a preexisting structure. For someone like me, who is nonbinary, there is no social trajectory. So there's something radical about having therapy that can fit around me as I am*," (personal communication, May, 2023). This testimonial not only highlights the promising avenue Queering Schema Therapy presents for addressing issues related to trans clients but also underscores the historical deficiency in explicitly integrating social and cultural factors affecting those subjected to intense marginalisation.

As we delve into reimagining Schema Therapy through a Queer lens and its transformative impact, the potential for significant promise, especially for marginalized clients, becomes apparent. However, within the broader context of mental health, specifically trans experiences, the imperative to confront sanism emerges. Sanism, a pervasive form of discrimination against those with mental health conditions, perpetuates harmful power dynamics and biases in therapeutic spaces.

The discussion led by academics such as Judith Herman (1992; 2023) and Robert Whitaker (2002), as articulated in his book, "Mad in America" emphasises the perpetuation of pathologising clients experiencing mental health issues, deflecting attention from a thorough examination of systemic and structural factors that contribute causally. The medical, legal and social structures have perpetuated prejudice and marginalisation to the extent where gender nonconformity is pathologised and treated as a mental disorder (Lev, 2014). Gatekeeping practices, influenced by sanist attitudes can be seen in cases where trans clients are required to undergo extensive psychological assessments, oftentimes humiliating, and where there is an onus on the person to "prove" that they are trans or maintain a narrative of intense distress in order to access gender affirming interventions. This process can be stigmatising, reinforcing harmful stereotypes and creating additional barriers for trans people seeking affirmation for their gender identity.

In combatting sanism, the integration of trans narratives and voices into mental health training becomes a powerful strategy. Notably, two of the authors of this paper are trans, providing a unique perspective that enriches the discourse and contributes to a more inclusive and informed dialogue.

A supplementary approach to address sanism entails integrating authentic client vignettes that portray the intricate experiences of trans clients, fostering a deeper understanding and compassion among mental health professionals. This practice is exemplified in our workshop, where we incorporate client stories and vignettes reflecting the complexity and intersectionality of identities often held by trans clients. Gender nonconforming poet and

performer Alok Vaid-Menon underscores the importance of shifting the focus from mere comprehension of issues to compassion in discussions about trans rights. Vaid-Menon (2021b) challenges potential allies who, using a lack of understanding as a shield, may refrain from supporting the LGBTQIA+ community, asserting, "Why do you need to understand me to say that I shouldn't be experiencing violence?".

Aligned with Gonzalez's (2018) emphasis, Schema Therapy's primary objective in working with trans clients is to affirm their gender identity—a goal intricately intertwined with the principle of attunement within the Schema Therapy framework. This approach underscores the importance of tailoring therapeutic interventions to align with the client's distinct gender experience.

Workshop Outline

This paper documents a series of workshops conducted by Liu and Callegari (2022, 2023) during the International Society of Schema Therapy Conference in Copenhagen and Melbourne, focusing on the adaptation of Schema Therapy for trans clients. The present paper aims to extend this discourse by outlining training needs and Schema Therapy adaptations for working specifically with trans clients. The workshop covers diverse topics, including: the historical context of engaging with trans clients; the evolution of gender dysphoria as a mental health diagnosis; how to conduct affirming gender history interviews; and the role of trans therapists. To provide further context, the paper delves into the impact of the Minority Stress Model on schema development and offers insights into Schema Therapy strategies when working with trans clients. The inclusion of a vignette illustrating a Schema Therapy formulation enhances practical insights for therapists. The workshop's commencement involved a theatrical role play featuring a "Gender Assessment" session with a fictional trans male client named "Luke Nguyen". This scenario underscores the harm that can arise when therapists lack knowledge or humility, leading to unintended schema triggers. The role play aims to evoke empathy among therapists for the psychological impact of misattunement, highlighting the importance of assessing gender in a consent-based, affirming manner. The subsequent sections elaborate on the workshop's content, shared through training, role play, and discussions with delegates. See Appendix 1 for a transcript of the role play.

Exploring Historical Discrimination against Trans Clients

Following the roleplay, the workshop presenters provide a contextual orientation, underscoring the crucial need to grasp the historical and political backdrop of engaging with trans clients. This awareness emanates from a protracted history marked by the pathologisation, infantilisation, and erosion of autonomy experienced by those identifying as trans. The imperative of Queering Schema Therapy becomes strikingly clear, especially when confronted with the alarming prevalence of mental health issues within the trans community (Nobili et al., 2018; Pinna et al., 2022). Throughout history, Western culture has subjected trans people to pervasive discrimination, characterised by systemic prejudice and societal marginalization (Hughto et al., 2015). Gender nonconformity has been commonly pathologised in medical and psychological realms and labelled as a mental disorder (Lev, 2014). The struggles for recognition, acceptance, and fundamental human rights by trans communities have been formidable, with the lasting legacy of historical discrimination continuing to impact these individuals today.

Pivotal moments, such as the 1969 Stonewall Riots in the United States and the initiation of homosexuality decriminalisation, notably starting with Denmark in 1992, have significantly influenced public perception and advocacy for LGBTQIA+ rights. The pressure on the American Psychiatric Association resulted in the removal of homosexuality from the

Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1973, followed by its removal from the International Classification of Diseases (ICD-10) in the 1990s, two decades after the removal from the DSM (Cochran et al., 2014; Drescher & Merlino, 2007). Acceptance of homosexuality and the pace of its depathologisation vary due to diverse cultural, religious, and political contexts across countries. In Australia, the fight for marriage equality gained prominence in the 21st century, with a national postal survey in 2017 resulting in a majority in favour of legalising same-sex marriage.

Despite the aforementioned strides in acknowledging rights for sexual diversity, progress in trans rights specifically has significantly lagged behind. In many countries around the world, including Australia, sterilisation and divorce from preexisting marital relationships are required before trans people can obtain recognition of their gender identity in cardinal identification documents. This is despite the 2006 Yogyakarta Principles (Corrêa & Muntarbhorn, 2007), along with its 2017 supplement (Grinspan et al., 2017), stating that "no one shall be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormonal therapy, as a requirement for legal recognition of their gender identity". At the time of writing, the requirements of forced divorce and gender affirmation surgery for official documents to recognise gender identity continues to be addressed across different states in Australia (Human Rights Law Centre, n.d.). Further, nonbinary identity is only acknowledged on birth certificates in a small handful of states.

Historical discrimination against trans individuals continues to impact healthcare today, with cisgenderism creating significant barriers to safe medical access. Cisgenderism refers to a system that privileges cisgender identities and marginalises trans identities, shaping societal norms, institutions, and healthcare settings in ways that create an unequal landscape for trans people (Ansara & Hegarty, 2013). This systemic bias invalidates trans experiences by reinforcing the notion that only cisgender identities are "normal," thereby restricting access to care for those who do not conform to these norms (Newman et al., 2021). Additionally, cisgenderism fuels contentious debates around laws regulating access to gender-affirming treatments, such as hormone therapy for minors, further increasing the stress experienced by those seeking care (Newman et al., 2021). Even in cases where such care is legally accessible, trans individuals face a complex mix of social, financial, and demographic challenges to accessing it, often requiring significant personal effort to secure appropriate support (Newman et al., 2021).

The impact of cisgenderism extends beyond gender-affirming care to general healthcare. For instance, the assumption that only specialist providers should handle gender-affirming care isolates trans healthcare needs from general settings, reinforcing marginalisation (Bartholomaeus et al., 2020). Misconceptions and a lack of information around cervical screening have led to lower screening rates among transmasculine individuals, despite their ongoing risk for cervical cancer (Agénor et al., 2016). Anxiety and fear surrounding these procedures further delay screenings, which is concerning given that most cervical cancer cases in Aotearoa (New Zealand) occur in those who have never been screened or are screened infrequently (Carroll et al., 2023). These barriers contribute to healthcare avoidance, including among transgender cancer survivors, resulting in poorer outcomes compared to cisgender individuals (Lisy et al., 2023; Vermeir et al., 2017). Additionally, there is a lack of research on the risk of cancer in chest tissue and screening recommendations for trans women and men on hormone therapy, as well as trans men who have undergone chest surgery (Braun et al., 2017). Trans individuals often encounter healthcare providers who ask irrelevant questions about their gender, dismissing the potential trauma these conversations can evoke (Newman et al., 2021). Discrimination following the disclosure of their gender identity is also common (Eder & Rizwana, 2023). Trans-inclusive care requires proactively restructuring healthcare systems to address trans patients' needs, not merely "accommodate" them after disclosure (Alpert et al.,

2021). This includes degendering specialty care, applying affirming theoretical frameworks, and ensuring validating, sensitive communication (Alpert et al., 2021; Eder & Rizwana, 2023; Kerr et al., 2020).

History of diagnostic criteria

The DSM serves as a foundational framework in understanding mental health, particularly in the context of gender identity. The evolution from DSM-IV diagnosis of Gender Identity Disorder to the diagnosis of Gender Dysphoria in the DSM-V in 2013 marked a significant improvement. Shifting the focus to Gender Dysphoria emphasised the distress resulting from the incongruence between an individual's gender identity and societal perceptions, steering away from pathologising the identity itself. In a monumental move in 2019, the World Health Organisation (WHO) endorsed two new diagnostic codes for the ICD-11: Gender Incongruence in adults/adolescents and childhood. This endorsement is transformative as it no longer mandates that trans clients demonstrate distress to access gender affirming care. By recognising that mental health issues are appropriately addressed in other ICD-10 codes and are not inherent to the trans experience, this shift challenges the misconception that being trans is synonymous with misery or pathology. This alteration was a game-changer, dismantling a problematic narrative that has been dehumanising and infantilising.

Many working within the trans health and rights space have argued that these changes do not go far enough, as the DSM-V criteria continue to pathologise gender diversity by framing it within a diagnostic category, emphasising distress, and potentially contributing to gatekeeping practices. Critics also highlight the binary understanding of gender that continues to underpin this framing, as well as the use of stigmatising language, advocating for more affirming terminology and the privileging of a patient-centred, informed consent model (Riseman, 2022). However, an understanding of the DSM diagnostic criteria remains crucial, as it is often required in order to access insurance coverage, and gender affirming medical care, including hormone therapy and gender affirming surgeries.

The Psychologist's Role in Trans-Inclusive Care

In the pursuit of fostering a safe therapeutic environment that diverges from perpetuating oppressive dynamics, therapists with cisgender identities need to acknowledge potential blind spots regarding gender that may elude their awareness. This necessitates engaging in a process of Queering their work, involving professional humility and curiosity to scrutinise their own gender training, including societal norms dictating behaviours for boys and girls, as well as the traditional notion of binary genders. During the workshop, delegates are encouraged to explore their gender training through an exercise that prompts them to answer the question: "How do I know what my gender is?" This exercise is adapted from Rochin (1972)'s Heterosexual Questionnaire. Through facilitated discussions, cisgender delegates are encouraged to critically examine how their understanding of their own gender is shaped by how society treats them. This is also based on how their primary and secondary sex characteristics fit with society's expectations of masculinity or femininity. The process aims to deepen their awareness of how society attributes gender to these characteristics. Understanding the limitations of relying solely on these factors is crucial when determining gender for trans clients, highlighting the potential psychological impact when these attributes inaccurately shape the narrative of gender for the clients.

Data on psychologists' gender identity were presented to illustrate the issue, highlighting how inadequate data collection on psychologists' sexual and gender identities impedes a comprehensive understanding. A 2015 American Psychological Association (APA)

survey (*N* = 5325) revealed minimal gender diversity, with only 0.1% identifying as trans (Hamp et al., 2016). In Australia, a 2023/2024 Australian Health Practitioner Regulation Agency (AHPRA) survey with 46 347 psychology registrars similarly found less than 0.1% identifying as indeterminate/intersex/not stated (Psychology Board of Australia, 2023). Limited gender options in surveys, focusing on binary classifications, neglect non-binary and genderqueer clients, perpetuating the invisibility of these groups. A 2021 APA survey indicates a gap in familiarity with trans communities, with only 30% of psychologists reporting familiarity with the needs of trans clients (Chang et al., 2018). The scarcity of quantitative research exacerbates the underrepresentation of gender-diverse therapists and hinders effective cultural competence in treating trans clients, highlighting the urgent need for further exploration in this area (Walch et al., 2020).

The lack of representation of LGBTQIA+ therapists and insufficient understanding of the experiences of LGBTQIA+ clients can result in therapists possessing their own gender bias and a lack of awareness, fostering misattunement. This misattunement, in turn, conveys to the client that their needs are marginalised, portraying them as distinct and estranged from both the healthcare profession and society, consequently leaving them feeling undeserving of understanding or acceptance. This discordant dynamic contradicts the principles of Limited Reparenting, which underscores the therapist's commitment to empathetically attune to the unique needs of the client. Anecdotal complaints from trans clients working with Schema Therapists and general trained mental health practitioners include:

- Therapist holding outdated beliefs such as the idea that issues with parental relationships or trauma as a pathway to diverse gender identity;
- The perpetuation of a singular narrative of being "born in the wrong body," which does not encompass the full range of trans experiences;
- Gatekeeping, which can stem from a therapist's perception that clients are incapable of making decisions about their gender identity due to comorbid conditions such as autism or borderline personality disorder.

In the realm of therapeutic practice, Schema Therapy offers a robust framework enabling therapists to delve into their own schema triggers, especially in the context of gender dynamics, given that each person undergoes unique gender training from birth. This framework proves valuable for comprehending the influence of societal norms and biases on the therapist-client relationship, fostering more attuned and empathetic therapy sessions.

Minority Stress and Mental Health

To grasp the development and persistence of early maladaptive schemas resulting from unique experiences in the childhoods of trans people, the Minority Stress Model proves invaluable. This model reveals the enduring elevated levels of stress arising from prejudice and discrimination faced by marginalised groups, encompassing both distal and proximal stressors (Meyer, 2003). While this model has been instrumental in understanding stressors in marginalised populations, it primarily focuses on sexual minorities and does not sufficiently address unique stressors faced by gender minorities, such as gender-specific victimisation and the non-affirmation of one's gender identity (Testa et al., 2015). In response, Testa et al. (2015) developed the Gender Minority Stress and Resilience Measure, which presents an adaptation of the model that specifically considers these unique gender-related stressors. The internalisation process, influenced by societal factors, underscores the necessity for a social-cultural critic mode within the Schema Therapy model, as advocated by Manktelow (2023). Incorporating such a mode allows both clients and therapists to comprehend the impact of prejudice on schemas, particularly in the context of trans and gender-diverse experiences.

Cardoso et al. (2022)'s notion of the social-cultural critic mode further accentuates the cumulative effects of Minority Stress on gender and sexual minority populations, illustrating the need for tailored therapeutic approaches.

Furthermore, the societal pressure to "pass" as the affirmed gender identity, discussed by Cardoso et al. (2022), poses significant mental health challenges for trans clients, while variations in experiences are observed for non-binary trans clients. For trans people who identify as binary male or female, this can mean adhering to the gender presentation standards that cisgender women and men are held to by society in order to be seen as the gender they identify with, to "pass". The act of "passing" as cisgender frequently entails adhering to heteronormative and patriarchal gender norms, a reality that is inherently problematic and oppressive.

This pressure can have significant impacts on clients' mental health. However, this experience is slightly different for non-binary trans people. There is no societal blueprint dictating how a non-binary person is expected to appear and behave so, for non-binary people, the idea of passing is "unattainable" (Fiani & Han, 2018). Instead of facing the pressures of conforming to a gender expression associated with their identified gender, non-binary people are forced to decide on a preference of being seen as a man or a woman to pass, neither of which reflects their gender identity.

The mental health struggles faced by LGBTQIA+ clients, particularly the trans community, are significantly influenced by the intersection of unmet emotional and sexual developmental needs with societal prejudice and family of origin (the family in which a person is raised and where they spend their early developmental years). Gender incongruence and its influence on personality development are often traced back to adolescence and early childhood, emphasising the importance of early childhood needs such as secure attachment, identity development, and freedom of expression. Research, including studies by Puckett et al. (2019), underscores the impact of family attitudes towards gender identity formation and experiences of rejection during crucial developmental stages on the core emotional needs of trans people. This is echoed in broader discussions such as a podcast with Maurer's (2023).

Childhood experiences for trans clients often involve the enforcement of gender-assigned clothing by caregivers, leading to forceful, shaming, and punitive behaviours associated with critic modes. Media portrayals further exacerbate these challenges by perpetuating harmful stereotypes, contributing to a lasting impact on the development and maintenance of their schemas, as highlighted by Feder (2020). It is also important to understand that family responses to gender nonconformity do not occur in isolation. Parents often express a need to moderate their children's behaviour in an attempt to protect them from societal judgment and potential harm, fearing social repercussions for their children's gender nonconformity. Therefore, examining these factors also involves applying the concept of minority stress to the family network.

This convergence of familial attitudes, societal prejudice, and media representations forms a complex web that significantly affects the mental health and well-being of LGBTQIA+ people, emphasising the need for targeted interventions and societal awareness.

Schema Therapy

Schema Therapy is an integrative model that synthesises elements from various therapeutic approaches, such as Cognitive Behavioural Therapy, Gestalt, Psychoanalysis, and attachment theory. The primary objective of this approach is to address personality disorders and rigid or pervasive life patterns that may not be responsive to conventional treatment methods. The therapy targets early maladaptive schemas (EMS), which can be defined as "self-defeating emotional and cognitive patterns that originate in early development and persist throughout an individual's lifespan" (Young et al., 2003, p. 7). These schemas are believed to

emerge when essential emotional needs, such as acceptance, secure attachment, freedom of expression, autonomy, and play, are consistently unmet during a person's formative years. Considering the considerable societal stigma, familial discomfort, and discrimination faced by many trans clients, a substantial portion of this population undergo adverse formative experiences within their families and peer groups as a result of their gender expression (Bretherton et al., 2021; Casey et al., 2019). Consequently, it is reasonable to anticipate a high prevalence of early maladaptive schemas within this community as identity formation needs may remain largely unaddressed during critical stages of gender identity formation.

Working with schema modes is one of the most effective clinical tools within Schema Therapy (Flanagan et al., 2020; Young et al., 2003). Schema modes refer to the moment-to-moment emotional states and coping responses elicited by specific life situations to which individuals exhibit heightened sensitivity (Edwards, 2022). This is particularly useful when working with clients with an extensive number of schemas. Common modes frequently observed through clinical work with trans clients are described in Table 1.

Table 1

Sample of definitions and observations of modes experienced by trans clients

Modes	Definition and observations
Compliant Surrenderer	Engages in other-oriented compliance to avoid further experiences of rejection.
Detached Self-Soother	Engages in self-harm or excessive drug use to alleviate intense distressing emotions.
Approval Seeker	Amplified gender expression used to seek belonging and shield against feeling not enough.
Aggrandiser	Behaviours entitled, grandiose or status-seeking. An overcompensatory drive for status or specialness to soothe deeper feelings of inadequacy and alienation.
Defective Child	This mode encompasses the distress and pain of rejection from attachment figures, peers or society. It can include feelings of grief and loss.
Angry Child	A deep sense of anger that manifests as a response to societal injustices, unfair treatment, and rejection.
Punitive Critic	Characterised by internalised harsh critical voices based on external experiences of attachment figures, peers and family. It punishes and attacks oneself, resulting in intense feelings of shame, self-loathing, and self-criticism.

Social-Cultural Critic*	This mode is based on the internalisation of societal stigma, oppression, and prejudice, causing the person to assume the oppressive experience is a problem with their own self.

Note. These are standard examples, whereas individual modes are nuanced and developed from the multifaceted intersections of the client's identity and experiences.

* This mode is not included in the commonly accepted theoretical framework of the Schema Therapy Mode model.

The therapeutic strategies of Schema Therapy hold the potential to reconfigure deeply ingrained dysfunctional patterns by altering the neural pathways that encode self-blaming and self-limiting beliefs (Roediger et al., 2018). The approach is characterised by a profound respect for the internal realities of clients, acknowledging that individuals do not engage in dysfunctional behaviours out of manipulative intent. Instead, these behaviours make sense in light of their early formative experiences. Moreover, Schema Therapy encourages therapists to examine their own schema activation when working with clients, which can contribute to a more comprehensive and empathetic therapeutic process (Farrell et al., 2014; Young et al., 2003;). While Schema Therapy traditionally explores family of origin contributions to mental health struggles, the weight of societal stigma needs to be carefully understood in regard to its contribution to schema development and maintenance.

Common Schemas and Their Development

Transitioning to specific schemas observed in trans clients, it is noteworthy that Rahimi et al. (2019) highlight a higher prevalence of maladaptive schemas (Emotional Inhibition and Mistrust/Abuse) among trans men seeking assistance from a medico-legal organisation in Iran. Similarly, Gonzalez (2018) reports significantly elevated endorsement of maladaptive schemas among trans women, particularly within the disconnection and rejection domain. These include schemas related to Emotional Deprivation, Defectiveness/Shame, and Social Isolation, which align with both the authors' clinical observations and the anticipated effects outlined in the Minority Stress Model.

When working with trans clients, it is crucial to consider the prevalent schema maintenance factors that are inherent to the common trans experience. Those who visibly challenge society's gender norms often face persistent danger and exhaustion due to daily encounters with harassment. Alok Vaid-Menon (2021a) powerfully encapsulates this experience: "*I am not a person who is capable of hearing them (transphobic slurs) or being hurt, I am a thing*". This routine harassment frequently escalates into violence and discrimination (Fiani & Han, 2018; Hughto et al., 2015; Millar & Brooks, 2022; Pinna et al., 2022).

Gonzalez (2018) explores the distinction between actual and perceived rejection experienced by trans clients from a schema maintenance perspective. When individuals are aware of society's negative stance towards them, drawn from previous encounters and negative media representations, it can foster an anticipation of rejection, thereby reinforcing dysfunctional patterns of interpersonal interactions. The interplay of discrimination and both experienced and expected rejection further exacerbate the challenges faced by trans clients, leading to reduced access to healthcare, employment opportunities, and the ability to start a family or engage in dating.

How to do Therapy

In therapy with trans clients, it is crucial to recognise that not all trans people seek therapy to discuss gender-related concerns. Clients may come with various intentions, which may or may not include addressing gender dysphoria. Therapists must signal allyship and inclusivity from the beginning by engaging in practices such as using intake forms that encompass all genders/pronouns and appropriately using gender affirming language. If therapy involves addressing gender dysphoria, the therapist should assess the client's gender history, which may involve exploring family dynamics, parental responses to gender non-conformity, and societal pressures and expectations. This process may also involve examining how parental performance of gender roles, cultural influences, and the client's experience of gender history all contribute to their schema and mode formation. The therapist should collaboratively explore how the client's needs for gender identity formation have been met or unmet by family, peers, and societal expectations. This comprehensive approach allows therapists to address the intricacies of gender identity within the broader context of the client's life.

Conducting Gender History Interviews

When inquiring about gender development history, it is crucial for therapists to have the utmost respect for the client's subjective report. This approach aims to prevent any undue pressure, whether overt or covert, on the client to prove their trans identity before they can receive gender-affirming care (Chang et al., 2018). Recognising the implicit assumptions behind questions that suggest a single, predefined path to being trans is crucial. For instance, inquiries such as "when did you first know you are trans" or "what toys did you play with as a child" employed as evaluative tools place the onus on the client to validate their trans identity.

In fostering a supportive therapeutic environment, discussions between therapists and clients are vital for assessing progress in social or physical transitions. Exploring the advantages and disadvantages of transitioning helps raise awareness of psycho-social impacts, while goal setting involves evaluating realistic objectives and potential body image concerns. Additionally, the therapist should explore aspects of the client's self or body that align or misalign with their gender identity, addressing associated distress. The therapist's role is pivotal in addressing isolation by assessing the attitudes of family, peers, and the community, and establishing essential support networks.

At this stage, delving into the correlations between a client's gender history and their early childhood experiences proves advantageous within the framework of Schema Therapy. Through an examination of family, peer, and community responses to the client's gender identity and roles, crucial connections emerge, shedding light on whether their core emotional needs in the process of gender identity formation were fulfilled or neglected within familial, peer, and societal contexts.

Highlighting the impact of social experiences on gender-related schema development is crucial, given that Schema Therapy tends to emphasise narratives formed within family contexts where needs may be inadequately addressed. Failing to underscore the influence of society might inadvertently perpetuate the misconception that distress experienced by trans clients solely stems from parental non-acceptance. It is imperative to recognise the broader reality that societal structures, deeply ingrained in patriarchal gender binary roles, contribute to challenges and distress for a wide spectrum of individuals (Manktelow, 2023). This approach facilitates a more holistic comprehension of the client's internalised beliefs and memories linked to gender formation, laying the foundation for precise and targeted interventions. See Appendix 2 for a list of useful questions for exploring gender identity and development.

Schema Therapy Interventions

Limited Reparenting sentiments

Limited reparenting within the framework of Schema Therapy involves therapists assuming the role of gender-affirming, healthy adult figures for clients, facilitating the internalisation of nurturing support to address unmet emotional needs and foster healthier coping mechanisms. Hence, therapists must take on a role similar to that of an elder, demonstrating the ability to offer personalised therapeutic care, advocate for clients in external interactions, and identify/address instances of transphobia in society affecting their well-being. This approach is crucial when working with trans clients, helping navigate and heal potential emotional challenges tied to identity development and societal norms. See Table 2 for ideas of Limited Reparenting strategies for Gender Affirming Care.

Table 2

Limited Reparenting and Gender Affirming care.

Core Emotional Needs	Ideas of how they can be met in the therapy context
Safety Nurturance, and Acceptance	Advocate for the client and provide ongoing support to counter minority stress, rejection, and alienation. Encourage connection to social groups to reduce social isolation.
Sense of Identity	See the client in the gender they identify with, take delight in their development, and celebrate milestones in their transition journey.
Encouraging and Development of a Holistic Sense of Self	Encourage the client to see themselves through a range of identities, including abilities, culture, profession, interests, etc.
Freedom to Express Valid Needs and Emotions	Validate experiences of minority stress and transphobia, messages of shame or alienation.
Spontaneity and Play	Explore and encourage playfulness with gender, facilitate connection to accepting communities, and where appropriate, reduce hypervigilance.

The minority stress model (Meyer, 2003), particularly in its adapted form for trans clients (Testa et al., 2015), emphasises the importance of resilience factors. Highlighting pride, celebration, and community connection serves as a powerful antidote to counteract the pervasive influence of critical messages. Focusing deliberately on these aspects in therapy can be transformative, helping clients overcome internalised criticism and fostering a healthier, more resilient self-perception. Clients navigating identity challenges benefit greatly from explicit affirmation of their achievements and unique qualities. When confronting the social-cultural critic, a reparenting message can address the irrationality of cisnormative assumptions. For example, therapists might say, “I understand that you think there’s a ‘normal’ way to be, but ‘normal’ is just a setting on a dishwasher. We can be different and still be accepted. We don’t need to be the same to deserve respect and acceptance” (Liu & Callegari, 2022; 2023).

Imagery Rescripting

In the context of therapeutic practice, psychoeducation plays a crucial role in providing a framework for experiential work, particularly when engaging in imagery exercises. It is of utmost importance to approach the discussion of the Vulnerable Child Mode (VCM) with sensitivity, as clients may have varied reactions or feelings when contemplating their younger selves. Some individuals might experience dysphoria when connecting with their past, necessitating caution in selecting appropriate pronouns and names when referencing this aspect of the client. For instance, therapists may inquire about the client's preferred terms, using questions such as, "If we were to explore this side of you, how best should we refer to it?" or addressing potential gender-related concerns with statements such as, "I'm aware that when you were younger, people referred to you with a different gender pronoun and name. How would you like me to refer to this side of you now?" Offering examples such as "Little X," "Lonely X," "Insecure X," or "Little (chosen name)" can provide a starting point for this exploration.

Connecting with the VCM poses a significant challenge for some clients, emphasising the importance of establishing a secure imagery foundation, akin to all imagery work. To enhance therapeutic outcomes, creating a safe image is crucial, with an early introduction in therapy and encouragement for clients to independently visualise the safe image between sessions. A gradual approach to engaging with the VCM may involve experimenting with proximity, such as viewing it from a distance, employing another child or an animal for empathy, and customising the image to evoke feelings of safety and acceptance. Clinical observations suggest that while many clients find working with their VCM manageable, those facing difficulties often exhibit stronger dysphoria, possibly linked to trauma. The concept of the "Window of Tolerance," defining the optimal state of arousal for clients to function effectively, becomes paramount in trauma processing. Strategies include mindful observation of hyperarousal and hypoarousal, along with teaching resourcing and grounding techniques for clients to practice independently, such as deep breathing and positive event statements. These efforts aim to modulate arousal levels and keep clients within their therapeutic "Window of Tolerance."

The Magic Mirror Technique

This is an approach for introducing and engaging with both the VCM and the Happy Child Mode (HCM) in imagery work. The process involves several steps, starting with the establishment of a safe image. The client is then guided to visualise their VCM standing alone in front of a full-length mirror, exploring thoughts and feelings associated with their reflection. The therapist prompts the client to imagine their preferred reflection, guiding the transformation of the image based on the client's wishes. This preferred reflection often manifests as the HCM. The client is then encouraged to imagine interacting and playing with their happy child, exploring associated thoughts and feelings. It is noted that some clients may respond negatively, activating critical modes, and therapists are advised to explore and address these reactions to ensure a constructive therapeutic experience. Additionally, if the client's critic is identified, the therapist can integrate them into the imagery, assessing their response to the VCM/HCM interaction and, if necessary, providing limited re-parenting to protect the VCM. Chair work outside of imagery can also be employed to address the critic and distinguish whether it represents an attachment figure or a social-cultural critic, or both. Refer to the Troubleshooting section of this article if the client expresses grief and regret that "it didn't happen".

The Love Posse Technique

This is another approach in imagery work. This multi-step process can be implemented as a float back (utilising an emotion bridge based on the prevailing negative affect in a current trigger) or a memory associated with schemas of social isolation, emotional deprivation, or defectiveness. For instance, a client may float back to a memory in a classroom where they experienced isolation and humiliation due to their gender expression. Subsequently, the client is prompted to imagine their current "chosen family" of peers and key figures, either in child or adult form based on their preference, acting as a Love Posse. This Love Posse serves to embrace, celebrate, and heal messages of rejection and social ostracism related to their childhood traits, gender identity, or expression. The therapist encourages the client to interact with their HCM, allowing playful or sassy responses to the antagonists in the imagery. The Love Posse, characterised by love and playfulness, can then lead the client into a new desired scene, whether it be a peaceful natural setting, a Pride or Mardi Gras Parade rally, and so on. The therapist can further guide the client to envision their body as it should be, feeling free and moving with ease, surrounded by the supportive Love Posse. They can dance to the beat of their favourite anthem, frolic in nature, and ultimately be seen and loved for who they are.

Chairwork for Gender-Related Dilemmas: Polarity Dialogues/Decision-Making

Chairwork can be understood as an experiential technique, as used in Schema Therapy, or as a standalone psychotherapeutic modality. It involves patients (a) imagining someone from their past, present, or future in an empty chair and speaking to them, or (b) using multiple chairs to give voice to different parts of the self and have dialogues among and between them (Kellogg & Garcia Torres, 2021).

Chairwork is suited for working through inner conflicts. Utilising an Internal Dialogues structure, or polarity dialogues (Zinker, 1978), we can set up dialogues located within the healthy adult mode, so individuals identify the values driving their dilemma (Kellogg & Garcia Torres, 2021). For a client struggling with a decision to pursue gender affirming surgery, we would use two chairs setup across from each other, and the patient would speak freely from each perspective: "I want surgery, I want to embrace who I am," or "I worked hard for some stability, I want to maintain the status quo." As they move back and forth between the chairs, we would encourage the client to speak from their heart; what are their desires, fears, and values? In the next rounds, each side would directly engage with each other: "I hear what you are saying, but I want to be at home in my body. I want surgery." The therapist should also allow for exploration of the consequences of each decision: "I understand the family will be upset; however, I refuse to live my entire life in anguish. I choose my well-being. I choose surgery." After shuttling between the chairs a few times, the client would stand in the centre of the chairs to assess the split of their decision and identify how they may want to move forward (Kellogg & Garcia Torres, 2021).

How to do a Schema Therapy Case Formulation

The following is an example of a Schema Therapy case formulation that encapsulates the social-cultural critic mode using a case vignette of a fictional client mentioned earlier, "Luke Nguyen".

Luke is a 30-year-old trans masc nonbinary person, presenting with social anxiety and using they/he pronouns. They socially transitioned five years ago and started taking testosterone. Luke underwent assessment through the World Professional Association for Transgender Health (WPATH) with a psychiatrist in order to access top surgery, and this significantly reduced his gender dysphoria. While satisfied with the surgical outcome, Luke reports increased discomfort in social environments dominated by cisgender men, often

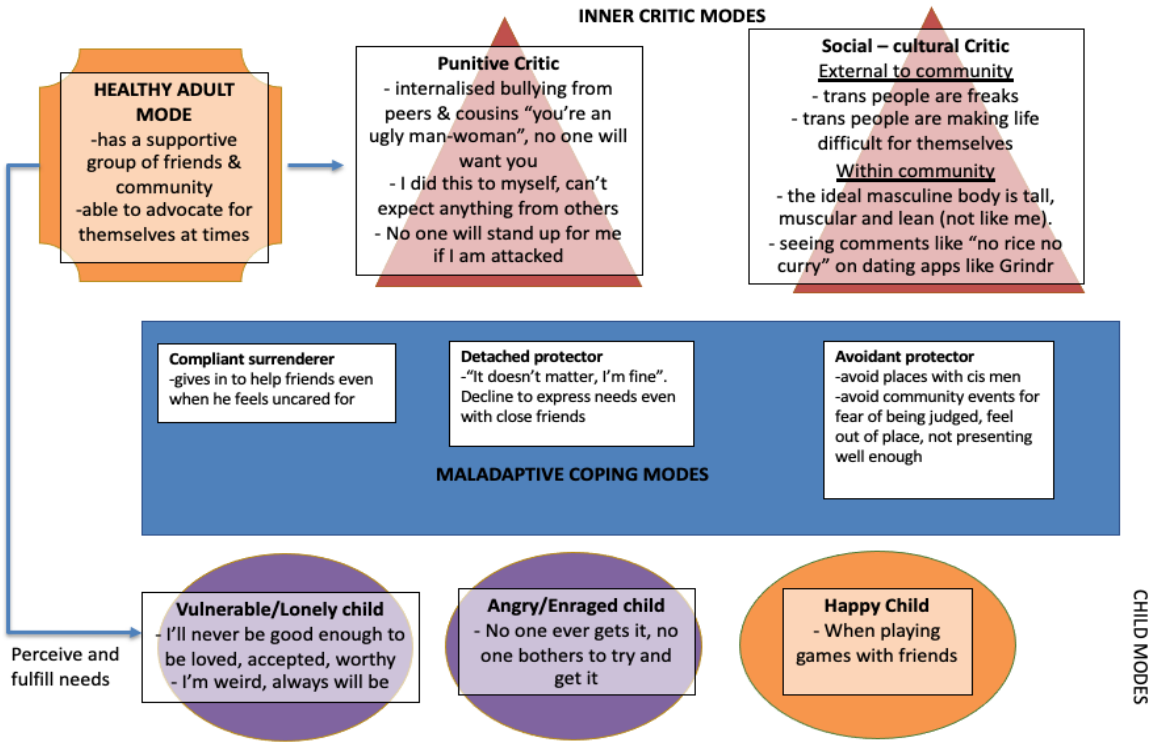
experiencing heightened anxiety in such settings. These experiences contribute to feelings of unattractiveness and self-doubt in the realm of dating.

Luke's parents moved to Australia as refugees from Vietnam and worked long hours in order to provide for necessities and to support Luke in accessing higher education. Luke grew up amongst a large extended family and community where they were raised in Western Sydney. This has influenced his approach to managing his gender expression, particularly during family visits, where he makes efforts to minimise his masculinity. Luke's family adopts a "don't ask, don't tell" stance on his pansexual and trans identity, a dynamic that allows Luke to maintain some cultural connection while generating internal conflict and internalised transphobia. The community relocated to Australia during the 1980s and 1990s, aligning with a substantial influx of Vietnamese migrants. This period, marked by a significant wave of migration following the Vietnam War, also coincided with heightened incidents of racism and increased political commentary regarding their settlement in Sydney, Australia.

Luke's schemas include: Defectiveness, Emotional Deprivation, Social Alienation, Mistrust/Abuse, Punitiveness and Self-Sacrifice. A Schema Therapy formulation is seen in Figure 1.

Figure 1

Schema Therapy formulation for "Luke Nguyen"



Troubleshooting: When Experiential Exercises do not Work

The following section provides a troubleshoot guide on how to address common issues that come up during Schema Therapy interventions.

"It didn't happen."

Therapists often encounter challenges when clients express confusion or disbelief after what appears to be a successful imagery rescripting session, stating, "but it didn't happen." When engaging in rescripting for childhood trauma, it is crucial to consistently remind the client of the purpose of Imagery Rescripting—to address the unmet needs that have led to the persistence of psychological and somatic effects associated with unresolved trauma. This process facilitates the child part feeling cared for and nurtured.

Grief

Clients may subsequently experience grief for a range of gender related issues. For example, they may feel regret and grief that they were not able to pursue gender affirmation earlier, resulting in the development of secondary sex characteristics aligned with their assigned gender at birth, which can impact their ability to pass. In such instances, it is crucial to acknowledge the injustice and normalise these wishes, saying, for example, "Of course, you want that. I know it means the world, and it's so sad and unfair that it didn't happen earlier." Providing the client with adequate time to grieve is essential. Subsequently, encouraging the Healthy Adult Mode to reflect on the progress made since the childhood period when these schemas were initially formed becomes an important therapeutic step.

Client becomes self-critical or avoidant

When working with clients who have experienced multiple and complex traumas, encountering strong internalised critics and coping modes during experiential exercises is common. This may lead to the perception that experiential exercises simply "don't work." To address this, it is crucial to identify and label the critic or coping mode, understand its function, and effectively work to bypass it. Sometimes, the focus of experiential work may need to shift to specifically target the mode that keeps surfacing and interrupting the exercise (Farrell et al., 2012; Roediger et al., 2018). During rescripting, therapists should be vigilant for signs of the client's helplessness, unrealistic expectations, or harshness toward their emotional side. If the client lacks a robust Healthy Adult mode, it may take them some time to develop one and become capable of self-rescripting. In such cases, the therapist can actively enter the image each time to facilitate the rescripting, providing a gradual process for the development of the Healthy Adult mode.

Discussion

The introduction of this paper set the stage by presenting the transformative process of Queering Schema Therapy, grounded in Queer theory principles, and then moved to address the imperative of confronting sanism within the broader mental health context, with a particular focus on transgender experiences. This paper offered a comprehensive exploration of historical and political contexts, emphasising the legacy of discrimination and pathologisation experienced by the trans community. The authors contribute to a transformative shift in mental health practices by emphasising the importance of tailoring interventions to align with the unique gender experiences of clients outside the cisgender spectrum. Overall, the paper adds valuable insights and tools to the ongoing discourse on Queering mental health practices and

Schema Therapy, addressing a critical gap in understanding and affirming the mental health needs of trans communities.

Reflections on the Workshop: What Was Delivered and What Was Learned

The workshop delegates displayed active support and enthusiasm to learn and adapt Schema Therapy to be more gender-affirming. However, there was noticeable passive agreement, prompting questions about whether some delegates hesitated to inquire due to politeness, fear of appearing ignorant, or concerns about judgment. Critiquing one's own gender training is complex and ongoing, given the pervasive cisnormative assumptions ingrained in society. The authors hope this paper will initiate a broader discussion within the schema therapy community.

While most attendees were motivated to learn and gain information, it is conceivable that those with the least awareness of their own gender bias might not have been interested in attending. This raises the possibility that those who would benefit the most from such training may not have been present.

The significant emotional labour involved in creating and delivering this work is noteworthy, particularly in its impact on presenters with marginalised identities. The emotional intensity and the potential for retraumatisation underscore the challenges of addressing these issues. For presenters who identify as trans, there is an additional burden of presenting information for training, facilitating discussions on sensitive topics, and handling potentially inflammatory questions. This demands active engagement from both personal and professional selves, necessitating considerable vulnerability.

Additionally, there is a need to explore whether there are additional measures to foster a more inclusive and supportive environment for Queer therapists and ways to amplify their voices. Presently, there is a Gender and Sexuality Special Interest Group within the International Society of Scheme Therapy (ISST), and efforts are being made to include assessments of gender and sexuality within the Schema Therapy conceptualisation form (personal communication, 2023). Suggestions were also made to the ISST board members to improve the way that Schema Therapy training is delivered to improve accessibility. Whether these measures are deemed sufficient and whether they will be implemented remains to be seen.

The exploration of the necessity for clinicians to grant themselves the freedom to continuously adapt and personalise their approach, or the Schema Therapy model itself, to better serve the trans community is a crucial consideration. This resonates with the fluidity and spaciousness discussed in the introductory definition of Queering. The ongoing commitment to adaptability and personalisation is vital for clinicians to stay attuned to the evolving needs of the trans community and ensure that therapeutic practices remain affirming and responsive to individual experiences.

Limitations

A key limitation is the current lack of empirical research specifically examining the efficacy and mechanisms underlying the adaptations of Schema Therapy described in this paper. Without robust studies disentangling its various components, our understanding remains preliminary. This gap is further compounded by the inherent difficulties of conducting such research, including the challenges of operationalising and measuring its underlying drivers.

The paper makes a concerted effort to enhance the accessibility of therapy for trans clients by encouraging therapists to deepen their understanding of gender identity and critically examine their own relationships with gender. While the workshop provides valuable initial steps, it is important to acknowledge that developing a nuanced understanding of gender identity is a complex and ongoing process. Expecting cisgender therapists to fully grasp these complexities in a short time frame is unrealistic. Additionally, the feasibility of implementing

this approach may be limited by varying levels of competency, familiarity with queer theory, and access to resources across different clinical settings.

Although the approach centres on perspectives from LGBTQIA+ therapists, the notable underrepresentation of these therapists in the field may restrict the diversity of insights. This limitation could lead to an oversimplified, one-size-fits-all model that fails to address the full spectrum of gender-diverse experiences. Therapists must navigate these challenges carefully to avoid imposing personal beliefs or inadvertently steering therapy toward a particular socio-political agenda. While the workshop promotes individualised care, it may still fall short in accounting for the vast diversity within trans experiences. Therefore, the authors emphasise the need for ongoing, comprehensive education and self-reflection beyond the workshop itself.

Implications for Practice

Incorporating a queer lens into Schema Therapy empowers LGBTQIA+ therapists to challenge traditional therapeutic norms and adopt approaches that more accurately reflect the diverse experiences of their clients. This model can extend beyond Schema Therapy, benefiting LGBTQIA+ practitioners in various mental health, medical, or allied health fields. By identifying systemic issues—such as cisnormativity and heteronormativity—therapists can recognise how the marginalisation their clients experience in society is often reflected within professional therapeutic environments. This not only validates the lived experiences of clients but also affirms the therapist's own identity within their field. In "queering" their profession, therapists are actively creating more inclusive and affirming spaces, not just for their clients but also for themselves. This approach emphasises resilience, pride, and community connection, moving beyond a sole focus on healing individual schemas. By adapting Schema Therapy in ways that honour the multifaceted experiences of individuals with diverse genders, LGBTQIA+ therapists can model authentic engagement and empathy, thereby playing a pivotal role in promoting health outcomes that transcend traditional, often limiting, therapeutic practices.

Future Directions

Artificial Intelligence

A potential future direction for the study involves exploring the integration of technology and artificial intelligence (AI) into Schema Therapy interventions, particularly in conjunction with imagery rescripting. For example, incorporating AI to feminise or masculinise images of their child selves may provide a more realistic and affirming experience during rescripting. Online graphic design tools such as CANVA, which can already modify hairstyles and clothing based on text descriptions, exemplify the existing capabilities that could be harnessed for this purpose.

Autism

Emerging research highlights the intersectional phenomenon of the high proportion of trans clients who are also Autistic. Trans clients are 3.03 to 6.36 times more likely to be autistic than cisgender clients (Strang et al., 2023; Warrier et al., 2020). Autistic trans clients report elevated distress due to discrimination targeting both their gender and neurotype, along with challenges arising from the confluence of these identities (Cooper et al., 2022; Strang et al., 2023; Warrier et al., 2020). For example, Autistic clients navigating gender transitions and therapy may encounter additional barriers and challenges related to sensory processing differences and needs for routine and consistency (Cooper et al., 2022). Acknowledging the diversity within the autistic community and adopting a personalised, patient-centric approach

is vital to improve the accessibility of imagery rescripting for autistic clients (Cooper et al., 2018). See Neurodiversity Affirming Schema Therapy Model for more in-depth discussion (DeCicco et al., 2023).

Intersectionality with Race

Recognition of the intersecting identities of each trans client is crucial for comprehending their unique gender journey and understanding the profound impact on their psychological well-being and encounters with discrimination. The experiences of societal discrimination faced by trans clients, particularly those who also belong to marginalised racial or ethnic groups, are multifaceted (Chang et al., 2018; Levitt & Ippolito, 2014; Millar & Brooks, 2022). The trajectory of impact differs from common expectations, as clients with marginalized racial identities reported fewer cases of gender-related discrimination than their white counterparts (Biello & Hughto, 2021). Whether this is attributed to racial minorities developing resilience through lifelong experiences as minorities or finding cultural connections as a form of resilience needs further exploration.

Moreover, research indicates that Black and Indigenous trans people of colour often encounter less familial acceptance than their white counterparts (Levitt & Ippolito, 2014; Millar & Brooks, 2022). As highlighted earlier, the lack of familial acceptance can significantly impact schema development. An Australian study analysing experiences of First Nations Sistergirls and Brotherboys talks about the unique challenge of navigating racism in queer spaces and transphobia within traditional Indigenous communities (Kerry, 2014). Understanding the intricate interplay of these intersecting factors in schema development is paramount for tailoring Schema Therapy effectively to clients who are not part of the dominant structure, whether it is cis and heteronormative, colonial, ableist, classist, ageist, or influenced by religious hegemony.

Final word

Pilkington et al. (2023), acknowledge that the Schema Therapy model, focusing solely on childhood unmet needs, is theoretical and untested. Hence, we need to explore the various factors, such as culture, society, and laws, that may also contribute to the development of schemas. A more comprehensive understanding of these influences is crucial to developing a therapy framework that does not inadvertently perpetuate systems of oppression. A therapeutic environment that fosters safety and trust is one that consciously avoids replicating the oppressive dynamics of the external world.

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Appendix 1

Transcript of Role Play with Luke Nguyen

Child Modes: Vulnerable Child Mode (VCM) & Angry Child Mode (ACM)

Coping Mode: Detached Protector Mode (DPM)

Critic Mode: Punitive Critic Mode (PCM) and Socio-cultural Critic Mode (SCM)

Therapist: Hi, my name is Ben and I'm a Clinical Psychologists. Have you spoken with a Psychologist before in the past?

Luke: No, I've only seen a Psychiatrist.

Therapist: Ah I see, and what did you see the Psychiatrist for?

Luke: I had to have a mental health assessment so that I could get top surgery a few years ago.

Therapist: Top surgery?

Luke: Yeah, chest surgery?

Therapist: Oh so you had your breasts removed?

Luke: Yeah that's what top surgery is.

Therapist: Of course. Ok so I see you like to go by the name Luke is that correct?

Luke: Yes, that's my name.

Therapist: I see, but I see that Melissa is your real name, is that right?

Luke: No that's my deadname.

Therapist: Oh, I've not heard that term before, that's an interesting way of referring to your name. How long have you gone by the name Luke?

Luke: (Looking uncomfortable) … ah since I was in my early 20's I suppose.

Therapist: Ah that's a long time. And does everyone call you Luke?

Luke: Well people who know me do, but I often get misgendered.

Therapist: You mean people still think you're female?

Luke: Yes, it really upsets me.

Therapist: In what way does it upset you?

Luke: I'm not female… I'm non-binary.

Therapist: I've heard of Nonbinary, it's everywhere these days. Especially social media.

Luke: I don't really want to talk about this.

Therapist: So this sounds like a challenging topic to discuss. I noticed you kind of shut down a little, and stopped wanting to talk about it. Does that happen to you a lot?

Luke: I don't know.

Therapist: Have you thought about what top surgery will mean if you ever want to have a baby? That's one of the questions you're supposed to think about when you transition no?

Luke: (ACM) That's not why I'm here today.

Therapist: Well maybe your anxiety is related to your gender issues.

Luke: (ACM) (so triggered, unable to speak, breathing quickly)

Therapist: I can see that there's anger there, and it's not unhealthy. We want therapy to be a place where you can explore the anger because what happens here in the room is always happening in the outside world. We can prepare you for dealing with things better in the world. (smiles benevolently)

Luke: (DPM) I don't think this is very helpful.

Therapist: Ok, how about we just pause for a moment (a little awkward, unsure how to proceed as the client is so closed). I see in your referral that you're having issues with social anxiety. Do these same emotions impact you socially do you think?

Luke: (DPM) Probably, I don't know.

Therapist: Maybe we should try and understand your anxiety a little better, I'm curious about your insights… Are you anxious in all social contexts?

Luke: No, mostly around cis-man.

Therapist: Oh, dear there's another word I've not come across before. What's a cis - man?

Luke: (ACM) Really? A birth assigned a male who identifies as a male. Like you.

Therapist: Ah I see. So, when you're around men… sorry, cis-men, you feel anxious. What is it about cis-men that makes you anxious.

Luke: (DPM: long pause) I just don't feel comfortable, I don't know.

Therapist: Well, I imagine a lot of cis-men and women don't know what non-binary means either, is that true? That must be hard. (let's give the therapist a point for trying, as the intention is good)

Luke: (PCM) Nobody knows, nobody cares, everyone thinks I'm a freak.

Therapist: That seems a bit harsh, I don't think you're a freak.

Luke: (ACM) You don't know me, you're like everyone else no clue. (DPM) I don't think this is helping me.

Therapist: So, there's a part of you that thinks you're a freak?

Luke: (DPM) Sure, yeah, a part of me sure.

Therapist: That must be difficult to hear your mind tell you that you're a freak and that no one has a clue about you?

Luke: (DPM) I'm used to it.

- END -

Appendix 2

Useful Questions for Exploring Gender Identity and Development

How would you describe your current gender identity?

When do you first start identifying this way?

What has helped you work out your gender identity so far? What's made it hard?

What's made you want to present for support/help now?

What was your experience with gender like in your childhood and adolescence?

If you've disclosed your gender ID to anyone, who have you told? Is there anyone you haven't yet told that you'd like to? What's made disclosure hard so far?

Do you have a good sense of your preferred gender expression?

Have you noticed an increased connection or comfort with your sexuality when you present in a more gender-congruent manner?

What have you done already to move yourself towards your preferred gender expression?

Do you have much social connection with other trans people or allies?

What aspects of your physical body are aligned with your preferred gender identity?

What aspects of your physical body are not aligned with your preferred gender identity?

Do you experience any distress associated with your body? How do you feel when you see your body naked?

What are your goals with respect to gender transition?

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Written in 2023 and published in 2025, this paper should be read with the recognition that both the field and the social- political context are continually evolving.

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Dr. Xi Liu (they/them) is a Clinical Psychologist, Advanced Schema Therapist, Supervisor, and Trainer. Their passion lies in working with clients from LGBTQIA+ and historically marginalized communities, addressing topics such as grief, trauma, and various mental health concerns. Xi is actively engaged in providing training and supervision sessions throughout Australia and Asia, and they have presented at conferences both nationally and internationally. Additionally, they serve as an Adjunct Lecturer at the University of New South Wales and the Australian Catholic University, where they contribute expertise in Online Therapy and Schema Therapy. Xi is a co-founder of the SchemX Collective, a dedicated community of therapists committed to exploring the impact of, and treatment possibilities for, trauma stemming from oppression and marginalization.

Isis Yager

Isis Yager (he/him) is an undergraduate psychology student at Macquarie University. He is interested in clinical psychology and social psychology, and expanding the discipline to be more inclusive of minority groups previously underrepresented in psychological research.

Amanda Garcia Torres

Amanda Garcia Torres (she/her) is a certified Chairwork Psychotherapist and trained Voice Dialogue Practitioner. She received her Master's Degree in Counseling for Mental Health and Wellness from New York University in 2014. Ms. Garcia Torres began her study of Chairwork in 2013 and completed her Chairwork Psychotherapy certification in 2019. In the same year, she also formally joined The Transformational Chairwork Psychotherapy Project as a Trainer. In 2020, Ms. Garcia Torres became Co-Director of Training at TCPP. She currently teaches and shares her Chairwork Psychotherapy expertise with clinicians in the United States and abroad. In 2023, she co-founded the Chairwork Psychotherapy Initiative with Scott Kellogg, PhD. As Co-Director of CPI, she has recently co-launched the world's first international

Chairwork Psychotherapy Certification program. Her presentations and writings have addressed topics including Chairwork, trauma recovery, social justice, and identity issues. Ms. Garcia Torres is in private practice at Chairwork Therapy NYC.

Author Positionality Statements

Dr. Xi Liu

Xi Liu is a queer, non-binary Chinese-Australian Clinical Psychologist with over 15 years of experience in mental health, specializing in complex trauma, grief, and mood disorders within queer and people of color communities. Their lived experiences as a multilingual immigrant navigating intergenerational trauma and moving across urban China, the unceded lands of the Gadigal and Dharawal peoples, Samoa, and beyond, deeply inform their clinical perspective. Holding a Doctorate in Clinical Psychology, Xi is acutely aware of the field's historical marginalization of Aboriginal and Torres Strait Islander peoples, including the harm caused through exploitative research, neglect of Indigenous healing practices, and silence on policies like the Stolen Generations.

Xi also recognizes the unearned privilege granted by societal and institutional structures—such as being a business owner, having access to education, healthcare, and professional networks—that have elevated their professional and personal position. This awareness compels them to approach their work with a commitment to decolonizing practice, guided by queer, feminist, and BIPOC (Black, Indigenous, and People of Colour)-centered perspectives. Grounded in their own and others' lived experiences of marginalization, Xi seeks to challenge the ways psychology often perpetuates harm through its neutrality. They are dedicated to advocating for and actively engaging in community-driven social justice initiatives.

Isis Yager

Isis Yager is a white queer transgender man who holds a Bachelor of Psychology. Isis grew up in a low-income household on the unceded lands of the Guringai, Darug and Dharawhal peoples. Both this background and his lived experience as a transgender person significantly influence his understanding of identity, mental health, and social inequality and allow him to navigate multiple intersections of privilege and marginalisation. Isis aims to acknowledge how gender intersects with race, ethnicity, class, and other identities. He recognises that traditional psychotherapy tends to be exclusionary and is committed to rectifying this through methods, practices, and ideas discussed in this paper.

Amanda Garcia Torres

Amanda Garcia Torres is a queer Mexican-American/Latine Licensed Psychotherapist and Certified Chairwork Psychotherapist with indigenous and European ancestry. She was born and grew up in San Antonio, Texas, United States, lands first known as Yanaguana by its original indigenous inhabitants. Amanda is the owner of her private practice, Chairwork Therapy NYC, and is the co-founder and co-director of the Chairwork Psychotherapy Initiative. She has been in the psychology field for over 10 years and focuses much of her clinical work on complex trauma, depression, grief, and identity issues. Amanda received her Master's Degree in Mental Health Counseling from New York University. As a mental health clinician, she understands the difficult history of the psychology and medical fields and the ongoing links between these fields and various forms of oppression and injustice. Amanda seeks to support and facilitate healing for any and all historically marginalized persons. She believes that healing can lay the foundation for mental, emotional, and spiritual liberation and is a way for all presently oppressed and suffering persons to experience a depth of justice, safety, and love in this current lifetime. She also works as a coach at her business, I.N.C. Coaching.

An Exploration of Gender and Sexually Diverse Understandings and Experiences of Femininity

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Femininity is often reductively conceived of in feminist research as oppressive and synonymous with the experiences of cisgender heterosexual women, excluding the wealth of diverse LGBTQIA+ lived experiences of femininity. To exclude gender and sexually diverse voices in the context of a social issue they are central to, is in great misalignment with community psychology values. Thus, the current qualitative research explored gender and sexually diverse understandings and engagements with femininity. Fourteen gender and sexually diverse people shared their valuable insights and personal experiences via semi-structured interviews. Individually and collectively, the depth and complexity surrounding participant experiences was apparent, as was the clear value femininity held. Through a reflexive thematic analysis, several main and sub-themes were identified; a theme whereby normative and alternative conceptions of femininity were defined by participants, and where engagement with femininity was identified by participants as a journey including stages of separation, ordeal and meaningful return. The current paper interrogates a notable gap in critical feminist literature by centering LGBTQIA+ experiences of femininity, untethering femininity from gender and/or sexual orientation with the overall aim of fostering greater gender inclusivity and equity for feminine people in future research, intervention and practice.

Key words: LGBTQIA+, queer, femininity, femme, community psychology

Femininity is a complex construct, often reductively and exclusively perceived as tethered to and reserved for cisgender, heterosexual women (Giunta, 2018; Hoskin, 2017). While the devaluation of femininity has been of great interest across social, philosophical and psychological disciplines for decades (Hoskin, 2017, 2019), gender inequity remains an identified social issue of significant concern (Riemer et al., 2020). Examples of systematic devaluation of women are currently reflected in significant and continued gender-based violence (Australian Human Rights Commission, 2018) and income discrepancies (Carrino et al., 2019). While conversations around reproductive rights (Judge et al., 2017; Sun, 2022) and women-specific beauty ideals (Mckay et al., 2018; McComb & Mills, 2022; Stuart & Donaghue, 2012) are indicative of how women's bodies are policed in our current sociopolitical climate. Feminist literature largely attributes the function of this subordination in the context of cisgender women as maintaining patriarchal (male-specific) systems of power and privilege (Hoskin, 2019).

Gender and sexually diverse people have been found to intentionally engage in femininity, many of whom find it affirming and meaningful (Hoskin & Hirschfeld, 2018; McCann, 2018). However, the devaluation and policing of feminine people is also evident, outside of the experiences of cisgender women and heteronormative spaces, with discrimination, violence, and mental health disparities disproportionately impacting feminine people due to the increased severity of gender-related policing (Grossman et al., 2006; Han,

2008; Hoskin, 2019, 2020). Hoskin (2019) defines and explores this systematic devaluation and regulation of femininity as *femmephobia*. Considering femininity as a significant intersectional force underlying gender inequity and LGBTIQA+ discrimination (Hoskin, 2020), provides fertile justification for centering gender and sexually diverse experiences of femininity. The current research aims to consider both the devaluation and value femininity holds for gender and sexually diverse people, by exploring their personal understandings and engagements. The overall aim being: identifying sites and contexts of devaluation, as well as opportunities for affirming and meaningful engagements.

Defining Femininity

According to the *Oxford English Dictionary,* the term *femininity (noun)* refers to "behaviour or qualities regarded as characteristic of a woman" (Oxford University Press, n.d.). Regardless of its placement within the most extensive and trusted dictionary for British and American English speakers, the current paper considers this widely accepted definition as normative, and incomplete. Femininity, and its associated "feminine behaviour" and/or "qualities" in Western normative contexts, is often associated specifically with cisgender women's relationship to (including catering to) the heterosexual male gaze (Deliovsky, 2008; Hoskin, 2019). In this context, normative femininity may also be referred to as *patriarchal femininity* due to associations with regulatory powers (including gender policing), which maintain compliance to patriarchal values and desires (Hoskin, 2017, 2019).

Stereotypical representations of normative femininity often include behavioural features often associated with lack of personal power and influence, and aesthetic features like "politically incorrect 'frilly pink party dresses'" (Holmes & Schnurr, 2006, p.32). The colour pink, as one example, has stereotypically been strongly associated with normative femininity, with its use historically holding meaningful gender-related associations and implications (Lazar, 2009). Other aesthetic representations of normative femininity have repeatedly been found to be associated with patriarchal ideals like whiteness, thinness, able-bodied features (Blair & Hoskin, 2015; Deliovsky, 2008; Hoskin, 2019), as well as adherence to strict sex, gender and sexuality norms including cisnormativity (those whose gender corresponds with their sex) and heteronormativity (those who are attracted to the opposite sex) (Hoskin, 2017). This conception of femininity leaves little room for intersectionality, for example it excludes people with a disability, larger-bodied people, people of colour, gender diverse people and those for which the male gaze is irrelevant to their sexual orientation.

LGBTQIA+ Experiences of Femininity

In response to the exclusionary nature of normative and patriarchal femininity, *femme* engagements emerged within the LGBTQIA+/queer community; femme considers femininity through more inclusive terms, validating the membership of those who diverge from normative ideals and acknowledging femme experiences as they exist across sexual and gender identities (Blair & Hoskin, 2015; Hoskin, 2017). Femme is often considered as a form of resistance in LGBTQIA+ spaces, with feminine engagements aiming to simultaneously deprioritise the dominance and subordination expected in stereotypical gender role dynamics (Hoskin, 2019; Schippers, 2007). For example, a person engaging in hyper or emphasised feminine expression with no intention of catering to heteronormative male desire (Hoskin, 2019; Hoskin & Hirschfeld, 2018).

Unfortunately, femininity is also unequally policed within the LGBTQIA+ community, contributing to greater experiences of discrimination, violence, and mental health disparities (Grossman et al., 2006; Han, 2008; Hoskin, 2017, 2019). For example, *Grindr* - a dating app for LGBTQIA+ men - has seen a trend in profiles specifying: *no fats, no fags, no femmes*

(Hoskin, 2019; Miller & Behm-Morawitz, 2016). Further, trans women and cisgender gay men alike have described experiencing transphobia and cisnormative discrimination within community for not conforming to masculine ideals (Parmenter et al., 2021). For many gender and sexually diverse people certain forms of feminine self-expression involve risk, as maintaining their own safety can often depend on maintaining others' comfort, rather than disrupting or resisting against the status quo (Vivienne, 2017). This means that for LGBTQIA+ people, their sense of personal safety often depends on *passing*. Passing has been proposed as a form of stigma management (Goffman, 1963), whereby those with an identity considered socially deviant attempt to avoid discrimination by presenting themselves as "normal"; where normality equals "acting straight" or "acting cisgender," gender and sexually diverse people are expected to perform gender and sexuality within heterosexist binary categories (Wilkinson, 2017). For example, to be recognised as women, trans women describe needing to conform to heteronormative gender rules (Yavorsky & Sayer, 2013); they also experience additional scrutiny whereby engaging with femininity can be personally affirming, but there is an increased risk of being policed for engaging in femininity at all, and/or simultaneously for not presenting femininely enough (Hoskin, 2019). As Wilkinson (2017) explains, for gender and sexually diverse people, the interrogating of their gender presentation can result in a slew of negative consequences, ranging from inconvenience to death.

Limitations of Previous Feminist Research

The vast majority of research of femininities continues to adhere to exclusionary conceptions of gender and sexuality; even research exploring femininity claiming to utilise a critical feminist lens largely neglects to include gender and sexually diverse experiences (Giunta, 2018; Hoskin, 2019), leaving a notable gap in the literature. For example, feminist researchers appear unclear if and how gender diverse people fit into both existing research and previous data, with some of the non-binary population being erased by being misconceived as women due to their perceived gender (and/or gender assigned at birth), and trans women being excluded despite them being women (Giunta, 2018; Kessler & McKenna, 1978). The reiteration of this category of "woman" in feminist research reproduces a binary view of gender which erases a large variety of gender expressions and lived experiences (Giunta, 2018).

Simone de Beauvoir (1989) encouraged feminist critiques of biological essentialism when she stated, "one is not born, but rather becomes, a woman" (p. 267), separating the previously synonymous "female" and femininity (as cited in Hoskin, 2017). Following this, Judith Butler (1990) conceived of sex and gender as social products determined via repeated acts; implying that when it comes to gender, bodies can be conceived of as sites with the potential for multiplicity. One could deduce that both de Beauvoir (1989) and Butler (1990) encouraged critical feminist researchers to conceive of gender beyond heterosexist binary categories, including cisnormativity. As Giunta (2018) aptly expressed, feminist research must both "include and exceed the category 'woman'" to accurately capture the multiplicity and nuance of feminine experiences (p. 1).

Empirical qualitative research exploring the lived experiences of LGBTQIA+ peoples in the psychology field is limited, and research exploring femininity specifically as adopted by gender and sexually diverse people, even more so (Giunta, 2018; McCann, 2018). As Giunta (2018) identified, emerging research exploring queer femininities has been largely theoretical, with most empirical research exploring how different groups engage with femininity being studies of same sex attracted 'men' or 'women'. There are some notable exceptions, for example Giunta (2018), McCann (2018), McCann & Killen (2019), and Hoskin (2019, 2020), whose significant contributions have been drawn on and referred to throughout this study. Additionally, research exploring the potential value and opportunities for positive engagements

with femininity, beyond oppression and discrimination, has been identified as also lacking (McCann, 2018).

A Community Psychology Issue

Gender and LGBTQIA+ inequity have been identified as targets for meaningful change within and beyond the field of community psychology (Riemer et al., 2020). Gender and sexually diverse experiences have historically been pathologised and oppressed in the context of general psychological research and practice (American Psychiatric Association, 2013; Australian Psychological Society, 2021; Drescher, 2015; Power et al., 2022). For example, Homosexuality was a disorder included in the Diagnostic Statistical Manual (DSM) until its removal from the second edition in 1973 (Drescher, 2015). Similarly, and more recently, Gender Identity Disorder, (now Gender Dysphoria) was removed from the DSM for its fifth edition release as it attributed gender diverse experiences to disorder and deviance (American Psychiatric Association, 2013). Conversion practices aimed at changing and/or suppressing the sexuality or gender identity of LGBTQA+ people and is one treatment that has historically been recommended and utilised (Power et. al., 2022). Australian states and territories have only moved to ban conversion practices in recent years; in 2021 the Australian Psychological Society released a statement, acknowledging the lack of clinical evidence for the effectiveness of conversion practices, and the considerable clinical evidence for the negative impacts and harm associated with such practices (Australian Psychological Society, 2021; Power et al., 2022). The above historical context of which LGBTQIA+ people sit within the field of psychology is in clear violation of community psychology values. Community psychology aims to centralise values-based research and practice, including foundational values of health, respect for diversity, social justice, and accountability (Riemer et al., 2020). The diversity of lived experiences of this population has not been historically respected; the health and wellbeing of this population has historically been compromised; and, their marginalisation unjust. It is through centering these values that repair and accountability may be fostered.

According to the scientist-practitioner model under which registered psychologists practice, research is expected to heavily inform client access to affirmative, safe psychological care (Jones & Mehr, 2007). For example, some of the first sexually diverse-specific health and community services in Australia were launched in direct response to the first national survey of same-sex attracted young people in 1998 conducted through The La Trobe University Australian Research Centre in Sex, Health and Society (ARCSHS) (Hill et al., 2021). The same survey has been repeated, with its fourth iteration and national report published in 2020-2021; a recommendation of which was that future research adopt qualitative methods, as survey data is limited in capturing the nuance and "why's" of health, education, and social lived experience (Hill et al., 2021). Who is and is not counted in data profoundly impacts their privilege, including their access, visibility and power (Riemer et al., 2020; Ruberg & Ruelos, 2020) - constructs that community psychologists centralise in their work. For the disenfranchised and marginalised, the implications of being excluded from data extends far beyond academia (Ruberg & Ruelos, 2020); it has far-reaching and meaningful implications for health, education, policy and practice (Hill et al., 2021). By taking intentional steps to ensure research is inclusive, subsequent psychological education and practice can confidently stand on the shoulders of data that accurately represents the lived experiences of LGBTQIA+ people, reducing the likelihood that historically harmful and oppressive ideologies are perpetrated. Community psychology aims to be values-driven in its enquiry and practice (Riemer et al., 2020). The current study is motivated by community psychology values in personal, relational,

and collective holistic wellbeing domains, including but not limited to health, respect for diversity, social justice and accountability (Riemer et al., 2020).

The current research aims to reflect community psychology values of accountability and justice by centralising respect for diversity in research, ideally contributing to the broader health and wellbeing of LGBTQIA+ people engaging in femininity. The paper aims to draw attention to this important gap in current critical research and practice, and to motivate and encourage community psychology readers to take meaningful action in the context of inclusive data collection, research and clinical practice by proposing narrative frameworks and features of a reconceptualised femininity that allows for affirming and meaningful engagement for gender and sexually diverse peoples; also, in identifying specific contexts of ongoing devaluation and discrimination as potential targets for future research and intervention.

Rationale and Aims

The ongoing devaluation of people engaging in femininity is well-documented, including disproportionate experiences of discrimination, violence, and mental health disparities (Grossman et al., 2006; Hoskin, 2019, 2020). Regardless, many gender and sexually diverse people continue to intentionally and meaningfully engage (Hoskin & Hirschfeld, 2018; McCann, 2018). Unfortunately, even critical research attempting to explore these disparities has largely neglected to consider the construct of femininity beyond an unchallenged enmeshment with cisgender, heterosexual "womanhood" (Giunta, 2018; Hoskin, 2019). Empirical qualitative research exploring the lived experiences of LGBTQIA+ peoples in the overall field of psychology is limited, and research exploring femininity as specifically as adopted by gender and sexually diverse people, even more so (Giunta, 2018; McCann, 2018). This approach fails to consider the subject through an adequate intersectional and inclusive perspective, as is expected in best practice psychological research, and especially so within the field of community psychology (Ruberg & Ruelos, 2020). Community psychology values align closely with feminist theory and frameworks and aims to challenge the status quo (Nelson & Prilleltensky, 2010; Tebes, 2017). It is therefore vital that LGBTQIA+ voices and insights are centred in research exploring social issues that directly concern gender and/or sexual orientations (Ruberg & Ruelos, 2020).

Thus, the current paper aims to report on the specific findings speaking to gender and sexually diverse peoples' understandings and engagements with femininity in response to the noted empirical exclusion of LGBTQIA+ lived experience data in the study of critical femininities; this aim is in alignment with community psychology's current identified social targets of gender and LGBTQIA+ inequity (Riemer et al., 2020). In doing so, it is hoped these findings will aid in guiding future inclusive research and practice both within and beyond the field of community psychology.

Methodology

Research Design and Theoretical Orientations

The current study was informed by a social constructionist epistemological approach, as it assumes that an individual's meaning making takes place within historical, social, cultural, and political contexts (Crotty, 1998; Nelson & Prilleltensky, 2010). In alignment, the overarching theoretical approach was critical theory, which aims to recognise existing structural power and privilege dynamics and prioritise marginalised voices (Fox et al., 2009). The current research explores the unique and intimate experiences of gender and sexually diverse young adults engaging in femininity, while taking into consideration the broader ecological contexts within which those individual experiences were formed. This aligns with

the social constructionist assumption that reality and truth is not objective or universal but rather constructed through personal perspectives formed by an individual's life experiences and engagement in social context (Willig, 2013). The research conducted was also considered through the theoretical lens of gender theory and queer theory.

Gender theory was used, as it assumes that normative/hegemonic gender is operating through a hierarchical relationship, whereby the social subordination of femininity upholds masculine dominance (Connell, 1987; Hoskin, 2019). Queer theory interrogates heteronormativity and cisnormativity (Giunta, 2018; Hoskin & Taylor, 2019), actively critiquing the problematic assumption that normative identities are essentialist (Butler, 2002; Jagose, 1996). Femme theory was also drawn on as a theoretical framework; it considers feminine intersections, as untethered from sex or gender, are related to social inequality and power distribution (Hoskin, 2017, 2019). The adoption of the above theoretical perspectives was necessary in order to explore femininity through an adequate intersectional lens, as is expected best practice within the community psychology (Ruberg & Ruelos, 2020).

In further support of the current research aims and theoretical orientations aforementioned, a qualitative research design was adopted as it facilitates complex data collection that can adequately honour lived experience/s, and allows for a deeper understanding of personal context (Nelson & Prilleltensky, 2010). Further to this, semi-structured interviewing is described in community psychology literature as a powerful method for respecting diversity of experience, by encouraging and encapsulating nuance (Nelson & Prilleltensky, 2010; Sonn et al., 2013); this method also allows some flexibility, while also allowing the researcher to establish and maintain the direction of pre-determined questions and themes throughout (Willig, 2013). This data collection approach provided the opportunity for the first author to build rapport with participants, which was important for the current project, as the research aim was expected to elicit sensitive information related to participants' sexual orientation and/or gender exploration. The semi-structured interview schedule developed for this study included questions which explored participants' understandings of, and engagements with, femininity. Interviews were held online via Zoom, running anywhere between 60-90 minutes. The first author conducted the interviews and commenced each meeting by clearly acknowledging their own insider positionality, which is outlined in more detail below. Participants were offered a $25 voucher as an acknowledgement for their contributions.

It is important to note that the research presented here is drawn from a larger qualitative study exploring gender and sexually diverse peoples' understandings and experiences engaging in femininity, in both online and offline spaces (Capern, 2022). The original study used both qualitative semi-structured interviewing and photo elicitation methods (Bates et al., 2017). In line with the stipulated aims, the current paper reports on themes specifically related to gender and sexually diverse definitions of and experiences of femininity as yielded from that original research.

Participants

Participants were recruited via purposeful convenience sampling through the researcher's extended professional and social networks. This included the posting of an electronic flyer on a variety of social media outlets (e.g., Facebook, Instagram) on personal and professional accounts. A total of 14 participants were recruited, with the inclusion criteria requiring that participants were aged between 18-30 years, were gender and/or sexually diverse, and identified with or engaged with femininity in some capacity. Due to specific participant interest, it should be noted that one participant who was 33 years of age was included. The decision to recruit young adults was made as social media platforms are found to be overwhelmingly used by young people and play an important role in their socialisation

and self-expression (Döring et al., 2016); as one of the aims of the original research was to explore online contexts, this was an important consideration. Recruitment aimed to maximise the potential for an intersectionally diverse sample (Nelson & Prilleltensky, 2010; Sonn et al., 2013) and while all participants in the current study resided in Australia, they varied in other demographic details such as: gender, ethnic/racial identities, sexual orientation and occupation.

Of the 14 participants recruited, half were female, and the other half were gender diverse, using a diversity of labels that best suited their gender (e.g., "non-binary"/ "gender fluid"/ "gender questioning"). Nine out of the 14 participants' sexual orientation was "bisexual", with five of those participants also using another secondary term to adequately describe their sexual orientation ("pansexual" or "queer"). Two participants were "queer", whilst another was "pansexual". Of the remaining participants, one was a "lesbian", and another "90% straight". Most participants were born in Australia and described their ethnicity as white, while four participants were ethnically and/or culturally diverse. While it was not asked, several participants also disclosed they were neurodivergent and/or live with a disability. Participant identities have been protected by assigning pseudonyms.

During the recruitment phase, it was observed that participant interest was greater than expected. Two reasons were identified across participants; firstly, that fitting within a specific inclusion criterion such as this was rare and so it felt like an opportunity, and secondly, because they believed there were common misconceptions surrounding the topic and felt like their own personal experiences would provide valuable insights. These observations further validate the exclusionary nature of current data collection methods and highlight the importance of providing LGBTQIA+ peoples with opportunities to be counted.

Researcher Positioning and Reflexivity

According to the principles of qualitative research, potential personal bias is not an issue that requires solving to acquire objectivity, but instead a factor that should be realistically reflected on and acknowledged, to account for its potential influence (Willig, 2013). I (the first author) am a middle class, white, queer person who was born in Australia. I have benefited from many privileges throughout my life, including but not limited to access to the education pathway that enabled me to conduct this research. I have also experienced discrimination in relation to my sexual orientation, my weight, and my gender. My personal experiences related to power, privilege and oppression have informed my ongoing commitment to social justice and my professional interest in community and critical psychological research.

LGBTQIA+ people have a history of experiencing discrimination within the field of psychology and in associated psychological research (Ruberg & Ruelos, 2020). I believe my position as a community member with lived experience aided in fostering a trusted researcher-participant relationship with participants, whereby power and privilege differentials were at the very least, minimised. It also meant I carried a level of emotional investment that rendered attaining "objectivity" difficult. Hall (2017) describes how researchers often position themselves in an objective, "outside" position when it comes to their subject matter, even when their central theoretical perspective acknowledges this isn't possible to achieve. While conducting this research I felt anything but outside of it, however, I do not believe this to be a flaw; I believe this further enriched the research process and provided additional opportunities for deep and meaningful data collection. To ensure that the integrity and quality of the research was always prioritised, I took additional steps to engage in self-reflective practices and mentorship throughout.

Data Analysis

Data analysis of the semi-structured interview transcripts was completed using a reflexive thematic analysis (RTA) approach (Braun & Clarke, 2020). Thematic analysis has received criticism for lacking in specificity, however, its flexibility is one of its great strengths as it enables rich explorations (Braun & Clarke, 2006). RTA was utilised as it allowed the potential for both inductive (data-driven) and deductive (theory-driven) theme development, while also allowing flexibility around the theories informing the research and significant subsequent interpretations (Braun & Clarke, 2020). Further, RTA considers themes as existing inseparably from the researcher who generates them (Braun & Clarke, 2020); in alignment, the current researcher considered themselves an instrument in the current study.

In a thematic analysis, validity relies on the assumption that themes are actively constructed by researchers in response to the data, as opposed to them emerging passively (Braun & Clarke, 2006). When utilising reflexive approaches to theme development, considerable analytic and interpretative work is required of the researcher, therefore, it is important to note, that the themes and codes identified during analysis in the current study were selected not only due to their frequency but also due to their significance (Braun & Clarke, 2006). Patterns were identified by the researcher as central organising concepts, as they appeared across the dataset as a whole, and in relation to the pre-determined theoretical frameworks (Braun & Clarke, 2014). This was done so through systematic nested coding through NVivo and the additional use of multiple themes visual maps and tables (Braun & Clarke, 2006). Finally, throughout each stage of the research process, supervision was sought, and ongoing in-depth discussions were had between co-authors, who systematically reviewed the output at each stage, as well as following the project in its entirety. As recommended by Braun and Clarke (2014), the current research prioritised deliberative, reflective, and thorough data collection and analysis methods.

Findings and Interpretation

The current research yielded several significant themes, which explored gender and sexually diverse participant's understandings of, and engagements with, femininity. Two main themes were identified, with several sub-themes within each. The first main theme "Defining Femininity(s)" held three sub-themes: "Normative Femininity", "Limitations of Labels", and "Queer (Re)Thinking". This theme explored participants' understandings of normative and personal conceptions of femininity. The second main theme, "Femininity as a Journey", also held two subthemes: "Conflicting Group Memberships" and "Returning to Femininity"; this theme explored participants' ongoing engagements in femininity, and the many influential factors involved, as well as the forms it took depending on context. These themes are reported in more detail below.

Defining Femininity(s)

While the dominant discourses surrounding femininity assume it is inherently attached to the experiences of cisgender, heterosexual women, participants in the current study provided an alternative perspective. Participants considered femininity as holding multiple conceptualisations. Most notably, almost all participants considered femininity as having a normative form, which departed to varying degrees from their personalised concept. Differential understandings of femininity appeared to be inspired by participants' exclusion from normative expectations, and their active critical reflections of their experiencing exclusion; for example, their acknowledgement of oppressive and restrictive expectations associated. While aspects of participants' understandings of femininity did vary, there were some clear underlying commonalities.

"…I think it is something that is very digestible…": Normative femininity

Participants described normative femininity in relation to both external (bodies and/or aesthetics) and relational factors (to masculinity and/or cisgender men). When asked how they define normative femininity, participants commonly spoke first and foremost of bodies and their adherence to specific aesthetic norms. This aligns with the definition of normative femininity as cited by McCann (2022) whereby dominant forms of femininity are thought to be regulated via expectations placed on the feminine body. The same short list of features were recounted by almost all interviewees - thinness, whiteness, youthfulness, and long hair:

> *The beauty standards of straight white girls, long flowing hair, makeup, all that kind of stuff. I suppose I start to think of quite physical things. (Alex)*
>
> *Like all the females must look very, very thin, very young and very white. (Danny)*
>
> *Um, a lot of what is represented is long hair, beautiful hair, makeup, thin, White....non-disabled, straight...These sorts of things come to mind. (Reese)*

The aesthetic features recounted by participants often included features they themselves did not hold, highlighting the exclusionary associations normative femininity held for them. For example, Alex has shorter hair but listed "long flowing hair" as a feature, Danny is Chinese and listed "very white" as a feature, and Reese who lives with a disability listed "non-disabled" as a feature. This observed and reported exclusion appeared to motivate participants in frequently applying a critical lens when it came to discussions of their engagements with normative femininity. Participants also referred to the systemic forces that contribute to dominant expectations associated with normative femininity. For example, Carter and Harper both acknowledged the role colonialism and patriarchy play:

> *A lot of it is tied to bodies, a lot of it is tied to a male gaze idea of beauty…Tied to outward appearance and outward expression. (Carter)*
>
> *In terms of like an aesthetic, I think it is something that is very digestible and very defined by white western European ideas…(Harper)*

Harper's perspective aligns with previous research detailing how normative femininity is far from race-neutral (Deliovsky, 2008). In a Eurocentric sociopolitical context, heteronormativity involves the "white patriarchal production, of a white feminine ideal" (p. 50), whereby normative/hegemonic femininity is comprised of the colonial conflation of white women's whiteness, and her femaleness (Collins, 2004; Deliovsky, 2008).

The same critical lens was observed when describing normative feminine expectations beyond bodies and aesthetic choices. Participants frequently described normative femininity by referring to its oppositional and subordinate relationship to masculinity. For example, Ari described normative femininity using terms like "gentle" and "soft" and masculinity as "strong" and "assertive". This was a noted commonality among most participants, in that they frequently described femininity as a word synonymous with soft, and masculinity described as a word synonymous with strong. For the participants, normative definitions of femininity aligned with hegemonic definitions, in that normative femininity appeared reliant on its relationship to masculinity to be defined (McCann, 2022; Schippers, 2007). Several participants also overtly described normative femininity in relation to subordination/domination power dynamics in traditional gender roles, whereby normative femininity is passive and lacks resistance to masculine domination:

> *I think the normative definition of, or characteristics or whatever of femininity would probably be something quite, um, like oppressive? Within the realms of, of like misogyny of going oh, femininity is pretty and soft and submissive and, an aesthetic based and, joyful and, like people pleasing… (Maxi)*

Something that is very passive and something that is very malleable, something that is...Very subservient…To me, it always feels like something that is very easy to break. Like something that has no force and no resistance. (Harper)

I think really malleable to the world around you and I think what people want in femininity is like...Not anything too set in its ways…Designed as an ideal concept to push people to push their own boundaries of how they feel comfortable. (Ziggy)

These participant descriptions of normative femininity align with Hoskin's (2017) patriarchal femininity, which refers to feminine ideals as they cross identity dimensions (e.g., sex, gender, race, ability), with the additional acknowledgment of the broader regulatory power and policing used to maintain those ideals. Participant descriptions also align with what McCann (2022) describes as *rigid femininity*, a "toxic" form of femininity associated with ideals and expectations which maintain binary gendered systems, reiterating patriarchal ideals.

These findings indicate that gender and sexually diverse people who engage in femininity hold advanced and diverse knowledge regarding individual norms associated with normative femininity, as well as the broader sociopolitical contexts and structures influencing those norms.

"You can't quite grasp it…": Limitations of labels.

Whilst participants were consistent in their definitions and understandings of normative femininity, it was evident that they found it difficult at times to as neatly define their own definition of femininity, as it applied to them. As Maxi aptly articulated, "I don't think that femininity can be as easily defined as for so many years we have been brought up to believe it can be".

When reflecting on their personal definitions of femininity, many participants attempted to convey the complexity of their femininity by utilising oxymoronic terms, as Alex explained: "it's the fierce and the vulnerable. It's, it's kind of this you know, paradoxical thing and I kind of love that". These specific descriptions align closely with Dahl's (2017) research and reflections on the seemingly paradoxical vulnerability and strength involved in embodied femme experiences. A number of other participants also described femininity as "soft" and some other seemingly opposing terms synonymous with strength/force:

Like there's something that's kind of- it's like, it's quite soft, but there's also something a bit tough about it. (Harper)

I can find harshness in my femininity as much as I find softness in my masculinity. (Maxi)

You can be soft and demure…And you can be loud and aggressive and still have a feminine energy. (Carter)

It's sort of two different sides of me and how my femininity can play out. You know, it can be sort of edgy and dark, and it can have a real lightness and, you know, maternal thing. (Alex)

These oxymoronic descriptions stood in stark contrast with participants' discussions surrounding normative femininity specifically, whereby femininity represented softness, and masculinity, in opposition, represented strength and force. For participants within the current study, their personal understandings and experiences of femininity did not dispose of normative feminine features, but instead also encompassed features typically reserved for masculinity, too.

Carter, who used the word "energy" when referring to femininity, exhibited another noted commonality among participant descriptions; femininity was frequently described as an energy that was not restricted or reserved to a person of a certain gender, sexual orientation, body or even specific aesthetic choice/s:

> *That's what kind of I love about it, and it doesn't just belong to people…I guess identify female or she/her, like everybody has femininity and feminine energy and aspects in them and the way that they either embrace or reject that plays out, and we can feel that, you know? (Alex)*
>
> *Like I don't know that I think anything is inherently feminine. There are things that feel feminine when I do them. So, putting on makeup, for example, that feels like an expression of my femininity. But I don't necessarily think that's all it is? I don't think necessarily that's the case when somebody else does it. (Jamie)*

These participant reflections align with femme scholar Dahl's (2017) conception of femme, which they describe as encompassing a multiplicity of *femmebodiments*, described as "infinite intra-categorical variations femininity" (p. 36), determined by individual subjective experiences (Hoskin & Taylor, 2019). These perspectives highlight the potential inherent limitations associated with attempting to neatly categorise subjective experiences across participants, and the importance of including the current sub theme.

While traditional research approaches often prioritise drawing distinctions between the "messy" intersections of identity (Puar, 2005), honouring diverse experiences may require alternative approaches, which allow additional room for both current complexity and potential future evolutions (McCann, 2018). The participants in the current research did not appear concerned or confronted by the intricacies of their personal understandings of femininity or femininity and/or femme-ness, but rather appeared quite comfortable sitting within the complexity of their experiences. As Ari expressed, "there's power in not being defined, because I guess, when you're not being defined or like boxed in, there's greater scope to exist…". To attempt to agree on a shared definition, in this case, may encourage a sense of restriction that many participants themselves worked hard to navigate their way out of.

"How do I want to represent myself today?": Queer (re)thinking.

While it was difficult to clearly define or contain their alternative personal definitions, the current study revealed that most participants associated normative iterations of femininity with exclusion and restriction, while their personal definitions with inclusivity and dimension, allowing room for their diverse experiences. For most participants, identifying as queer/LGBTQIA+ heavily influenced their ability to conceive of femininity beyond normative iterations and expectations. For example, for Alex, joining the LGBTQIA+ community made her feel like "you don't have to be one trope" and expanded her view of what femininity could look like:

> *You know, it really is far more colourful than I ever thought it was and I used to just kind of think it [femininity] was a bit more black and white and that I had to fit into that…In LGBTQ spaces there's a variety of expression and acceptance and variety of beauty…The difference is maybe sometimes it's not what would be considered the societal norm.*

The participants' engagement in femininity beyond normative conceptions aligns with the queer femme process of offering a "rethinking of the queer potential of feminine embodiment" (McCann, 2018, p. 279). For several participants, this looked like engaging in a practice of consistent self-reflection and intentional decision-making, allowing themselves permission to remain unfixed and (re)think their positioning. For Carter this involved frequently asking themselves, "how do I want to represent myself today?". Similarly, for Stevie, they describe engaging in a "constant conversation" with themselves:

> *I really don't feel like I have a lot of clarity…on like exactly where I sit, and it definitely shifts. Because I don't think I really have these fixed ideas of what femininity is or what*

my version of it is, it's just like a constant conversation and attempt to like engage with how I'm feeling that day.

For Stevie, who is non-binary, their femininity presents differently depending on how they are feeling – their comfortability and authentic engagement lies not in being a static and consistent version of themselves, but rather in their ability to move and shift according to their personal instincts. These findings appear to demonstrate what McCann (2018) described as the *femme assemblage,* whereby femme engagement and aesthetic choices are guided by affect, extending beyond the limits of politics of identity.

For many participants, their queer rethinking of femininity often involved an intentional element of play and/or subversion. Harper spoke directly to this phenomenon, mirroring the sentiments of Maltry and Tucker (2002), who describe queerness as often involving engaging in acts of subversion against the systems that have excluded them:

A big part of being queer I think- and one of the most radical aspects of being queer, is totally deviating and subverting those systems because ideally, feminist thought and feminist action is about undoing very limiting patriarchal systems; I think, by default, queer people are seeking to subvert that…(Harper)

In response to the restriction associated with normative femininity, Carter also likes to turn societal pressures "on their heads", as they explained, "…I love to play with femininity, I love to subvert people's expectations of what my femininity is or represents, especially my outward femininity". Several other participants also described their personal engagement with femininity using terms such as "drag", "camp" and "costume", which are often associated with subversion and performance:

It's almost a bit camp as well, it has like a kind of a bit of like a drag expression to it…And that's what I like as well, because I like being able to like subvert my appearance and like expectations around how feminine people are supposed to present themselves. (Harper)

I always feel like femininity is more like a character, in a way?...Even if that contradicts all the mainstream stereotypes people think that's how femininity supposed to be like, it's still fine. (Danny)

And I've realised that a lot of my femininity feels like, not doing drag in a bad way, right? But like doing drag with enthusiasm of somebody who loves doing drag. (Remi)

In the context of queer femininity, Brennan (2011) describes visibility as a strategy for rights, recognition, and legitimacy in identity, with approaches like exaggeration, parody and/or transgression cited as strategies that are used within community to challenge expectations and standards associated with feminine norms; Rugg (1997) refers to this strategy of adopting signifiers of non-conformity as *something wrong with this picture* (as cited in McCann, 2018). For many participants it appeared that their subversive and playful engagement allowed them to celebrate and engage in femininity, while simultaneously retaining visibility as a queer/LGBTQIA+ person who actively critiques normative expectations.

Femininity as a Journey

For gender and sexually diverse people, engaging in femininity can be a complex task, especially when their lived experiences are at odds with the societal assumptions and expectations associated with normative ideals. At the time of the interviews, all participants described engaging in femininity to some degree. Many explicitly addressed that this was not a static engagement and there had been times in which they had engaged less in femininity or attempted to avoid it completely. There was a noted pattern across participants' experiences whereby they described their relationship to femininity as a kind of "journey":

Yeah, I'd say like, it's been a bit of a journey. (Alex)
I had a really, I guess, fractured relationship with femininity when I was little. (Maxi)
Um, my relationship with femininity, I think has shifted a lot over the years…(Ziggy)

This ongoing journey of (dis)engagement appeared to hold a similar narrative structure across the participant group; firstly, an experience of separation experienced within a particular version of femininity (normative/patriarchal), then an ordeal or crisis resulting in the rejection of femininity, followed by a subsequent reengagement and returning to femininity utilising a more inclusive and affirming conceptualisation. This observed narrative structure follows what is commonly known in mythology as *The Hero's Journey*, a narrative arc popularised by Joseph Campbell (1949), which has since been adopted in popular culture. It describes a narrative defined by a common pattern of separation, ordeal or crisis, and a re-emergence or return often associated with mastery (Campbell, 1949; Falconer, 2021).

Falconer (2021) critiqued the hero's journey arc for its inapplicability to feminine experiences; specifically, how the hero is presented as a solitary figure, and how the protagonist's journey has a distinct start and end point. The current findings align with these critiques. The influential role of social group memberships and relationships are explored in more depth in the following sub theme, and there is a noted trend whereby participant understandings and engagements with femininity are described as ongoing. As Jagose (1996) describes, queerness is a site of 'permanent becoming'. The authors therefore conclude that this theme demonstrates the hero's journey may be a relevant narrative framework for considering gender and sexually diverse experiences of femininity, with some caveats; that the journey is interpersonal, and without a clear, definitive end point.

"…I just felt like I did not fit that definition at all": Conflicting group memberships.

For almost all participants, their sexual orientation and gender identity influenced their relationship to femininity and their ability to engage in it comfortably at times throughout their "journey". For example, many participants described feeling as if they had to decide to be feminine *or* LGBTQIA+/queer, due to feeling as if membership to one group, invalidated their identifying with the other. For some non-binary and genderfluid participants, their gender identity influenced their ability to comfortably engage in femininity due the essentialist assumptions associated; meaning, if they chose to be feminine, their gender identity risked being invalidated:

I hated [pink] when I was younger, because I didn't realise at the time but I was experiencing really bad dysphoria of being pigeonholed as having to be feminine. (Carter)
I guess having that sense of myself belonging to that category [woman], and then feeling this sense of discomfort around, like, what is it to be a woman?...But then still aligning myself strongly with um, with femininity and being a femme queer? So I guess it can be complicated in that sense, kind of untangling those connections. (Ari)

Other participants within the current study found their LGBTQIA+ group membership was questioned due to their femininity, both from members within the LGBTQIA+ community and outside of it. For Alex, she experienced confusion when she came out as bisexual; as someone who enjoyed and wanted to "hold on" to her femininity, she still questioned: "Am I as feminine as I thought? Because I feel this way sexually?". Alex also received invasive questions from fellow members of the LGBTQIA+ community, whereby her sexual orientation was questioned due to her feminine appearance:

> *But I've also had friends that are in the community that have questioned me…Not for some time but definitely, like, oh what do you mean you're bisexual? And then they do the whole well who have you been with? Who do you like? It can get really invasive…*

For Lane, similar feelings arose and were harmfully reinforced externally within her social circles, she explained: "When I used to date more women, people didn't really believe that I was....not straight? Because I was feminine". These experiences align with femme literature, which details how femmes/feminine people are often presumed heterosexual even in lesbian-feminist contexts due to their gendered presentation, whereas those who are perceived as more masculine/gender-crossing in presentation are more commonly assumed to be queer (Harris & Crocker, 1997; McCann & Killen, 2019). While said invisibility may reduce the likelihood of femmes experiencing discrimination in heteronormative spaces, in queer spaces this can result in a "deeper attack on their [femmes] self-worth" (Nestle, 1992, p. 15 as cited in McCann & Killen, 2019). Ari also described several instances where they had been judged and excluded from LGBTQIA+/queer spaces due to misconceptions surrounding their feminine presentation:

> *My femininity became a point of policing in queer spaces. Which I found really difficult because I actually like, I like my hair like this and I like having long hair. And it's something that...I feel really comfortable, you know, and strong about. But I also don't like that it kind of renders me invisible and I resent that, I resent that the way I present and my femininity makes me...Seen as less queer, or that my queerness or my...Right to be in certain spaces can be questioned because of how I present.*

Throughout their interview, Ari recalled multiple other instances whereby their femininity was devalued by members within the LGBTQIA+ community. Specifically, they recounted their photograph being taken at an event, and a fellow queer person commented on how 'straight' the photographer had made them look. Similarly, they recalled another instance where they were rejected from joining a queer-only online group because the moderators assumed they were heterosexual. Ari reported feeling authentic and powerful in their femme queer identity in both photographs prior to these occurrences, however, these experiences resulted in their withdrawal from community engagement and added complexity to their ongoing experiences as a femme queer person navigating LGBTQIA+ spaces and relationships.

Reese who is non-binary and works as a hairdresser described how they have "always felt a little on the outside of the community", especially when presenting as feminine and adhering to normative or traditional beauty standards; a frequent expectation and occurrence for them due to their line of work. Femme literature acknowledges how engagements with feminine aesthetics can complicate both one's relationship to queer identity politics, and the broader LGBTQIA+ community (McCann & Killen, 2019), which was the case for Reese and other participants interviewed here. Jamie, another participant, went so far as to drastically alter her appearance to signal her rejection of normative femininity in the hopes of solidifying her group membership as a queer person:

> *I went through periods when I was younger, where I rejected femininity, or what I thought of as femininity…I cut all my hair off and then I felt like, oh, well now like if I want to be seen as a queer woman, like I have to dress a certain way that isn't associated with femininity.*

This reflects Mishali's (2014) observation that queer paradigms can encourage and pressure women to reject femininity, in order to be included in community; unfortunately, this risks perpetuating restrictive and rigid structures, rather than effectively subverting them as intended. Ziggy similarly explained how as a self-identified femme person, they feel not only vulnerable to the gaze of non-queer people, but queer people too, and how they often sit in the discomfort of being visible, but not quite visibly queer enough:

> *I also feel like there's a sort of shift in the queer community-I just feel sometimes if I present as very femme, then I sort of feel vulnerable to both being viewed by people who aren't queer, but also…Looking less queer than I feel and am? So, I actually think that's been a part of it is just like, sort of dysphoria, I guess, is what I'm describing.*

Invisibility has been found to be a central theme in femme literature, specifically that there is a lack of acknowledgment that femininity is queer, even within LGTBQIA+ spaces (McCann & Killen, 2019). When discussing the pressures feminine people face in the LGBTQIA+ community, Remi explained how they believed similar pressures exist for femme/feminine people within the community as those outside of it: "I feel like...Everyone above a certain age in the queer community knows the phrase 'No fatties, No femmes'...So not okay to see". Seemingly, femme presenting community members risk either experiencing invalidation and invisibility, or achieve visibility and may subsequently experience femmephobia (Hoskin, 2019).

"If I get rid of it, I feel like something is missing": Returning to femininity.

Regardless of the complex and at times negative experiences associated, the majority of participants expressed that completely rejecting femininity often came at some kind of personal cost; they described re-engaging it as it provided them "dimension" (Remi), "joy" (Stevie), and "power" (Maxi). For both Stevie and Lane, they had attempted to move away from femininity many times throughout their life for fear it was perpetrating or contributing to oppressive stereotypes, but they returned due to the joy their engagement in femininity provided them:

> *A few years ago, I tried to, like, not be so feminine? Because I didn't want to...Be feeding into that stereotype. But I guess recently I've realised that I just love pink? And I love doing my hair, I love doing my makeup, and that's just who I am. Like, I just love those sorts of things. (Lane)*
>
> *Why I keep going back to femininity, anytime I try and move away to like a different and be like- fuck this, I don't need all these shackles of oppression…But then I go straight back because it's fun, it's playful, the fashion, the aesthetics...I feel more joy in my life, acting this way…I feel like a more full version of myself when I lean into that. And if I get rid of it, I feel like something is missing. (Stevie)*

It appears that participants' theoretical critiques of normative femininity acted as a significant barrier to them engaging in femininity at times, even when that may have been their preference. These participant experiences, align with a phenomenon Serano (2007) labelled *scapegoating femininity,* whereby blame is attributed to femininity itself, as the source of its own systematic oppression and devaluation. It is important to note that when choosing to re-engage with femininity, participants did not fully reject all features associated with normative iterations; instead, they repurposed them under a more inclusive conceptualisation. These findings also align with McCann's (2018) femme research, which found that LGBTQIA+ participants' aesthetic choices, even those typically associated with normative femininity (e.g., long hair, makeup, dresses, and jewellery), operated as much "more than simple signifiers" (p. 287).

As participants in the current study have exhibited, one can also engage in normative features of femininity, even if they do not relate to or identify with the experiences of cisgender women specifically (Mishali, 2014). Carter and Remi who are both genderfluid, explained how femininity is valuable and adds dimension into their lives:

> *I think that's something people get wrong about the way my non-binary-ness is expressed - that I was raised a woman so if I'm trans, that must mean I reject femininity,*

and I don't. I think it's extremely valuable. I just reject being pigeonholed into it and I reject traditional ideas of what femininity is supposed to be. (Carter)

Like it's a part of my experience? It makes me a little more me...If I didn't have it, then it would be a little more bland and like, you know, that dimension is missing in a sort of way. (Remi)

After re-engaging with femininity, many participants felt protective, due to the efforts they had put into fostering a healthier relationship with femininity. As participant Maxi powerfully articulated:

My femininity means so so much to me because...I feel like it's- my, I've worked really hard to have the relationship that I have with my femininity and now it just feels like this kind of strong lovely pillar within me that...I don't know, I guess we'll continue to like add vines to and then it'll be this colosseum of gender by the end of my life (Laughs).

This sentiment is particularly meaningful, as it not only centers Maxi's passion for protecting her femininity, but it also describes femininity and her relationship to it as a continued evolution, a journey she does not expect will end throughout her lifetime. As Serano (2007) asserts, there must be something profound about femininity, for so many to actively gravitate towards it.

Discussion

Motivated by community psychology values, identified targets for social change, and a noted gap in the current critical psychology literature, the current study aimed to qualitatively explore the ways gender and sexually diverse people engage with and understand femininity. Participants held and discussed rich and complex engagements with, and understandings of, femininity - normative and otherwise. The participant descriptions of normative femininity aligned with the notion of patriarchal femininity, which encapsulates and extends on both normative and hegemonic theoretical concepts; meaning, a large portion of participants equally acknowledged the role of individual reproduction of norms (for example, aesthetics, bodies and demeanor) and systematic influences (for example, cultural and political climates) (Hoskin, 2019; Hoskin & Taylor, 2019). It appeared that for participants, navigating and negotiating femininity in its many forms is a considered process, motivating a depth of critical thought concerned with how femininity operates and is understood ecologically (personally, socially, politically and historically; Bronfenbrenner, 1977); for example, through participants' definitions and experiences of femininity personally, within community and group memberships, and in broader sociopolitical contexts.

In the current study, most participants separated themselves from the concept of normative femininity to varying degrees, and instead aligned themselves with alternative conceptualisations that allowed more room for their authentic engagement as gender and sexually diverse people. Participants described how their gender and/or sexual orientations influenced their ability to conceive of femininity beyond patriarchal conceptions and encouraged them to rethink and reimagine the "queer potentials" of femininity, and how they might fit (Bordo, 1997; McCann, 2018). The process of rethinking femininity looked different for each participant, but there were some noted commonalities: consistent self-reflection and intentional choice-making, as opposed to following rigid predetermined expectations and patriarchal ideals. While participants were clear and consistent in their definitions of normative femininity, it was evident that they found it difficult at times to neatly differentiate and define their own personal definition; this did not appear concerning for them. As it is a typical convention in research to draw seemingly straightforward distinctions, it may be logical to assume that in diverging from tradition - allowing the "messiness of identity" to exist without

categorical reduction or simplification (Puar, 2005, p. 128) - may add to the authenticity and inclusivity of their experiences.

The current findings indicate that for participants, their relationship to femininity was described as a kind of journey, and while there were consistent parallels in their narratives, participants' experiences diverged from the hero's journey in some respects. For example, there was no distinct start and end points, and their journeys were not solitary, but rather heavily influenced by impersonal and community relationships and group memberships (Falconer, 2021).

Throughout the current research, participants' awareness of the devaluation of femininity was clear, within the LGBTQIA+ community and outside of it. This pattern of feminine/femme lived experiences reaffirms that people engaging in femininity experience discrimination regardless of gender and/or sexual orientation, site or context. These findings also provide fertile ground to consider the value femininity must hold for participants, as they go to such efforts to rethink, reengage, return, and reaffirm their femininity, even in the face of discriminatory and oppressive forces.

Implications and Recommendations

These findings present several implications for future research and practice, within community psychology and beyond.

Participant interest during recruitment stages was much larger than expected. Participants shared thoughtful and personal motivations for participating, with two common reasons reported. Firstly, that it was unusual for a study to be advertised where participants felt they would comfortably sit within the inclusion criteria, with many describing this as rare. Secondly, because they believed there were common misconceptions surrounding the topic, and they felt like their own personal experiences would provide valuable insights. These findings highlight the profound importance that marginalised voices continue to be centered in research, as their insights are valuable, and there is motivation to explore and share those insights with those who are willing to listen.

The current research was, in some ways, inherently complex to navigate, as labelling and reducing the experiences of people who had fought to exist beyond them felt counterintuitive at times. Each participant had differing demographic descriptors; also, with such a wealth of specific and nuanced experiences explored, it took additional care and efforts in data analysis stages to adequately encapsulate the complexity of participant experience while also presenting and interpretating findings via clear and concise commonalities and theoretical frameworks. Drawing conclusions and categorising experience is the foundation of empirical enquiry, and so the irony is not lost. The current study further validates scholars' previous pleas (for example, Ruberg & Ruelos, 2020) that researchers take particular care to use data collection and analysis methods that allow room for nuance and dimension; for example, by collecting demographic data via open ended answers versus categorical data collection, and prioritising qualitative data methods. In psychological practice, this may include adapting categorical, static data collected during intake and assessments, for example, to better suit gender and sexually diverse people and their lived experiences.

The current research also highlighted that for participants, engaging in femininity often resulted in devaluation and discrimination within the LGBTQIA+ community itself, and that their gender and/or sexual orientation was interrogated by others (and subsequently, themselves) as a result. While research exploring discrimination against gender and sexually diverse people is often considered in hetero and cisnormative contexts (Parmenter et al., 2021), these findings are indicative of the importance of further exploring how discrimination is

perpetuated against femininity within community in more depth; also, how this may result in internalised manifestations of femmephobia. In psychological practice, these findings indicate the potential importance of identifying and working with internalised femmephobia and supporting clients in maintaining their psychological safety within community.

The aim of the current research was to explore experiences of discrimination, as well as opportunities for meaningful and affirming engagements with femininity. As aforementioned, participants found great value in their engagements with femininity, when their engagements were associated with choice and self-determination. The presented findings demonstrate the importance of self-reflective praxis in both research and practice, with the aim of identifying and reducing any unconscious bias when engaging in femininity studies. As McCann (2018) asserted, the end goal here is not positioning the "straightness" of normative femininity and the "queerness" of femme femininity as inherently oppositional. To consider any form of femininity as superior to any other, whether perceived as normative or resistant, would also likely further contribute to ongoing oversights of social inequities and may hinder opportunities for meaningful and engagements across femininities (Hoskin, 2017).

Limitations and Future Research

There were several limitations noted in the current study, which may lay fruitful foundations for future research.

Firstly, the intent was to explore diverse and intersectional experiences of gender and sexually diverse people's engagement with femininity, however, there were some limitations when it came to the homogeneity of the sample. While the entire sample were gender and/or sexually diverse, it would be important to include other members of the LGBTQIA+ community who engage in femininity whose gender and/or sexual orientation was not represented here to provide a true representation of diversity of experience – for example, there were no intersex and asexual participants who expressed interest in the current study.

Secondly, while the current research was considered through a social constructionist lens with the aim of contributing to the transformation of knowledge, it is recommended future research take on a more active co-production participatory action research approach, in order to better support emancipation and provide additional empirical support for actionable social/meso-level intervention/s (Bronfenbrenner, 1977). This recommendation is in alignment with the recommendations of Royal Commission into Victoria's Mental Health System (State of Victoria, 2021) to prioritise lived experience co-design, with the aim of better supporting psychological wellbeing and outcomes.

Conclusion

The current research aimed to explore the gender and sexually diverse lived experiences of femininity. The enquiry was inspired by gender and LGBTQIA+ inequity being identified as significant social challenge the field of community psychology needs to address (Riemer et al., 2020). It was also inspired by the noted gap in critical femininities research whereby the lived experiences of gender and sexually diverse people who engage in femininity were underrepresented, as was research exploring opportunities for meaningful engagement beyond a focus on risk and discrimination.

What is clear above all else is that if gender and sexually diverse experiences are excluded, enquiries and explorations of femininity are incomplete. The current study aimed to honour gender and sexually diverse experiences and exhibit how they provide us invaluable

insights around sites and contexts of difficulty and restriction, as well as precious opportunities for meaningful and affirming engagements.

A multiplicity of feminine experiences was recounted here - one normative which, participants conceived of similarly, and another more personally significant and difficult to define. Throughout the present research a clear central learning was uncovered - that navigating femininity as a gender and/or sexually diverse person is often complex, regardless of context and company. For these participants, femininity was oxymoronic: a point of pain and restriction, but also play and expansion; sometimes visible, and other times not-so-much; sometimes a departure, at other times an arrival. Regardless, participants described intentionally carving out their own meaning in the very complexity normative ideology seeks to avoid, describing the significant value and dimension femininity often holds, even in the face of oppressive and discriminatory forces.

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Through the Lens: Photographer and Subject Reflections on Gendered Narratives, the Impostor Phenomenon and Community Amidst COVID-19

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The SAR-COV 2 coronavirus (henceforth COVID-19) pandemic brought the globe to a standstill, giving ample time for reflection on many aspects of the human experience, including identity. During this time, the authors of this paper collaborated on a photographic artistic project to explore their experiences of gender and bodies. The process and the product created by impostor (the artist) and impostor (the subject) had a profound impact on the authors, generating opportunities for both to reflect on their journeys as a professional artist and a non-binary person, respectively. While this project did not intentionally set out to explore the impostor phenomenon, nor the impacts of COVID-19 on gender, hindsight and collaboration have given the authors the opportunity to reflect on how these factors permeated and influenced their experiences throughout the creative process. This article is a culmination of their reflections. Utilising pastiche, the authors reflect on this process and product, drawing together academic, creative, and reflective writing styles, and images to reveal and explore the systemic, contextual, and personal factors that contribute to gendered experiences of the impostor phenomenon. In doing so, the authors highlight that community and collaboration are essential remedies to the pandemic and impostor phenomenon.

Keywords: Impostor Syndrome, COVID-19, gender, art, community

Preamble

The authors wish to acknowledge that we are not community psychologists; we responded to the call out to the current special issue as members of the LGBTQIA+ community. Importantly, we do not speak for the whole LGBTQIA+ community, but rather offer nuanced and specific insights into our personal experiences of community as individuals in this group. Community psychology is inherently relational. It is in this spirit that we invite you to witness our journey in this article in the hopes that it might foster a deeper understanding of gendered experiences of impostor phenomenon and give you the tools to help empower the communities you work with.

What we offer in this piece is a non-prescriptive, narrative exploration and an insight into the process of becoming for two queer individuals in community, over time. This approach aligns with the values of community psychologists, who recognise the power of community in challenging societal structures. We outline a series of acts of connection and community that empowered two people on their identity journeys. These lived experiences, the themes we explore, and the methods we have chosen may provide powerful examples of how collaboration and creativity enable individuals to question and challenge dominant ontologies. We hope this resonates with community psychologists in research, practice or activism.

Art is a multifaceted form of expression that plays a pivotal role in society. It serves as a mode of communication, enabling individuals to convey complex ideas, emotions, and messages through various creative mediums. Through art, individuals can bridge language and cultural barriers, speaking to the core of human experience in ways that words often cannot. Furthermore, art acts as a platform for commentary. It provides individuals with the means to offer insights into the world, addressing societal issues, political themes, and personal narratives. Many artworks throughout history have been powerful social and political commentaries, shedding light on the challenges, injustices, and triumphs of the times in which they were created. Art also serves as a space for self-reflection, allowing artists and their subjects and spectators to explore their emotions, thoughts, and experiences.

Pastiche

A pastiche is a technique in art that imitates or borrows from a variety of styles and media (Green, 2017). Unlike parody, this technique aims to pay homage to the works that inspire it (Green, 2017). This work is inspired by a chapter in *Braiding Sweetgrass* by Robin Wall Kimmerer (2013). In this chapter, "Mishkos Kenomagwen: The teaching of grass", Kimmerer mimics the traditional structure of an academic journal. However, the language is fluid, poetic, and antithetical to academic writing conventions. Her discussion of organic matter and plants' refusal to be contained in such a rigid format or obey common botanical 'knowledge' subverts the rigidity of the purposely chosen format. Similarly, the rigid structure and compulsory coherence of academic writing often negate the fluidity and messiness that is identity formation and gendered experiences, forcing complex processes into neat categories, digestible theories, and consecutive steps.

The following is a pastiche that pays homage to Kimmerer's subversion of academic writing. At times, we conform to academic writing, and at others, we break free of these rigid norms. We include photography and reflective journaling to explore our experiences. We include the original art piece and reflections made at the time, as well as reflections written since. We focus on the artistic process for both the artist and subject and how this unintentionally aided in reducing feelings of impostor and solidifying our identities as a queer, female artist and non-binary person, respectively. By using pastiche, the authors intentionally mimic Kimmerer's approach to discussing complex, symbiotic, non-linear and ongoing nature of the organic.

In reflecting on and sharing these experiences, the authors hope to offer valuable insights into gendered dynamics of, and potential remedies to, the impostor phenomenon.

Background

In early 2021, following what was to become the first of several global lockdowns, co-writers Hanna Saltis and Chloe Clements collaborated on a photo-based creative enquiry of body, gender, and resistance. Chloe and Hanna approached the work informed by their project roles (respectively, the project initiator and subject), but equally from their lived experiences of gender and body. This formed a larger project by Chloe. Hanna was the subject and together the authors explored the intersection of non-binary gender and bodies. This photographic interrogation of gender binaries imposed on bodies revealed personal and societal assumptions about gender roles and norms, unearthed and challenged internalised gender stereotypes, and was the accidental site of personal and professional growth for the authors.

The project occurred in 2021, and the COVID-19 pandemic inevitably provided a backdrop to the project. At the time of its development, it was not the intention of this piece to address the impostor phenomenon. Rather, this was a serendipitous byproduct of a collaborative effort to understand the gender binary through self-reflection and discussions between the authors. Likewise, this project did not have a COVID-19 focus. It is, however, difficult to holistically reflect on the contextual influences of a work from the inside out. Hindsight has afforded us the ability to depart from and return to this work and draw these parallels with a deeper understanding of how the pandemic influenced these experiences at the time. This project thus provides a temporal snapshot of the authors' gendered experiences of the impostor phenomenon and how they addressed this uniquely through collaboration and community during the COVID-19 pandemic.

Literature Review

The Impostor Phenomenon

First described in 1978, the impostor phenomenon is a cluster of feelings so commonly experienced that it has since captured the attention of researchers, organisational psychologists, and the public, globally. Defined as a feeling of fraudulent success despite objective evidence of personal accolades (Clance & Imes, 1978), the impostor phenomenon is often described as a 'syndrome' (Hewertson & Tissa, 2022). The phenomenon thrives in individualistic cultures (Bandali, 2022), and is often pathologised (Hernandez & Lacerenza, 2023; Tulshyan & Burey, 2021). Critics impel the interrogation of commonly labelling this phenomenon a syndrome, with a recognisable cluster of 'symptoms', and consider the societal and systemic factors that may contribute to people's individual experiences of feeling like an impostor phenomenon (Salib, 2022; Tulshyan & Burey, 2021). Indeed, contemporary discussions highlight that the impostor phenomenon disproportionately affects people who are typically excluded in society and in traditional workplace hierarchies (Friedman, 2023), and acknowledge that these feelings may be typical reactions to the systemic bias and microaggressions often experienced in the workplace (Salib, 2022; Tulshyan & Burey, 2021). Those who are usually more susceptible to the impostor phenomenon include women (Chrousos & Mentis, 2020; Clance & Imes, 1978; Feenstra et al., 2020; Hewertson & Tissa, 2022; Ling et al., 2020; Salib, 2022; Tulshyan & Burey, 2021), racialised people, and people of religious minorities in westernised spaces (Chrousos & Mentis, 2020; Feenstra et al., 2020; Hernandez & Lacerenza, 2023; Hewertson & Tissa, 2022; Tulshyan & Burey, 2021). Neglecting discussions of the systemic dimensions of the impostor phenomenon and how these intersect with individual contexts diffuses the onus for resolving impostor feelings.

The diffusion of antidotal responsibility is evident when exploring remedies to the impostor phenomenon. Traditionally, the onus was on individuals and workplaces to address multifaceted presentations of the phenomenon. Individuals are encouraged to seek psychological treatment, keep track of their achievements visually, and seek mentorship (Feenstra et al., 2020). To complement this, workplaces are encouraged to offer training, education and mentor programs to assist new employees in finding their place (Chrousos & Mentis, 2020; Feenstra et al., 2020; Martinez & Forrey, 2019). The unifying implication underpinning these remedies is that individuals should seek and be encouraged to strengthen their (professional) identity. However, considering these solutions in light of systemic factors highlights how fostering a sense of workplace community can remedy individualistic

professional tendencies and alleviate occupational isolation associated with the impostor phenomenon. Such a sense of community was fundamental for maintaining positive mental health and well-being during the pandemic in Australia (Green et al., 2022).

In a post-COVID-19 context, the links between the impostor phenomenon and the unique challenges brought about by the pandemic are clear. The pandemic highlighted and exacerbated the same, already existing identity-related marginalisation and inequities that increase the likelihood of experiencing impostor feelings (Bromwich, 2023; Hall et al., 2020; Lokot & Avakyan, 2020; Tulshyan & Burey, 2021; United Nations Women, 2020). Similarly, isolation, and disconnectedness, known factors that contribute to a sense of impostor (Chrousos & Mentis, 2020; Feenstra et al., 2020; Hernandez & Lacerenza, 2023; Martinez & Forrey, 2019; Salib, 2022) increased during the pandemic due to lockdown and shelter-in-place measures (Hwang et al., 2020; Saltzman et al., 2020). To alleviate these stressors, workplaces that were no longer able to operate out of a centralised location relied instead on online meetings and networking events to recreate this sense of professional identity and connection (Durakovic et al., 2022). Likewise, art was used to address mental health issues and assist marginalised populations to connect and experience a sense of community with low-to-no-contact (Amos et al., 2022; Hancox et al., 2022; Kiernan et al., 2021). Taken together, it is evident that both the causes of and solutions to the impostor syndrome can be addressed through community and connection, both of which were ameliorated in the context of addressing issues that surfaced in the COVID-19 pandemic.

The Gendered Dimensions of the Impostor Phenomenon

The impostor phenomenon overwhelmingly impacts women. The pandemic magnified existing gender inequalities and created new ones (Tulshyan & Burey, 2021). Lockdowns facilitated a new norm of working remotely, and many individuals found themselves juggling professional responsibilities alongside increased domestic duties, blurring the lines between work and personal life (Fisher & Ryan, 2021). In this altered landscape, women, who currently and historically shoulder a disproportionate amount of caregiving responsibilities, faced an exacerbated struggle to balance their careers with home life (Fisher & Ryan, 2021). This dichotomy may contribute to feelings of inadequacy and other hallmark experiences of the impostor phenomenon, as women might perceive themselves as falling short in both spheres due to unrealistic societal and personal expectations. While there has been extensive research into impostor phenomena in relation to women's experiences, research into transgender, gender diverse, and non-binary people's experiences of the impostor phenomenon is noticeably lacking.

In research, non-binary people are largely omitted, overlooked, or conflated into groups with binary trans people (Morrison et al., 2021) and impostor phenomenon literature is no exception. While research on the mental health of non-binary and trans people's experiences of the pandemic identifies that these individuals felt more isolated, experienced poorer mental health during the pandemic (Hawke et al., 2021), the authors found no empirical research exploring gender-diverse people's experiences of impostor syndrome. A quick Google search for "non-binary and trans impostor syndrome" generates numerous articles confirming that non-binary and trans folks experience feeling like impostors. Many express that they do not feel "trans" or "androgynous" enough and these sentiments are particularly common in the context of 'coming out', i.e., disclosing their gender identity to others. In contrast, the authors only located one publication that explicitly addresses this through one individual's experience

(Friedman, 2023). Due to societal conceptions and, indeed, misconceptions, non-binary identity is largely misunderstood, and those who identify as such lack concrete presentations or templates to understand their own experiences; their identities are often called into question, and they are asked for 'proof' (Friedman, 2023; Truszczynski et al., 2022). Additionally, non-binary people also experience discrimination and doubt from straight and LGBTQIA+ communities (Parmenter et al., 2021). These factors likely contribute to non-binary people's experiences of feeling like an impostor; like they are not "trans enough", "queer enough" or "androgynous enough". The following personal reflections offer unique insights into the individual, contextual, and societal factors that might foster these feelings, and grant an opportunity to explore their origins and remedies.

Method

The Artist's Experience of Navigating Artistic Uncertainty in the Age of COVID-19

In February 2020, I returned to a place I once called home: an old white box studio for an artist residency. After two years abroad and a decision six months earlier to leave my full-time 9-to-5 job, this residency felt like a leap off a cliff—an act of trust that life would guide me to a space where I could express my creativity without confines. Yet, as I stepped into the studio, I was engulfed by a whirlwind of emotions. Excitement about the journey ahead mingled with a profound fear surrounding my new identity as an artist. While creative expression had always come naturally to me, the label "artist" felt both exhilarating and unsettling.

In those studio days, I immersed myself in gender studies and feminist texts, drawn to the powerful works of feminist artists such as bell hooks, Judy Chicago and Maisie Cousins. I realised that I wanted to dedicate my art to exploring the nuanced experiences of those socialised as female. My fascination turned to the body, examining its internal and external landscapes. I became consumed with the glittery microscopic cells associated with endometriosis, tirelessly sewing beads onto fabric to symbolise these hidden struggles. I began casting parts of my body in clay, displaying them on plinths to emphasise how societal standards often objectify us. I adorned 'feminine' objects—eyebrow tweezers, razors, mirrors, menstrual cups—with beads and sequins, transforming them into art. Eventually, I picked up a camera to document my creations. But no matter the medium, the nagging voices in my head grew louder, convincing me that I was merely posing as an artist, waiting for someone to reveal that I was not worthy of this identity.

On March 15th, the studio walls felt even more confining as a state emergency was declared. What was meant to be a month-long residency unexpectedly stretched into five months of isolation. I was forced to confront not just my fears about the world but also my uncertainties as an artist. Questions about my identity, my purpose, and how to make meaningful use of this unanticipated abundance of time began to surface. I felt naïve for believing I could create something significant amid a global crisis. While the world grappled with uncertainty, the confines of quarantine became both a sanctuary, shielding me from judgement, and a creative challenge—an abundance of time met with an overwhelming sense of inadequacy.

As I navigated these challenges, the gendered expectations and inequities within the art world became painfully evident. Like many female artists, I found myself bearing an unequal burden, grappling with societal pressures alongside the demands of my craft. It felt as if a

spotlight was shining on our struggles, amplifying the self-doubt and inadequacy I've heard echoed by many. Trapped with my own thoughts, I began comparing myself to others, feeling isolated in my artistic expression. The individualistic, competitive culture often left me yearning for community and connection, transforming what should have been a vibrant space into one of solitude.

Locked in a once-familiar place that now felt foreign, I lived out of a single suitcase, uncertain whether I could return to the life I had painstakingly built abroad. Throughout this ordeal, I learned patience and amid the turbulence of self-criticism, I turned once more to the camera. As restrictions eased, I invited a close friend to join me in a photographic experiment. We sat together, discussing our bodies and how impostor syndrome had woven itself through our lives.

Driven by a fascination with bodies, my visual research began to take shape. I observed how the lenses through which we view ourselves can zoom in, zoom out, warp, and shift focus, teaching us to believe that we are never enough. This photographic storytelling project aimed to capture our bodies in ways we had never dared to share. The photographs became mirrors, inviting us to examine parts of ourselves that we often felt ashamed of. I aimed to explore those aspects closely, to feel curiosity and, ultimately, love for them.

Through the lens of the camera, I discovered a newfound desire to share stories—stories of what I saw and of what others might not perceive. In this process of exploration, I began to reclaim my identity as an artist, understanding that my voice, shaped by both struggle and resilience, was indeed worthy of being heard. This realisation opened the door to a deeper examination of the gendered dimensions of impostor syndrome.

Theoretical Framework

The Artist: A Reflection on Gendered Perspectives in Power Spaces

Addressing gender inequities through therapeutic avenues, particularly 'Inner Critic Therapy', is thought-provoking. This approach recognises that societal gender disparities often find their way into our psyche, manifesting as self-doubt and a harsh inner dialogue that can hinder personal growth and well-being (Bleidorn et al., 2016). As individuals, we tend to intricately tie our identities to societal norms and expectations. These expectations not only influence how we perceive ourselves but also dictate how we present ourselves to the world. This can inadvertently lead to a perpetuation of gender roles and stereotypes, constraining our authenticity and potential.

A noteworthy aspect that emerges from this discourse is the dynamic of women grappling with their sense of self in spaces imbued with power. The intricate interplay of societal expectations, personal aspirations, and prevailing gender norms often creates a complex landscape where women may question their rightful place and worthiness. This phenomenon mirrors the broader gender imbalances prevalent in society. Expanding this discourse to the realm of artistic expression, we witness an additional layer of complexity. Women, especially artists, navigate a landscape where gender stereotypes often define artistic genres (Guerrilla Girls, 1998). These stereotypes can erode self-confidence and create self-doubt in their creative abilities. The prevailing patriarchal framework, which has historically dominated the art world, further compounds this issue. As women delve into their creative pursuits, they frequently grapple with uncertainties regarding the authenticity of their artistic voice, contending not only with external skepticism but also their own internal insecurities.

However, this very process of questioning can lead to profound breakthroughs, as it pushes women artists to confront and deconstruct conventional notions of creativity. It prompts them to unearth their unique narratives and perspectives, infusing their work with a depth that arises from the struggle to assert their place within a historically male-dominated domain. Through this ongoing journey of self-assessment, women artists not only redefine their roles but also reshape the broader artistic landscape, inspiring generations to come.

In this context, the 'Inner Critic Therapy' becomes a beacon of empowerment. By addressing the deep-seated negative self-talk that stems from societal gender norms, individuals - particularly women - can embark on a journey towards self-discovery and self-acceptance. This approach not only aids in dismantling self-imposed limitations but also holds the potential to inspire broader societal change. The narrative of questioning and redefining one's identity and role in spaces of power is integral to the ongoing dialogue about gender equality. As more women challenge traditional norms and expectations, they contribute to a more inclusive and diverse landscape that benefits everyone. This shift paves the way for exploring how the artist's creative struggles transcend gender boundaries, revealing common threads in our experiences.

Participant

No one gives you a guide to being non-binary. There are so many ways to be. It is often seen as a third gender, one that combines the 'best traits' of both masculinity and femininity or a complete eschewing of gender roles altogether. These expectations, along with the label 'non-binary' do not exactly facilitate a coming to terms with a non-binary identity, as it positions the label somewhere between or within the gender binary, which may or may not be an accurate representation of how individuals experience their non-binary gender. However, I do not believe in letting labels define people's identity, but rather, in letting people define what a label means to them.

I was unsure what it would mean to come out as non-binary. The eerie quiet of my bedroom, on a once-busy main road, that was now lucky to hear a car go by, provided an ample sanctuary to ponder this: I was perfectly comfortable being non-binary but coming out was riddled with questions, confusion, and a sense of impostor. It was not about whether the label fit; that was the easy part. Rather, my struggle was with how I would be perceived. As a nuisance? A phony? And almost the worst - a woman? As I sat in the quiet, I knew that I was non-binary, but what you feel and how you are seen can differ drastically once you are walking busy streets and university corridors full of strangers who automatically perceive you.

I want to be clear that I cherish many of my experiences growing up as a girl and knowing myself (falsely) as a woman. These are times, rituals, and rites of passage that I treasure and that have shaped my experience and worldviews. Don't get me wrong, being a woman in the world has its pitfalls, and I certainly don't want to romanticise it. But, while the label 'woman' always felt wrong to me, I had spent a lot of time convincing myself that I was a woman and accepting myself as one, albeit a 'non-conventional' one. I grew to appreciate so many parts of my experience as a woman. How, when I was finally able to come out to others, would I be judged for not wanting to lose those parts of myself that I had worked hard to appreciate – namely my connection with my body?

Having an androgynous body, I thought (naively), was a condition of having a 'genuine' non-binary experience. Would I have to get my breasts cut off to be credible? Grow out the facial hair that I had religiously been removing since puberty? Luckily, I had already stopped

shaving many years prior because that brand of femininity is accepted in queer, leftist-feminist circles that I was moving in. Perhaps I would stop removing my moustache that I had been relentlessly teased for in high school. Surely, this would help to be credible as a non-binary person.

June 2020 saw the lifting of the heaviest restrictions in Boorloo (Perth) where I lived. Coincidentally, it was my 30th birthday and I had organised a party, and one of my friends who attended was selling pronoun badges. I had not fully resolved how I would be perceived, but I plucked up a small semblance of courage and bought myself a *They/Them* badge, just as a little test (and a little gift). As I was about to realise, putting a pin on your jacket does not do anything to alleviate feeling like an impostor. In fact, before it had felt like a secret and now, having announced it in big green letters on my lapel, my feelings of being a non-binary impostor were bolstered. Despite the all-revealing pin announcing to the world my deepest most personal identity, I still "looked like a woman".

Being perceived as a woman was not just a fear, it was, and is, a reality. As anticipated, despite my shiny new badge, people continued, and continue to this day, to misgender me. I often walk into shops with friends only to be greeted with "Hi ladies"; and ignoring my bright badge on my lanyard and the pronouns in my email signature, I am still misgendered daily at work. I have come to accept this as an inconvenient reality that is inextricable from my features, which I refuse to change.

Results

In the single photoshoot, over 100 shots were taken. Eight were selected to share, with the following excerpt from the artist's statement accompanying the work at an exhibition opening. This is followed by an excerpt from a reflective statement the subject wrote immediately following the photoshoot, which was also shared alongside the work.

Contrasting Lens

In our lives, our bodies are incessantly subjected to criticism and expectations. From the moment we enter this world, there are predefined notions of how our bodies should exist and move within it. As we navigate through life, we often find ourselves being questioned if we diverge too much from the rigid binary norms. However, when it comes to leaving this world, we must remember that our bodies should not be perceived as definitive entities, but rather as mediums of expression. They should not dictate how we understand individuality or serve as the sole visual blueprint for our uniqueness. Our body's expression should never be constrained by whether we are "born this way" or not.

Our bodies serve as vessels for experiencing the world, holding memories and emotions within them. Self-reflection creates space for unlearning and relearning, challenging the cultural narratives we have learned and internalised about our bodies. It shifts the narrative away from being primarily image-centric to one that focuses on nurturing and caring for our bodies. From simple actions like moving our arms to our mouths to feed, releasing sighs, or smiling with our eyes, our bodies compose an unmatched symphony that envisions a post-capitalist future. This process treats the body as a vehicle for liberation and restoration, breaking free from the societal norms rooted in white-supremacist, patriarchal, capitalist culture.

In the context of mental health and well-being, it is easy to consider our bodies as separate entities from our experiences. Especially for those who have navigated the world being socialised female, our bodies might unconsciously be perceived as objects, monitored, censored, critiqued, and judged by oppressive systems ingrained in society. These expectations can lead us to create ideas of how our bodies should appear, seeking acceptance from others instead of embracing ourselves. Yet, we must remember that our bodies are ours to decide what is best for them.

The challenge lies in breaking free from the unconscious restrictions and systems that have shaped these norms. Whether we have begun our unlearning/relearning journey or are just at the beginning, it will be an ongoing process throughout our lives. The more people become conscious of these realities, the greater the chance of dismantling these norms. This is not about creating new standards but rather understanding and appreciating the intricate layers that make up humanness. Celebrating individual uniqueness without the need for conforming to societal expectations.

Let us embrace fluidity and liberate ourselves from societal pressures that attempt to confine us to fixed identities. Instead, let us focus on a dynamic journey, recognising the inherent complexities that cannot be confined to a single identity category. As we move through time and space, let us not be bound by static definitions. Instead, let language transcend the mere description of our physical forms and delve into the profound depths of our souls—the true essence of who we are, beyond the vessel that contains us.

Bodily Functions: The Subject's Reflections on the Photoshoot

As I lie in the bath, I can't help but notice my belly and boobs protruding from the water, more than I'm used to. Unlike many people I know and have read about who have been socialised as female, this doesn't bother me much. Nevertheless, my pubescent and post-pubescent years have been filled with silent, and sometimes not so silent, battles with my body. At times, I find deep affection for my body. I appreciate its softness, its curves, and the gentle shape it holds. I am grateful for the power it gives me to perform physical tasks, transporting me through life like a trusty vehicle. Yet, more often than not, I feel a sense of indifferent

resignation. I acknowledge my body's presence, but it elicits no overwhelming emotions. I don't feel particularly empowered or divinely feminine because of my shape, nor do I feel immensely strong and masculine from the physical abilities I possess. Instead, I seem to have developed a desensitised indifference, akin to knowing a subject too well after exhaustive study, where it becomes ordinary and unremarkable.

This is not a narrative about love for my body or my feelings toward it. It's a story about functions and emotions. Recently, as a non-binary person with a uterus, I experienced pregnancy, which brought to the forefront my complex relationship with gender and my body. Throughout my life, I've despised my period, relying on birth control pills since I was 16, often to stop the bleeding. However, after coming off the pill, I've realised that the side effects are not worth suppressing my body's natural processes for. Interestingly, I've observed the feminising effects of the pill on my body—how it redistributes body fat, softens facial, belly, and leg hair, and increases the size of my breasts. While these changes are acceptable to me, they serve as a noteworthy trade-off of femininity for someone like myself, a non-binary femme. The concept of womanhood and femininity is multi-faceted and enigmatic. What defines a woman's experiences? These are profound questions, deserving of continuous exploration. Countless hours and eloquent words have been devoted to understanding these aspects of identity, but for me the journey of self-discovery remains ongoing.

Discussion

Corporeality: Artist's Reflection on Gender & the body

Gender is intricately intertwined with our perceptions of the human body and the various anatomical features that we associate with different genders (Butler, 1990). When contemplating gender, certain body parts often come to mind, acting as symbolic representations of masculinity, femininity, and identity. For instance, facial hair and a deeper voice are frequently associated with masculinity, while features such as breasts and curvier forms are often linked to femininity. These physical attributes, however, only scratch the surface of the complex interplay between biology, culture, and self-identification that shapes our understanding of gender.

Defining womanhood and femininity goes beyond mere anatomical distinctions. They encompass a vast spectrum of experiences, identities, and expressions that are deeply personal and often culturally influenced (hooks, 2000). Womanhood is not confined to a single set of body parts; it's a dynamic concept that encompasses an array of emotions, roles, and societal expectations. It's about embracing qualities that are traditionally seen as feminine, but also challenging and redefining those qualities in ways that resonate with individual experiences and aspirations (Wolf, 1990). Femininity, likewise, extends far beyond the physical realm. It encapsulates a range of behaviors, characteristics, and attributes that are often associated with being female. However, these associations are not fixed or universal; they are shaped by cultural norms, historical contexts, and personal perspectives (Butler, 1990, de Beauvoir, 1949). For example, some might view femininity as gentle, nurturing, or empathetic, while others might emphasise strength, independence, and resilience.

Amidst growth, self-acceptance emerges as a guiding principle. Creative expression becomes a mirror that reflects our true essence, allowing us to embrace the entirety of who we are – strengths, flaws, and all (Brown, 2010). Through the act of creation, we find a sanctuary where self-judgement gives way to self-love. As we externalise our thoughts and emotions, we

often find that the very aspects we deem unworthy or inadequate become integral parts of our unique narrative.

Semiotic Study of Subjectivity and Femininity

I was totally comfortable in the banal setting of my friend's bathroom. Chloe and I had recently met at a party and hit it off but were only just learning about each other. My new friend had an easy way about her as she filled the bath, picked the petals off the flowers, and tossed them into the water. I picked out some outfits that I felt comfortable in and got into the bath. I picked an outfit to best present the gender-blend I felt: masculinely feminine…or was it femininely masculine?

Chloe and I chatted about our fears and anxieties around the project and COVID, and the joys of settling into our new lives at the time, interspersed with directions about poses and costume changes. I forget how I ended up naked. It felt like the natural progression of the shoot as I shed my fears and my clothes to reveal my body and myself. I felt completely seen and at home. It was art, but more than that, it was the glue in our new friendship.

I have always resonated with the idea that when art, writing, or any creative pursuit is out in public, the interpretation belongs to the audience. It seems that while the artist can assert their intentions behind the art, ultimately its meaning becomes public domain, no longer belonging to the artist (and typically, the narrative does not belong to the subject). It may seem counterintuitive then, that someone who is determined not to be perceived as a woman would put themselves in a milky bath full of flowers, and plants, with breasts visible among all the other omnipresent bathroom symbols associated with femininity - bath oils, shampoos, scented candles - that are not perceptible post-production. The gendered associations with these symbols are so deeply ingrained in the societal psyche that it would take a circus to perform the mental gymnastics required to undo them in the brief instant of looking at a picture. How would anyone ever see anything other than a woman in the bath?

Subjectivity and Dysphoria

In my circles, and seemingly more broadly, gender dysphoria has become synonymous with the trans experience. What I rarely see discussed is the fact that gender dysphoria is rooted in a cisnormative, heteronormative, patriarchal worldview. If we did not have such strong, tangible symbols, traits, and actions that are strongly societally agreed upon as belonging to certain genders, perhaps people would not feel so dysphoric. This sentiment echoes criticisms of systemic factors contributing to the impostor phenomenon; if there were more systems and societal structures to support people in their workplace, perhaps people would not feel so inadequate in the workplace. This is, of course, an oversimplification of all the complex factors that contribute to gender dysphoria and the impostor phenomenon. However, as a person who is, by definition, trans (i.e., my sex assigned at birth does not align with my gender), having not experienced gender dysphoria makes me feel like an impostor. Am I trans enough if I am not bothered by my breasts? If I do not need androgyny to feel comfortable in my skin? By the same token, I do not feel comfortable in my skin if I am perceived as a woman. I do not want to change my body, but it simultaneously betrays me, lying through its voluptuous associations to the beholders. This is the liminality of non-binary existence – not trans enough to be trans, not cis enough to be cis. Moreover, with a dearth of cultural touchstones and representation (especially if you are not looking for them) and with inadequate inclusion in the trans and cis communities, the likelihood of feeling like an impostor increases.

The Artist's Creative Struggles Transcend Gender Boundaries

The moment I embarked on the photo project with Hanna marked a pivotal juncture in my artistic journey. Leading up to our collaboration, I had navigated a path of self-discovery, gradually cultivating a stronger voice and a more assertive creative expression. I liberated myself from the limiting belief that any single project could confine or define my identity as an artist. I realised that my identity is multifaceted; being an artist is just one piece of the puzzle. This newfound self-confidence blossomed through dedicated study and various creative ventures, allowing me to explore diverse mediums and styles while uncovering my authentic voice through community art.

As we collaborated, I was struck by Hanna's vulnerability as they navigated their own feelings of impostor syndrome surrounding their non-binary identity. It served as a poignant reminder that creative struggles are not confined to a singular gender experience. Observing Hanna's journey felt like looking into a mirror; their challenges echoed familiar voices from my own not-so-distant past. While Hanna's experience of coming out as non-binary was unique, their experience of impostor resonated deeply with me.

During our photoshoot, which I envisioned as a space for participants to unravel what lay beneath the surface, I decided to photograph Hanna in a bath, immersed in a traditionally 'feminine' setting filled with nature, flowers, and leaves. The juxtaposition of them, a non-binary person, within this context told a powerful story of rebirth and transformation. When I shared the final images with Hanna, their honest feedback reflected my own evolution as an artist. In many artistic endeavours, subjects often play the role of muse, typically without a say in the outcome. However, this project was grounded in collaboration, rejecting the notion of the artist's sole ownership over the piece. When Hanna expressed discomfort with the images, revealing insecurities about their body and gender, I received their comments with grace, admiring their vulnerability and honesty. In that moment, I realised that the grip of impostor syndrome had loosened; their candid feedback highlighted the power of artistic connection, transcending boundaries and labels.

Revisiting these photos several years later, I witnessed the growth in Hanna's relationship with the images. The experience of the photoshoot had been transformative for both of us. Through this lens, I not only captured Hanna's essence but also embarked on a broader storytelling journey that extended beyond a single photograph. Each shot became a testament to our shared vulnerabilities and strengths, challenging conventional representations. The process of selecting, editing, and curating the photographs wove together a narrative that was both personal and universal. This project celebrated our individual identities and our collective journey of breaking free from impostor syndrome, embracing authenticity, and using art to tell stories that resonate far beyond the confines of a single frame.

Embracing Fluidity: The Subject's Timeline

When I got the photos back, my stomach turned. This was not me. Not the me I knew, anyway. The feelings of being an impostor reared. My worst fears were apparently founded as I saw myself in the bath, a piece of curvy meat in a soup of femininity. The product was so different from and so foreign to the gender affirmation I experienced in the process of shooting. This spiralled me into a place of doubt. Would anyone ever believe I was non-binary? These thoughts were inevitably accompanied by tears and the dread of telling Chloe what no artist wants to hear, "I don't like this representation of me". The grace with which Chloe took this feedback was phenomenal. I had never felt so heard and seen, and it reminded me of that day

in the bathroom. The trust I had in Chloe grew and while I desperately wanted to bury the photos and never see them again, I felt at least that I was truly seen, and the feeling of impostor started to retreat.

In late 2022, Chloe asked if she could exhibit the photos. I looked back on the ones she had selected and agreed. I felt neutral about them and thought that perhaps I had been too harsh on them.

When we saw the invitation to submit articles about our experiences of gender during the pandemic, we instantaneously knew we wanted to use our experiences of this photoshoot. This meant that I would have to pull out the photos again. With fear in my heart, I was surprised to find myself feeling delighted, even elated when Chloe pulled them up on her laptop. I felt a sense of euphoria. The juxtaposition I had never seen was so obvious, now. My hairy legs, my boyish face, my short hair. I felt whole. I felt seen. I felt myself. On reflection, I understand that I was projecting my internalised societal understanding of womanhood onto myself. I could have never accepted myself when seeing myself as a fractured individual: corporeally a woman, internally a non-binary person. Since the original shoot, where parts of myself felt fractured and polarised, I have come to understand myself and my gender as unified and fluid. I can finally relax and sink into the bath.

The Subject's Reflection on the Vital Role of Collaboration from Conception to Reflection

There is a tendency to look back at photographs from our past with kinder eyes. We have all seen awkward childhood and teen photos that were previously embarrassing, but in hindsight represent the progress of time and self-development. Perhaps my experience with the woman in the bath is not so far from that experience. When we look back on photos from our past, we look back with additional knowledge, experience, and if we are lucky, with wisdom. I look back on those photos with the knowledge that Chloe has held space for me over the past two years while I have accepted myself as non-binary. We have fostered a strong sense of community and collaboration in both our friendship, and in our professional lives. I have seen and experienced people's acceptance of me as a non-binary person, with nothing but a pronoun pin and my word as evidence. I am seen as my authentic self by so many, and through this art project, probably so many more than I ever thought possible. I certainly no longer feel like an impostor.

Of course, it is problematic, or at least, overly simplistic to suggest external or internal validation of one's own experiences suffices to overcome the impostor phenomenon. There are myriad factors that enable this, including time, and demographic factors (e.g., socioeconomic status, level of education, race, etc). Importantly, it takes a village. Chloe and I did not rely solely on ourselves, each other, or this project to overcome our feelings of 'impostor'. While this piece functions as a touchpoint for our individual and collaborative progress, we each have a vast network of people in our lives to support us, including family, friends, therapists, and colleagues. In fact, the role of this project in addressing our impostor experiences was quite unintended. However, it demonstrates that collaboration was foundational from its conception to completion (and now on reflection) to assist in unravelling our experiences of the impostor phenomenon.

Conclusion

The impostor phenomenon pervades gendered experiences in the workplace, and while less spoken about, also impacts those coming out as gender-diverse. Through a close study of the context, process, and reflections on Chloe and Hanna's collaborative piece, this article provides a dynamic temporal example of how the impostor phenomenon presents and can be remedied against the backdrop of the pandemic. Chloe used her art project to explore corporeal experiences of to draw attention to and buck unspoken societal gender norms and expectations.

Community psychologists are encouraged to reflect on these insights, and their personal reactions to them, and thoughtfully apply them, particularly when working with marginalised groups like LGBTQIA+ people. While the art piece was never intended to explore the impostor phenomenon, it provoked both authors to reflect on the way this theme subtly, and not so subtly, permeated the process and product. While doing this project, the unfolding pandemic afforded both collaborators time and space to reflect on their unique gendered experiences of 'being the impostor'. Using this project to vocalise and reflect on the experience of feeling like an impostor invites the critique of the societal, gendered, and internalised discourse that contributes to such feelings. It highlights that, like the most potent remedies for the pandemic, collaboration and community are essential in tackling the impostor phenomenon.

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Hanna Saltis (they/them) is undertaking a PhD in Public Health at Curtin University's School of Population Health. Their thesis *A mixed-methods exploration of gender within Women's Australian Rules community football clubs in Western Australia* aims to investigate

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Hanna is passionate about relationships and sexuality education, with a particular interest in the diversity and inclusion space. They are committed to ensuring all young people are equipped with the essential knowledge and skills needed to navigate relationships of all kinds throughout their lives. They are currently the President of the WA branch of the Society of Australian Sexologists, and a member of Bloom-ED.

Chloe Clements (she/her) is the Project and Policy Manager at the Youth Pride Network (YPN), Western Australia's peak body for LGBTIQA+ young people.

She is an advocate, artist, and community leader with a Bachelor of Arts in Community Development and Sociology, and a professional background spanning Community Arts, Gender Studies, and Policy. For over a decade, Chloe has worked on intersectional issues impacting LGBTIQA+ communities, with a strong focus on queer rights and youth empowerment.

Through her community arts practice, she uses creative expression as a tool for systemic advocacy and social change. At YPN, Chloe leads participatory and policy-driven initiatives, including research across Western Australia into the barriers faced by LGBTIQA+ young people. In all her work, she is committed to ensuring that diverse youth voices are heard and reflected in government decision-making.

Three Journeys in Feminism and Community Psychology

Hilary Lapsley[1], Heather Gridley[2] & Colleen Turner[3]

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Reflections on life stories from those who began their journeys with psychology in the transformational decades of the 1960s and 1970s are now appearing, often with reflections on interrelationships between personal, professional, and political experiences and contexts. In this article three women psychologists from Australia and Aotearoa/New Zealand with over 150 years of connection to psychology between them reflect on their career-long journeys with feminism and community psychology, and their shared commitments to social justice. We recall our first encounters with psychology, our growing awareness of social inequities outside and within psychology, and the challenges and achievements that came from insisting that careers made room for values. We go on to consider how we are each continuing such efforts in our older years, and in different times from those that shaped us. Our three life stories illustrate how creativity, effort, privilege, commitment, and luck allowed us to confront the mainstream and align our work and workplaces with values of inclusion, equity, and justice. At the same time, we acknowledge that we are not entirely the authors of our own lives, which have been shaped by dear colleagues, by privilege and adversity, by changes achieved and resisted within psychology, and by the wider forces of social change over the decades.

Keywords: community psychology, feminism, activism, life stories

Community and feminist psychologies, emerging in Australia and New Zealand from the 1970s onwards, are sub-groupings of psychology characterised by challenges to the mainstream. Their challenges have been embedded in wider social critiques around gender, race, colonisation, sexuality and inequality, and they provided platforms for social activism inside and outside of psychology. Other radical constellations in psychology also emerged over the decades, including critical psychology (Parker, 1999; Prilleltensky, 1989; Prilleltensky & Nelson, 2002), radical mental health groupings (Chesler, 1972; Laing, & Esterson, 1964; Szasz, 1974 [1961]), and indigenous psychologies (Dudgeon et al., 2014; Waitoki & Levy, 2016). Taken together, all these groupings have built a significant history involving psychologists who have careers that blended scholarship, practice and activism within and outside of psychology.

With the passing of time autobiographical reflections by pioneers in these forms of psychology are being published, enhancing understanding of psychologists' lives in historical and social context (e.g., Feminist Voices, 2024). These provide insight into creative career paths taken as individuals sought to incorporate activism with their scholarship and practice. As well as emphasising social justice, they also contain reflections on difficult issues around the power and privilege of being members of helping professions in relation to the less powerful individuals, groups and communities (which may be their own) towards which they directed their efforts.

Several examples from this kind of autobiographical literature follow. They are selected from a multitude partly because of their connections to at least one of we three authors, but

also because they illustrate the points we wish to make. Community psychologists Anne Mulvey, Heather Gridley and Libby Gawith (2001) traced back the roots of their involvement in social justice and feminism partly to their Irish Catholic identity, shared across different countries. Jane Ritchie (2001), from Aotearoa/New Zealand, linked her feminist research on child-rearing back to her own experiences of motherhood and described the influence of her work on the next two generations in her family.

Abby Stewart's early career query resonated with us. She asked whether psychology was "capacious enough to include all the things I cared about?" (Stewart, 2022, p.309). Gaining a conjoint faculty position within women's studies and psychology enabled her to answer the question affirmatively and to develop her work on institutional change in higher education as well as other forms of feminist activism. Ian Lubek describes turning away from experimental social psychology towards critical and historical social psychology and then late in his career, as a tourist in Cambodia, experiencing an epiphany which led him to becoming a community health psychologist and an activist, his work including campaigning against international beer companies complicit in the AIDs epidemic amongst local "beer girls" (Stam et al., 2018).

Pulling out the themes around scholarship, practice, and activism in a collection of autobiographical accounts, Jamila Bookwala and Nicky Newton (2021) note the very different career trajectories of pioneering women in psychology, but highlight commonalities in younger years in being exposed to, or participating in, broader forces such as the Civil Rights Movement, the Vietnam war, and the Women's Rights movement. These experiences led them to act as "agents of influence and transformation" (p.346) in their professional lives, both within their profession and outside it.

Bookwala and Newton also stress the importance of "linked lives", citing the work of Glen Elder, who throughout his work on the life course emphasised that lives are inherently interdependent, with the lives of individuals shaping and being shaped by others' lives. Likewise, work that we have been closely associated with frames activism as a group rather than only an individual effort. Meg Bond and Anne Mulvey (2000) tell of the history of their involvement in group efforts to incorporate women and feminist perspectives in a community psychology organisation and to encourage advocacy for women's issues. They also point to the fact, which should not be ignored, that those trained in community psychology often leave the field for other activist work. As Mulvey (1988) had observed, both feminism and community psychology focused on social policy, advocacy, empowerment, the demystification of experts, and prevention ahead of cure. But in Australia Gridley and Breen (2007) observed that it was some years before there was a critical mass of feminist women in community psychology making similar connections. Hilary Lapsley and Sue Wilkinson (2001) describe the development of feminist psychology in Aotearoa/New Zealand and the activism associated with it in a Special Issue of *Feminism in Psychology*. These are just some of many accounts of how efforts by groups of feminist psychologists have changed psychology and also created feminist community psychology.

This article arose from a presentation by the three authors, Hilary, Heather and Colleen, at the Australian and New Zealand Psychological Society Members Choice Symposium held in Wellington, May 2023. The three of us each identify with feminist and community psychology one way or another. Baby boomers, we were born less than 10 years apart in Australia or New Zealand post-WW2. We met at around the same time, linked up by the same feminist community psychology colleague and friend, the late Judith Cougle. She had organised a symposium titled The Psychology of Oppression and Empowerment at the 4th International Congress in Psychology (ICP) in Sydney in 1988. This was a life-changing event where Heather and Hilary met, along with other like-minded women mainly from Australia, New Zealand, the United States and the United Kingdom. Around the same time Cougle introduced Colleen to Heather as a potential supervisor.

We three are good friends and between us have accumulated around 150 years of experience in psychology and its associated fields, including community and feminist psychology, plus having decades of involvement in feminist and other social activism. We thought it might be useful to share our experiences with a younger audience at the Wellington symposium. We put together a fast-moving presentation to give participants some idea of how each of us came to psychology, how we then came to critique the discipline, and the activities we have been involved in through the decades (Lapsley et al., 2023).

In working up this article from our conference presentation, we changed the structure a little to improve narrative flow. We began by placing ourselves in the context and times we grew up in and developed our views and values. Context is important! Instead of decade-by-decade snapshots of our lives, illustrated with appropriate images, we divided our time periods into thirds, each of us contributing a section to each period. These time periods cover our first encounters with psychology and our growing understanding that psychology as a discipline needs to be critiqued, and its patriarchal nature resisted. We have also nodded to the fatigue that can set in after decades of doing this. We note with some irony that this division of our career life courses does bear some resemblance to Eriksonian stages of identity, generativity, and integrity, reminding us that many aspects of mainstream psychology are no doubt ingrained into our thought processes!

A Snapshot of Seven Decades

Our educational and professional journeys span seven decades from the 1960s to the 2020s. Those decades have been tumultuous and fast-paced across the world and in our Australasian corner of that world. As a way of conceptualising the context of our careers, we brainstormed key public events that have impacted on our journeys through the decades as we remember them.

Growing up in the 1960s we remember the Vietnam war, though none of us took part in the protests. We also remember Peter, Paul and Mary and the Beatles. At the time only a small number of careers were seen to be appropriate for women, mainly nursing, teaching, secretarial work or hairdressing. Aboriginal people were not counted as citizens until 1967, and Australia still maintained the White Australia Policy which was finally abolished in the early 1970s. The Polynesian Panthers were Aotearoa New Zealand's version of the Black Power movement in the USA. We agreed that the 1970s were peak feminism. *The Female Eunuch* was published in 1970 and helped to liberate women's sexuality, with Germaine Greer memorably visiting New Zealand as well as Australia; around that time the contraceptive Pill became widely available. Many more women resumed studying and accessed university. Domestic violence and sexual assault began to be taken seriously in our countries and the first women's refuges and rape crisis centres were established. The single parent benefit (domestic purposes benefit in NZ) along with "no-fault divorce" gave women more chance to flee an abusive or unsatisfactory partner. Both countries had a period of free tertiary education, though Australia was later to that than New Zealand. Gay liberation and lesbian activism began the process of acceptance of LGBT lives.

The dismissal of Prime Minister Gough Whitlam and the establishment of the Aboriginal Tent Embassy were memorable political events in Australia, while New Zealand was gloomily dominated by conservative Prime Minister Robert Muldoon and the National Party for nearly a decade from the mid-1970s. The Australian Race Discrimination legislation was passed in 1975, the same year as International Women's Year and a Sex Discrimination Act. Following some equal pay legislation in the 1970s, in 1987 New Zealand established its Human Rights Commission, outlawing sex discrimination in certain contexts.

The 1980s were a confused decade for feminists and other activists. Although women's studies courses at universities were becoming popular, there was a considerable backlash

against feminism that has continued ever since. In New Zealand the 1981 Springbok Tour protests supported the eventual dismantling of apartheid in South Africa, but also drew attention to racism at home. The threat of nuclear war, brought home to New Zealand with the 1985 bombing of the Rainbow Warrior in Auckland's harbour, spawned the development of peace psychology. Also, Australia celebrated its Bicentennial of British settlement in 1988 with scant respect for the Aboriginal people dispossessed by colonisation. The HIV/AIDS epidemic impacted all of us and in New Zealand there was a huge battle before legislation decriminalising male homosexual acts was passed. The slogan 'Greed is Good' caught on until the 1987 stockmarket crash.

The 1990s were characterised by neo-liberalism in politics and in economics. Globalisation became a new form of colonialism and the backlash against feminism intensified. There were many wars internationally, intensifying a global refugee crisis that continues to this day. Huge anti-war demonstrations in both New Zealand and Australia naturally enough failed to stop the first Gulf war or the invasion of Iraq a decade later. Computers appeared on every desk and typing pools disappeared, the World Wide Web made its first public appearance and we all got email addresses. The 2000s were characterised by yet more wars - the second Iraq war began in the shadow of the 9/11 attacks in the US and the number of refugees across the world continued to increase. Australia was an enthusiastic member of the "Coalition of the Willing", without authorisation from the UN. The 'Tampa crisis' a month before 9/11 saw an immediate hardening and weaponising of Australian refugee policy, and the "children overboard" incident signalled the rise of disinformation in politics and the launched an offshore detention policy that is still in operation.

During the 2000s the mental health recovery movement took off, foreshadowed by earlier psychiatric patients' rights activism. New Zealand's Mental Health Commission, set up in 1996, fostered service user rights and a recovery-oriented approach to mental health services and Hilary is proud to have been professionally involved in this. Climate change was beginning to be taken more seriously and factored into politics and economics. Australians started covering their rooftops with solar panels thanks to subsidies. But Australia was still exporting coal and beginning to export the brilliantly marketed 'natural' gas. In 2007 Australia elected a Labor Government primarily on a climate platform and in 2010 its first female Prime Minister. New Zealand had Helen Clark as Prime Minister, leading a Labour Government from 1999 to 2008.

The 2010s seem relatively recent to us and climate change became even more pressing, though Australia's conservative government spent 10 years avoiding the issue. In 2018 Greta Thunberg mobilised the world's young people by striking from school. Heather and Colleen are proud to have some connection to the young people who led the first School Strike for Climate in Victoria in November 2018, soon after Thunberg's lone protest. In 2019-20 the east coast of Australia burnt for months in a mega fire culminating in catastrophic loss of bush, wildlife and human housing. There have since been mega fires across the world. Campaigns against 'dirty dairying', with its contribution of methane gas to the atmosphere and its wrecking of the health of our rivers, took off in New Zealand.

In 2017 after a long consultation period First Nations people in Australia presented the Uluru Statement from the Heart to the then Prime Minister Malcolm Turnbull, who almost instantly rejected its three-pronged request for Truth, Treaty and Voice. The ensuing process culminated in a devastating defeat of the 2023 Referendum proposal for Constitutional Recognition and an advisory body to Parliament, to be known as the Voice. Marriage equality fared better in another protracted process culminating in a 2017 plebiscite with a 2:1 outcome in favour of same-sex marriage, which had been legal in New Zealand since 2013. In 2018 Jacinda Ardern became New Zealand's youngest Prime Minister and the first to have a baby while in office.

The coronavirus pandemic has dominated the first third of the 2020s**.** Worldwide lockdowns meant the cancellation of most travel, while workplaces, schools and universities pivoted awkwardly to online learning and working from home, with the aim of limiting the loss of life especially to vulnerable and elderly people until an effective vaccine could be developed. New Zealand locked down hard and successfully in preventing the spread of the virus before vaccines became available. Australia's record was more patchy. The rapid development of vaccines lowered the impact of the pandemic, but an unexpected outcome has been the rise of the anti-vax movement, and the viral (!) spread of wider and wilder conspiracy theories reflected a breakdown of trust in national leaders. In this context, social media has hastened the onset of the age of misinformation, polarisation and "alternative facts".

First Encounters with Psychology

Innocence and Insight – Hilary

I've been doing psychology in one way or another for nearly 60 years. At age 16 I devoured Freud's *Psychopathology of Everyday Life* (strangely compelling) and Hans Eysenck's trilogy popularising psychology (oh dear, some years later racism/IQ testing certainly stained his reputation). I do think my early interest in psychology stemmed from my mother's sudden death when I was 11 years old and the subsequent disintegration of our family life from happy to miserably tangled up. My 14-year-old atheism and unsuitable older boyfriend were a step too far for my Presbyterian minister Dad's liberal attitudes. Emotion was something I was not good at – frozen grief as well as family culture - and so I loved reading about 'neurosis' and mental illness, where plenty of emotion was embedded. At the University of Auckland, in my element after dropping out of Teachers College in 1966, I coped well with rats and stats in my psychology classes. I was fascinated by child development studies, passing my third-year exams while about to give birth to my second child. Today I would be seen as a young mother at ages 20 and 22, but it wasn't uncommon then (and the unsuitable boyfriend was an excellent father). I joyfully read A.S. Neill on alternative schooling and became a laissez-faire parent, imagining that bringing up children was just a matter of nurturing the blank slates. Feminism hit in the early '70s and the world became full of possibilities, awakening my critical faculties in relation to patriarchy, marriage, child-rearing, sexuality… and psychology, of course. After a completing a PhD in the history of psychology and three years as a junior lecturer, my academic career ground to a halt (I had been warned that history of psychology was not a good career choice but I'm stubborn!) and I stepped away from the academic path into an exciting research position with an activist national mental health NGO.

"Good Catholic Girl" to "Bubbles of Competence" - Heather

My early years revolved around family, church (Catholic), school - the teachers, all women, especially the 'better' nuns, were strong role models. My introduction to psychology and in a way to feminism came via my family – my mother's mental health issues were referred to as "nerves". We all picked up a commitment to social action from our father's involvement in supporting returned servicemen and women, and in anti-communist activity within the union movement. Ok, so we didn't inherit his politics, just his willingness to act on his beliefs. The motto of the Catholic youth movement we organised our social life around was "See, Judge and Act" – a precursor to critical reflective practice?

The first in my wider family to go to university, I enrolled in an Arts degree in 1969, eventually majoring in Latin and Psychology (by process of elimination). My interests, friendship circle and centre of gravity remained local, but university life, with the Vietnam war moratoriums and debates raging, acted as an incubator for my later involvements. I went on to

do a Diploma of Education, still unclear about my career direction. With my psychology major as a get-out-of-jail card if teaching didn't work out, I joined the Australian Psychological Society (APS) as an affiliate member. I didn't think much more about it and had no idea how important that membership would turn out to be.

I taught in high schools for several years, during which time I was politicised by The Dismissal (of Prime Minister Gough Whitlam by the Queen's representative, the Governor-General). I discovered feminism via colleagues who still form the nucleus of my 40-year-running book club – we read books like *The Women's Room* and *1984*. Returning in 1978 from seven months overseas, I enrolled in a Graduate Diploma in Educational Counselling as an accredited pathway to registration as a psychologist. But I would meander for four more years in working world wilderness before I could claim the title – and the identity.

At the start of the 80s I landed a fixed contract at a teachers' college, then found myself back teaching junior Latin before signing on half-time as a clinical psychology registrar in a hospital setting (unpaid, in exchange for training and supervision). I juggled multiple bits of paid work... substitute teaching, tertiary tutoring, and a memorable stint at the Preston Women's Learning Centre, which was a house linked to a TAFE/Polytechnic catering to women who were returning to education and the workforce in the slipstream of the 70s' second wave feminist revolution. I wrote to a former supervisor that I was beginning to experience "bubbles of competence". It all came together in, yes, 1984, when I was offered not one but three positions within a month. With my supervisor's encouragement I chose "the one that will challenge you most".

Becoming Me – Colleen

I found feminism in my teens thanks to babysitting families with great bookshelves. Feminism became and remains my first love and my first framework. Psychology came much later. I was the first in my family to go to university, so for me that was an act of rebellion. My father suggested typing lessons and marriage. My Psychology major, all rats and stats, was not as compelling as my other majors in English and Australian/Pacific History. I joined the Commonwealth Public service after I graduated and found it by and large to be a supportive and surprisingly varied place to work.

My first Social Justice job was at a dockyard, part of the Department of Defence in the early 1980s. I became the Equal Employment Opportunity Officer, largely because I was a woman. There were not many of us in the dockyard, and legislation requiring organisations to overcome discrimination had recently been introduced. I had no special skills or training for this role and there was little detail in the legislation about implementation.

I returned to study to finalise my psychology training after a year of travel in South, Central and North America, during which time the dockyard was privatised. This time I learnt more about the practice of psychology and in particular community psychology. I returned to the paid workforce implementing Equal Employment Opportunity across local government in Victoria via a role within the local government union.

Meanwhile I met Heather Gridley and other mentors I nicknamed "fairy godmothers". Those strategic and talented women initiated me into the weird world of psychology. While it's an identity I still struggle with, my godmothers steered me towards community psychology, the radical edge of psychology. Community psychology with a feminist twist has been my framework and toolkit ever since.

During the 90s I worked in areas where huge societal changes were taking place including the HIV/AIDS pandemic, globalisation and its impact on Australia's manufacturing industry. I worked for the AIDS Council at the tail end of that pandemic. My role was to convince local councils in Victoria to provide care for people living with HIV/AIDS. With the support of unions and a strong educative focus we did it!

Next I worked for an immigrant women's health organisation that provided health education in woman's first languages in clothing factories at the very time most factories were closing and immigrant women lost their long-term livelihood. Towards the end of the 90s I was unlucky enough to experience neoliberalism in action. Much of the world including my home state of Victoria took to privatising essential services via a mechanism I nicknamed "Compulsive Competitive Tendering". I found myself asking skilled, diverse, experienced underpaid Aged Care workers to vote their own wages and conditions *down* in order to keep the role of Aged Care provision locally based.

Peak Enlightenment and Enthusiasm

Feminist Activism and Psychology - Hilary

The 1970s and 1980s were a heady time for me and most of my friends. I contributed to *Broadsheet*, New Zealand's feminist magazine, on topics such as sex role stereotyping, and found my intellectual home in women's studies, which was then community-based. At the Mental Health Foundation the Director and I read up on community psychology texts, especially Julian Rapaport's (1977), and launched nationwide campaigns on topics including sexual abuse, domestic violence and postnatal depression. I came out as a lesbian – leading to family upheaval - and drafted the New Zealand Psychological Society's submission on Homosexual Law Reform. I served on a governmental Committee of Inquiry into Pornography and briefly chaired the Films and Video Recordings Board of Review.

In 1988 Professor Jane Ritchie, who sadly passed away in 2023, offered me a position in Women's Studies at the University of Waikato, where I spent the next twelve years. There I was involved in a study of domestic protection orders with Ruth Busch and Neville Robertson, which had quite an impact on law and policy; I introduced lesbian studies into the women's studies curriculum; and I worked with Linda Waimarie Nikora and Rose Black on a pioneering bicultural narrative study of mental health recovery, *Kia Mauri Tau!* (2002). It is notable that three of these four colleagues are community psychologists! I also made connections with Australian feminist and community psychologists, including Heather Gridley, at the International Congress of Psychology in Sydney in 1988, and these ties were solidified through Women in Psychology annual conferences on both sides of the Tasman.

That same Congress was where I met Sandra Schwarz Tangri, who became a wonderful mentor, opening up her circle of US feminist psychologists and so enabling me to spend time in the States researching my dual biography, *Margaret Mead and Ruth Benedict: The Kinship of Women* (1999) (still my most fun project ever and my ill-advised history of psychology PhD came in handy after all!). Sue Wilkinson, longtime editor of the journal *Feminism and Psychology*, was also at the Congress. She and her partner Celia Kitzinger took a keen interest in feminist psychology in Australasia, and this was reflected in the international outlook of the journal. Wilkinson (1990) examined some of the strategies employed by academic-professional societies to contain women's attempts to organise within their national psychological societies in five countries, with particular attention to comparisons between the UK and Australia.

Being a Psychologist, Doing Psychology – Heather

My role as psychologist in the inaugural Melton Community Health Service was the best job I'll ever have. Once there, I stopped focusing on myself and started thinking, "What have I got to contribute?" In Eriksonian terms it seemed I'd finally resolved my extended identity crisis. I found myself working with a brilliant bunch of people starting a health centre together. Although my background was in teaching and counselling, I soon came to understand how the context of this rapidly expanding but under-served outer suburban setting was impacting on

my clients' lives and wellbeing. The work crystallised my feminist consciousness and ignited my involvement with community psychology. Discovering the newly established Board of Community Psychologists (aka the Community Board, later College) within the APS offered me a framework for my role, which expanded accordingly to encompass advocacy for new and improved services that mostly only reached as far as the inner West at best – health, education and transport were top of the list. Helping to bring post-secondary education to Melton drew me into the orbit of the new Western Institute that would eventually morph into Victoria University.

At this time my feminist activity was mostly locally focussed. I participated in consultations and lobbying around the establishment of sexual assault and women's health services in the western region. Sexual assault was the nub of my learning in my time at Melton. It had scarcely been mentioned in my training, No mention of gender or power or patriarchy. But from my feminist social worker colleagues, and indeed from a steady stream of women tentatively disclosing that "Something happened to me when I was X years old…", I learned the most basic of responses – to listen, then "I believe you, you are not alone, and you are never to blame".

I joined the staff of the newly hybrid Victoria University (VU) in 1990. I went there for a break after experiencing burnout in Melton but I stayed for 20 years. With my background in secondary and tertiary teaching, it felt like a homecoming, possibly a backward step. I taught in the social work and counselling programs as well as a unit in history and theories of psychology. My main involvement in the community psychology program was via supervision of student research until the Masters was established in 1994. I taught the ethics and professional practice units and eventually coordinated the whole program, including practicum placements.

I had no formal training in community psychology, but I absorbed a lot from people like the inimitable Arthur Veno, one of several activist social psychologists from North America who introduced aspects of community psychology into university psychology courses here; he launched *Network* (now the *Australian Community Psychologist)*, the only Australian journal devoted to community psychology, and later co-edited a textbook that foregrounded social change agendas reflecting local and regional priorities in Australia and Aotearoa New Zealand (Thomas & Veno, 1992). In 1988 with debates raging in Australia around "celebrating" the bicentenary of white settlement, the Sydney Congress made no mention of Aboriginal issues at all except for one photographic display with photos of Aboriginal skulls. Australian and New Zealand community psychologists were embarrassed and outraged, alongside many other groups in the community. It was Arthur who devised the strategic response that eventually led to the first Indigenous address at an APS Conference. Those actions set off their own "nuclear chain" of events that galvanised Australian psychology to start coming to terms with its own complicity in the colonisation process (Gridley et al., 2000).

I hadn't had much of a sense of feminist activity within psychology or the APS until the Women and Psychology Interest Group hosted its first residential weekend conference in Bowral in December 1990. A major undertaking was the development, eventual adoption and subsequent periodic review by the APS of a set of ethical guidelines for psychological practice with women (Gridley, 2022). We owe a great deal to women like Una Gault, Pat Strong, Jeanette Shopland and Joan Beckwith as feminist researchers and practitioners who led and sustained us during those times.

I needed to undertake further study to justify my status as an academic. I enrolled in a Masters in Women's Studies, and was introduced to poststructural feminist scholarship, as well as feminist critiques within psychology. By now I was doing more thesis and professional supervision, so I focussed my research on feminist models of supervision in psychology.

In collaboration with Women's Health West I became involved in researching "women-sensitive practice" by GPs – a euphemism for sexually intrusive/abusive medical practice. I helped design a counselling unit on Domestic Violence and Sexual Assault using a socio-political framework. The unit was recently rebadged as "Trauma and Counselling", washing away both the community context and feminist analysis.

Towards the end of the 90s I reached a choice point – I was becoming increasingly involved in the APS on several fronts – the College of Community Psychologists; the Women and Psychology Interest Group; and the Ethical Guidelines Committee. And I was also being urged to undertake a PhD if I wanted to advance my academic career. Unlike Abby Stewart, I didn't think I could "choose both"! So I threw in my lot with 'empowering our natural communities', as Ingrid Huygens termed it, and was elected to the APS Board as Director of Social Issues.

I rounded out the millennium with a sabbatical in Lowell, Massachusetts with feminist community psychologist Anne Mulvey, who had spent time in New Zealand and Australia in the early 90s. We had been galvanised by her challenging article identifying commonalities and tensions between these two values-based perspectives on mainstream psychology (Mulvey, 1988).

The new millennium brought new surprises as well as challenges. Australian psychologists concerned about human rights and social justice were mobilised to advocate for refugees detained locally and offshore for the "crime" of seeking asylum by boat. VU welcomed Isaac Prilleltensky, a key international figure since the 1980s in the development of critical and values-based approaches to psychology (e.g., Prilleltensky, 1989; 1997). Isaac established a Wellness Promotion Unit that undertook collaborative, community-based projects, and his supportive leadership opened up opportunities for me to participate in these projects and write for publication. But the three funded evaluation projects I was involved in all encountered difficulties that confirmed my sense that project management was not my forte.

Community psychologists continued to meet in places like Perth, Tauranga, Atlanta and New Mexico, but there was a growing movement to de-centre the field away from the dominant Anglo-North American context. In 2006 Colleen and I attended the International Conference in Community Psychology, held in Puerto Rico (technically still in the US but at least bilingual), the first of nine to date. The feminist psychology gatherings became less regular, held most recently in Australia in 2016 and in NZ in 2013.

In 2006 drastic cuts were taking place at VU, so when the APS Executive Director offered me a newly-created position as Manager of Public Interest, she must have been surprised at how quickly I accepted! My role was to enhance APS contributions to community wellbeing and develop positions on matters of public interest and social justice. I gathered a "dream team" of community and environmental psychologists who formulated position statements, government submissions, media releases and resources for psychologists and the general public on issues like racism, refugees, climate change, and marriage equality.

The first Women and Psychology gathering at Bowral had adopted the image of a white ant subverting psychology's patriarchal foundations from within, and I mischievously envisaged the Public Interest team as a critical community psychology colony of white ants inside APS HQ. We tried to see how our in-house activism could flow back into both the organisation and the profession. We worked with limited success to articulate and apply a social determinants of health approach to psychological practice, against the tide of increasingly homogenised and medicalised frameworks necessitated by the politics of healthcare rebates.

Soon after I arrived at the APS I found myself acting as a kind of midwife for the birth of the Australian Indigenous Psychologists Association under the leadership of Pat Dudgeon, and this was followed by the development of the first APS Reconciliation Action Plan (RAP).

RAPs have deservedly been derided as attempts to blakwash colonialist institutions, but having the Indigenous psychologists driving the process meant there were several enduring outcomes.

While I was tucked away in the Ivory Tower, community and feminist psychologists were fighting their own battles – the former in the perennial struggle to stave off threats to either the VU program or the standing of community psychology as an endorsed area of practice. The feminist campaign was another perennial – this time centred on the development of APS practice guidelines for psychologists working with clients who have experienced intimate partner abuse or violence. Each of these campaigns was successful, sort of – but all are up for renegotiation right now.

Embracing Diversity - Colleen

In mid-1999 my beautiful baby girl was born three weeks before I turned 42. That event was transformational: becoming a mother reshaped my life and the focus I took from then onwards (D'Arcy et al., 2011). Within a year I was a single parent fighting for my own equal employment rights and rediscovering the limitations of parental leave provisions from a consumer perspective.

Around that time I was elected Director of Social Issues for the Australian Psychological Society. It was an interesting, flexible and I think useful role for my maternity leave. Even though I was 42, I was routinely called "that nice lass" by the then President - a lesson in avoiding being patronising to remember in my 60s.

I changed my work focus to match my life focus and began a series of roles related to parenting and Early Childhood Education. I learnt about Action Research and developed my qualitative evaluation skills. I had spent my teenage years in a "poverty postcode", defined as a geographic area with higher than average economic disadvantage and a stigmatised reputation. I knew from experience that in reality most are interesting multicultural communities with strong local connections. Now I had returned well equipped to working as a change agent in several such postcodes, managing, evaluating and seeking funding for innovative projects for culturally diverse families and communities.

I learnt the power of playgroups as a connecting and supporting force for parents, usually mothers. Playgroups are regular semi structured get-togethers of parents and their babies and pre-school aged children. I learnt that culturally and linguistically specific playgroups were a great way to connect families most at risk of isolation. We had some spirited discussions about the value for mothers and children of language-based playgroups, as opposed to multicultural playgroups facilitated in English. As usual the correct answer is that both are important!

My next life challenge, mirrored by a parallel work challenge, was wrangling teenagers. My own child became a teenager and lost all the sunny chattiness of middle childhood, replaced by the angst and silence of her teenage years. About that time my work life moved postcodes from the northern to the western suburbs of Melbourne and I switched cultural communities from the Turkish, Syrian, Iranian and other "Middle Eastern" communities to very specifically working with newly-arrived South Sudanese youth in the outer western suburb of Melton. My challenge was to design a program for South Sudanese youth at risk of disengaging from school, later broadened to young people from refugee backgrounds. So naturally I thought of playgroups and drew on that concept to create a group mentoring program. They have similar aims of connecting and engaging while skills are developed. I really enjoyed working with teenagers and the tertiary student mentors we recruited for the program. Some mentors were from the same cultural and linguistic communities as the young people they mentored.

Finally, I can say something specifically about community psychology. The youth mentoring program recruited a Victoria University Community Psychology staff and student team as its evaluator. The evaluation supported us in being awarded Multicultural Education Program of the Year in 2017! Community psychology students also based their theses on the

mentoring aspects of the program. From a feminist perspective one of my first wins was persuading funders that "at risk youth" includes girls as well as boys, silent and withdrawn as well as stroppy and combative individuals.

Keeping On Keeping On

Later Career and "Retirement" - Hilary

The 1990s saw a reversal in the fortunes of feminism and women's studies in New Zealand as elsewhere, the feminist backlash being embedded in a trend towards social and economic conservatism. My department at Waikato was hit and the university environment began to feel more damaging than supportive, despite some wonderful colleagues. I took a technical "early retirement" and moved to Wellington to take up a policy and research position at New Zealand's Mental Health Commission. There I spent an eventful few years working alongside mental health service users to pioneer a recovery model. With the Commission's ending in sight, a study leave period in Edinburgh allowed me to secure a four-year position managing health services research with Scotland's Chief Scientist Office. It was a late in life OE, as New Zealanders call their overseas experiences. Helping support the research programmes of others turned out to be a relaxing break from the heady mixture of research and activism that had characterised the middle years of my career. However, the call back to doing my own research became insistent and while in Scotland I was able to conduct a small project within a larger longitudinal study of ageing (Lapsley et al., 2016). Ageing research was becoming an exciting field in the UK, and I felt drawn to it as someone getting older myself, just as feminism had drawn me in as a young mother.

A brief research management role back in New Zealand enabled me to explore what was going on with ageing research here, and after I took retirement (again!) I found a role with a longitudinal study of advanced aging (LiLACS NZ) at the University of Auckland. Then, by a tremendous stroke of luck I was invited to work alongside Māori scholars at the university's James Henare Research Centre, where I'm still based. We work with kaumātua (Māori elders) from different tribal areas to understand what wellbeing is for them and often I'm the only Pakeha in the team. I love my colleagues and I love the kaumātua we spend time with. They are very aware of ongoing struggles around racism and the impact of colonisation but despite the disadvantages they've lived through, their wellbeing is pretty robust, supported by the esteem in which they're held as elders and by their engagement in their communities. What we do is truly community psychology, although my colleagues would not call it that, bringing more of an Indigenous studies/anthropology lens to the work (Muru-Lanning et al., 2023). For a change I'm not working on struggles that impact on my identities (except, of course, my identity as a citizen member of a group complicit in colonisation); rather, I'm working alongside to support my colleagues and taking direction from them. Somehow that form of stepping back yet fully engaging fits my own psychological needs as I transition to older age.

I should say, though, that in the first years of my latest "retirement" I convened New Zealand's Women's Studies Association, which is of course a deeply political role but also one that upholds scholarly values. There were lots of good things to come out of reviving the Association, but towards the end struggles within feminist and lesbian politics around trans issues became divisive. I worked to steer the Association through a path that upheld the rights and dignity of trans people, but I'm saddened to see that in recent times conflict around this issue has heightened.

I do observe that the older I get, the more conflict-avoidant I am, although I'm no less concerned about the state of the world. I believe that community psychology – and the values underpinning it - has a tremendous amount to offer, both within and outside the discipline of psychology. As a fellow traveller (and member of the New Zealand Psychological Society's

Community Psychology Division), I appreciate it being around and I sincerely hope it survives current threats.

Resisting the R Word - Heather

I never expected to teach at a university, nor to end up on the Board of the APS, nor indeed to work there, although I have been connected with the APS for 50 years.

Unlike Hilary, I didn't fall in love with psychology, and unlike Colleen, I've never felt comfortable calling myself an activist. I don't think psychology is the best place to start if you want to change the world. But this is where I landed and I've tried to make a difference within my sphere of influence. I parted ways with the Catholic Church the more it veered away from the spirit and promise of Vatican II. So I've fought to keep community and feminist perspectives alive and flourishing within psychology and the APS, despite a constant feeling of swimming against the tide. The trans-Tasman community and feminist psychology gatherings sustained me through stormy seas over the years, and nurtured the cross-fertilisation of ideas and connections into the 21st Century.

We have ongoing debates in community psychology about visibility and identity. The VU community psychology Masters, the only one of its kind in Australia, was tailor-made for the community it serves, against all the constraints of the neoliberal takeover of the education sector at large. As it once again faces closure, we have to decide how much it matters. I don't want the field to die for obvious reasons, but I also think it doesn't matter if it's called community psychology or something else, as long as the work gets done.

Looking inside and outside at the same time is important. As someone who's stayed firmly within the APS/psychology orbit for over forty years, I still find myself asking whether professional associations are the best site for activism 'in our own backyard', or do they mainly provide us with a useful power and evidence base from which to direct our efforts outwards towards influencing policies and initiatives that matter to people and planet? We have to consider what psychology's contribution is to a problem and any potential solutions. I would love it if we could influence the science and practice of psychology itself a bit more. But psychology is a powerful institution, so we can at least draw on that to make a difference to people's attitudes towards same-sex marriage, racism, refugees etc., and we have each tried to do that in our own way. Many feminist and community psychology scholars and practitioners have been active in public debates and campaigns. Today, movements like #MeToo, #BlackLivesMatter and Extinction Rebellion are attracting widespread support in the community, but most of the action is taking place outside psychology.

Five years ago, a major restructure brought my time at the APS to a close, and pointed me towards the next phase of my life. I returned to VU in a sessional teaching role, as well as supervising Community Psychology placements. Supervision is something I continue to enjoy doing – it's rather like I imagine grandparenting might feel: it keeps me engaged with a new generation, and gently leads me from Erikson's task of Generativity vs Stagnation into tackling the era of Integrity vs Despair. (I'm interpreting Erikson loosely here – I'm well aware of the critiques of stage theories).

The Catholic in me has never needed to believe in an afterlife - Hell would be simply to end one's life with a sense of wasted time and missed opportunity, while Heaven would be feeling that I'd done my best with the sense and resources I had. This new phase that I'm resisting calling Retirement has presented personal challenges – a dose of shingles, a fractured kneecap, and much more painfully, the loss of treasured friends, mentors and colleagues. There are moments of despair too in our collective failure to do what is needed to save the planet from extinction, to end entrenched conflicts fanned by vested interests, or to respect the rights and sovereignty of First Nations peoples, especially here in Australia. But one thing about getting older is having lived through constitutional crises and nuclear threats, and seen the

defeat of neoliberal regimes that looked like lasting forever. Indeed the first quarter century of my life saw just one change of government at state and federal levels, and of course, just one Queen in 70 years. Viewed through that lens, my third quarter century has been much more exciting thus far. What's going to keep my motor running into the fourth quarter?

Navigating Freedom – Colleen

The year I turned 60 was BIG. It was my daughter's final school year, she turned 18 and I became an orphan when my beloved dad died. All this led to an ongoing belief in living now, not waiting. Dad would approve - he lived a full 92 years.

There have been more challenges relating to paid work in my 60s. The community services sector is surprisingly competitive, unforgiving and as I discovered, ageist. This led me to moving in and out of paid work in a lengthy "transition to retirement". At the same time I ramped up my activism and took an even greater interest in climate change and how to prevent, adapt, and avoid being totally paralysed by increasingly catastrophic climate change events. This combination of factors led to some interesting short-term roles, for example seed gathering in a mountain ash forest, and some others more suited to my background and my fitness level!

The 2020s began hideously for me and many others. Mega fires burned for weeks across the southern and most populated parts of Australia. My retirement house situated in remnant bush within a coastal village miraculously survived while six others in my street burnt down. Everyone in the village fled to the beach taking their dogs, cats, chickens and horses with them. I was not there and only learnt my house had survived several days later.

I subsequently moved to the coast mid-pandemic, leaving my daughter to fill the inner Melbourne house with young people. I joined the Greens party and local climate activist groups including Knitting Nannas. I've searched the forest for evidence of greater gliders and spotted quolls with more familiar kangaroos and the huge variety of birds returning home since the fires. I've enjoyed watching the spotted gums shed their burnt and blistered skins and emerge shining and white. I am finding great joy in walking through the rejuvenating bush with my kelpie goddess, and in swimming in the ocean nearly every day.

My paid working life now spans 50 years and I'm finding my current stage of navigating freedom the most challenging yet. It has upsides though! Of course there are always immediate issues to be solved. Most recently I've been volunteering with hundreds of locals to support the Australian Indigenous Voice to Parliament Referendum. I felt a great sense of obligation to support this modest reform, and right now I'm feeling tremendous sadness and some anger at its resounding defeat.

Reflections

We know women's history tends to disappear, and that without recording history we may be doomed to repeat the "bad things". This article outlines some of the changes in our world over the span of our careers from the 1960s to the 2020s, as they have impacted on us and our communities.

We three are a tiny cross-section of women of our age. Women with children, without children, children early, children late, straight and gay, although all from a broadly Anglo-Celtic heritage. We have been part of the academy, the community, and the psychology profession. We have lived and worked in different contexts over the last seven decades, and what hangs our journeys together is our strong feminist values and our related desire to dismantle the structures of systemic oppressions in the contexts in which we work. Sometimes that has been working within the structures as managers and academics, other times we have taken up opportunities to run projects, or serve on committees of professional, political and community organisations aiming to promote gender equality, peace, inclusion and an end to

discrimination. We have all done our share of marching, singing or tree-sitting for a better world. Much of the fun of writing this paper has been exploring our similarities and differences, and learning still more about one another's life histories before they overlapped.

We all attended university at a time where it wasn't the norm for any school leavers, least of all girls/women. Hilary had strong family models for her choice, but Colleen and Heather were "first in family" to take the step. We all followed a teacher training track, but only Heather stayed teaching for more than a year or two before changing career direction.

bell hooks (1990), in conversation with Mary Childers, noted the importance of simultaneously acknowledging our sources of privilege and oppression. As women operating within a peripheral branch of psychology in "tucked-away" corners of the world, claiming space to share our stories is a form of empowerment. Insofar as we are white, relatively affluent professionals with access to a dominant form of truth-making (the refereed journal), if the right to do the telling stops with us, we are shoring up our own privilege. Thus we finish our reflections with discussion of the important "so what" issues of power and privilege and how we have each tried to use our opportunities for the benefit of humanity. We consider what advice we might give or questions we might ask of the next generation of feminists, community psychologists and others.

Hilary

For me the commonalities and differences in our stories are really interesting. I liked the way it has emerged that we invented our own pathways. None of us was formally trained in community psychology because it was a discipline that emerged as we were beginning. Likewise, I was not trained in women's studies, which became part of my academic career, but learnt about it "on the side" when it was a community-based movement.

Working in diverse organisations, particularly mental health ones where I was close to service users, helped me understand much better my own power and privilege as a highly educated white woman, whereas if I'd stayed in the Ivory Tower the knowledge may have stayed more theoretical and less felt. Although to contradict that (and life is full of contradictions!), working with my colleagues in a university Māori research centre has been humbling and has led to a much better appreciation of situations that I understood less well because they arise from struggles I have not needed to wrestle with.

In relation to making things better in workplaces, I enjoy leading a team but I'm not a natural manager. I'm far more comfortable at managing up than down (youngest child syndrome). This tendency has kept me from senior leadership roles, on the whole, something I have absolutely no regrets about, because I love being in the thick of projects. I've tended to shape my work to my skills and values as far as possible, and if a considerable gap emerged between values and organisation, as happened once, my solution was to move on, although I should have leapt faster.

My advice to younger psychologists is to stay true to yourself and your values, and take risks as well as opportunities. Ending up at the top of the heap is probably far less satisfying (as far as I can discern) than enjoying the company in the middle and knowing that you followed your own path!

Was psychology "capacious enough to include all the things I cared about?" Perhaps yes, but I was unable to maintain my early foothold in academia, although I've come back to it now. The upside is that I'm sure I have had a much richer and values-oriented career because I was forced to branch out.

Heather

I have had mixed experiences of time spent being both powerful and powerless - as a white English-speaking person squatting on an ancient land, and as a woman from a working-class family and neighbourhood whose great-grandparents fled famine and oppression, I came to feel I could speak and act on things that mattered to me, but I've also had a strong sense of being on the side of the underdog, understanding things from the bottom up and really relating to struggle. What matters is to stay accountable for how we use that power and privilege, and, like Laura Brown (1997), keep on asking "Whose needs are being met here?".

I'll park my car anywhere where it doesn't say you can't, and in my work life I've similarly considered it better to ask for forgiveness than permission. (My team at APS became a little too fond of that mantra). I've tried to find commonalities with people I would once have viewed as opponents. Sometimes that can feel duplicitous, but "you catch more flies with honey than vinegar", and allies can emerge from surprising corners.

What I have learned over the years is not just theoretical stuff but the value of working together, because if you have good relationships with the people you are working with, it gives you energy to do that job. Choose your battles, especially as you get older – you can't die on your sword more than once. Perhaps most of all I have learned the value of turning up.

Colleen

Working on this paper is my way of showing that journal articles need not be dry and can be fun. For me too it's a demonstration of that important qualitative measure, "practice wisdom". I've worked alongside marginalised/oppressed communities throughout my career to develop and implement solutions to "wicked" systemic issues. These include the consequences of all the "isms", particularly sexism, racism, ableism, and ageism. I've been privileged to work alongside many individuals and groups who are decidedly "not me", not "my people", and delighted in finding connections as well as chasms. As a woman, a feminist, a mother and a self-proclaimed activist I strongly believe that we are hardly ever able to be absolutely objective, nor should we be.

I haven't always thought or believed that I had access to either power or privilege, but a quick look backwards shows I've been privileged to be a free and independent woman all my life; I had access to good and free education and later secure employment that has had considerable personal meaning for me, and I hope has been useful to the world. I trust that my power and privilege can act as a ladder or a foundation for other women especially women from the diverse communities I've worked for and with.

In my working life I've tried to use my own and my colleagues' strengths to make the work enjoyable, educative and effective. I'm not big on efficiency. In wrangling my work efforts I try to understand how they fit into the overall picture of my workplace. I've always found it important to understand the flow of funding as well as my own role in ensuring sustainability for the projects and programs I work with.

I am not brave enough to provide advice to future generations. I would rather ask questions about their own reflections of the past and hopes and desires for the future. What I think we three have offered is our stories as a gift in the hope they are useful and thought provoking.

Pulling It All Together

Hilary, Heather and Colleen have worked and lived through a period of intense world-wide change, in politics, technology, climate change, women's rights, and human rights more generally. This paper has focused on feminism and community psychology as experienced by

the three of us in Australia and New Zealand from the 1960s to the 2020s. Our personal feminisms have developed in the context of our shared professional involvement in community psychology. Psychology itself has been strongly feminised in the 60 years our paper covers. It is no longer a male-dominated profession. Mental health is now clearly understood as an issue for everyone. The relationship between driving factors like equity, justice, safety and community connectedness, and our physical and mental health and wellbeing are well known.

Developing this joint work gave us a chance to reflect on our relationships with psychology, on the development of our social values, and on how we have made use of our psychological knowledge in social activism. We also spent time reflecting on how our understandings of ourselves and our careers – especially in relation to power and privilege – have developed over time.

Taken together, our stories echo the second-wave feminist maxim, "the personal is political". Our late colleague and friend Jeanette Shopland insisted on using the terms counsellor, therapist and psychotherapist interchangeably "in a deliberate attempt to subvert the claims to status or relative effectiveness that may accompany these labels". (Shopland, 2000, p.7), and in an era of increasing privatisation and medicalisation of psychological practice (not to mention the neoliberal academy), her words remind us to stay alert to the power of language and its shifts over time. Sisterhood still matters, and so too do allies. And finally, in all our work together, Colleen has made sure that we keep to the spirit of the well-known challenge attributed to Emma Goldman: "If I can't dance, I don't want to be part of your revolution".

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Author Biographies

Hilary Lapsley is an Honorary Academic at the James Henare Research Centre, University of Auckland/Waipapa Taumata Rau. She is a Life Member of the New Zealand Psychological Society. Her current research field is ageing research, particularly research with Māori elders, and over her career women's studies, feminist psychology and mental health have been her main areas of interest.

Heather Gridley OAM FAPS coordinated the postgraduate Community Psychology program at Victoria University before joining the Australian Psychological Society as Manager of Public Interest. Her feminist and community psychology frameworks stemmed from working in community health, where she became aware of the limitations of individually-focussed interventions. She has held national positions in both the APS College of Community Psychologists and Women and Psychology Interest Group, and served two terms on the APS Board. She continues to provide professional supervision to early career psychologists.

Colleen Turner FAPS: Colleen's career journey spans more than four decades in applied research and community-based practice in aged and disability services, immigrant women's health, the Victorian AIDS Council, and earlier, within the trade union sector. Most recently she has worked with disadvantaged multicultural communities to ensure real accessibility to universal early childhood services and developed innovative programs for refugee youth. Colleen is a doting parent of Jessie who provides a reality check vis-à-vis the life experiences of Australian families.

Contemplative Lens

Sabina Lunja

Wurundjeri Country (Victoria, Australia), Victoria University

This mixed medium art piece (Figure 1) is part of a series and involves self-portrait photography, Prisma©, and collage. My intention was to depict what reflective practice has been like for me, at first as a provisional psychologist and student in the Applied Psychology (Community) Masters at Victoria University, and now a psychologist and university educator. This journey has helped me to understand the significance of lived experience and intersectionality.

Growing up in the '80s, and of the inner suburbs of Naarm (Melbourne) on Wurundjeri and Bunurong/Boonwurrung Country, it took decades for me to understand we live in a system of systems. I acknowledge my privilege, and that I continue to benefit from the structures built through colonisation that still oppress First Nations Peoples. This is a dark mark I cannot erase, and I cannot unsee. I am hopeful, since I believe change is possible, and I am grateful to have been able to evolve my values to align with the principles of social justice.

I photographed a series of self-portraits at a time when I needed some headshots, which was incredibly uncomfortable. Taking "selfies" is not something I do often, my smartphone photo reel is mostly filled with pictures of family and nature. It reminded me of reflective practice, a key principle of community psychology. It is a skill that can take time to develop, having the ability to sit with discomfort and recognise where it comes from, understanding the impact our reflective lenses and lived experiences on our practice.

But introspection also has its limitations. When I think of systemic issues, I often wonder, can one person make a difference in all these systems and across time and space? Can *I* make a difference? Indeed, every action is a type of intervention approximating pragmatism. Doing nothing is still an act, and like many, I have learned first-hand that good intentions can have adverse consequences.

And yet, small changes do make a difference, just like trying various photo angles, lighting and poses. I chose this Prisma© filter because it provided the textured finish I was looking for, of depth and consistency. There was an initial discomfort in using AI to help create this piece, however, the implicit gaze is all mine. It occurred to me to use the same outline image with different colours and contrast, depicting layers and representative systems within systems.

What provides me with optimism, even in the light of recent world events and the closure of the Community Psychology Masters course at VU, is the ability to share; keep sharing lived experiences, time, knowledge and understandings of power relations to help alleviate suffering. My community psychology peers are small in number, but we are fierce and passionate. I have learned that being vulnerable is a great strength. This artwork represents me, how I have the strength to share personal reflections where I feel bruised and have borne life on the chin. A reflection, of what at times, it feels like to be seen.

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Figure 1 Contemplative Lens

Book Review: Queer Footprints: A Guide to Uncovering London's Fierce History

Reviewed by David Fryer, University of Queensland

Glass, D. (2023). *Queer Footprints*. Pluto Press. ISBN: 978 0 7453 4621 2. 350 pages.

Dan Glass is a flaneur extraordinaire, a discoverer and ransacker of archives, a quasi-obsessive collector of case studies (at least 2000 case studies drawn on by Dan contribute to this book's authenticity), a consummately skilled interviewer, a riveting story teller, consciousness raiser, alliance builder and – I have it on good authority - ace cicerone. He is an extraordinary, inspiring, and fascinating activist, who it is impossible to pigeon hole. It is no surprise, then, that his latest[1] book, *Queer Footprints: A guide to Uncovering London's Fierce History* is extraordinary, inspiring, fascinating and impossible to pigeon hole too.

Queer Footprints: A guide to Uncovering London's Fierce History is in some ways a *tool kit* ("how to plot the treasure of your community's story") in some ways a *City-Guide*, which can "change the way we all experience our city, whether you're LGBTQIA+, an ally or someone hungry for freedom", in some ways a *homage* to " legendary people, moments and movements", and in some ways an *arc lamp* "shedding light on the lives, spaces, identities, repression and resistance that form the backdrop of lesbian, gay, bisexual, trans, queer, intersex, asexual and other . . . lives today".

In *Queer Footprints: A guide to Uncovering London's Fierce History*, Dan does not flinch from truth telling which is viscerally shocking in itself and in its detail. To give but one example, Dan reminds us that on 30th April 1999, in Soho, London "the Admiral Duncan pub was the scene of the worst homophobic attack to occur in Britain on a gay venue. A nail bomb blast killed three people: Andrea Dykes, 27, who was pregnant, and her friends John Light, 32, and Nick Moore, 31. The blast wounded around 70 others." Dan does not spare us the sickening details: "The nails fired out from the bombs had been dipped in rat urine and faeces, further infecting survivors." Elsewhere, Dan does not let the reader forget the age old and continuing "fascist hatred, xenophobic 'othering' and homophobic and transphobic thuggery" directed relentlessly at LGBTQIA+ people. He makes clear that the Neo-Nazi who attacked people in Soho with a nail bomb was not only a homophobe but also a racist who attacked British members of ethnic minorities in Brixton and Brick Lane too.

In *Queer Footprints: A guide to Uncovering London's Fierce History*, Dan Glass emphasises queer solidarity with "anyone marginalised by white patriotic patriarchal culture" including: migrants seeking asylum; homeless people; ethnic minority members; disabled people (within the frame of reference of the social model of disability); survivors of psychiatry; and others. Dan emphasises queer opposition to racism; fascism; and misogyny as well as transphobia and homophobia.

Moreover, Dan has not flinched from making it clear that mainstream queer spaces are, themselves, not always free of class prejudice, racism, disablism and white washing: reminding us that working class gay men were often treated with disdain by higher socio-occupational class gay men frequenting elite London clubs; that even today as Marc Thompson argues black gay men are at risk of being "fetishised in mainstream queer spaces"; that spaces which are accessible by non-disabled "white cisgender gay men" may not be for "queer disabled people with different access requirements" as Josh Hepple suggests; and that

[1] Dan Glass previously published *United Queerdom: From the Legends of the Gay Liberation Front to the Queers of Tomorrow* (2020, Sydney: Bloomsbury).

"Soho has become synonymous with the 'whitewashed' frontier of gay nightlife" but Dan reminds us that in the 1990s there was "a nightclub for queer Black women in Soho".

Queer Footprints: A guide to Uncovering London's Fierce History consists of an introduction, 8 chapters and 55 pages of very valuable "Resources for Further Reading and Action". It is all written in a hugely enjoyable, accessible style peppered with tongue-in-cheek humour. It is a mine of information and fount of inspiration about what LGBTQIA+ activism was, is and could be.

Dan Glass' book focuses on LGBTQIA+ activism mostly in London but it could be argued that every town could do with a book like this. Moreover, Dan's approach to LGBTQIA+ activism is a 'how to...' manual for activists to resist any assemblage of oppressive knowledges and practices.

In an interview published in GCN (https://gcn.ie/dan-glass-queer-footprints-guide-londons-history/), Dan Glass explicated how the book was framed: "My friend Ntombi Nyathi, who is at the heart of the popular education Training for Transformation movement, really helped me frame the book and ask critical questions – *How do we speak our truths? How do we build a movement? How do we meet our needs? How do we become fully visible? How do we become fully alive? How do we become fully awake? How do we honour our ancestors? How do they make us feel? What have they left us? And how do we become the people we've been waiting for?"* (my italics).

Dan's framing summarises, in a nutshell, the key themes of the book and prefigures wider, diverse, forms of potent contemporary community activism.

To find out more about Dan Glass and his work as an activist visit:

https://www.bishopsgate.org.uk/profile/dan-glass

https://guerrillafoundation.org/dan-glass-queer-liberation-in-the-heart-of-london/

https://www.theguardian.com/profile/danglass

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