

Exploring the Intersections of Race, Gender, Sexuality, and Class in the Clinical Setting

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Well over a decade ago, when I was in my honors year, I found myself struggling to write a thesis on race and whiteness in Australia in which I explicitly positioned myself as a white gay man. The data that I examined in the thesis reflected my own experiences of race privilege, yet many of the experiences I drew upon also involved my identity as a gay man and my experiences of marginalization in this regard. In exploring my own experiences of privilege living as a white person in a colonial nation, I was left feeling somewhat uneasy; I had a nagging feeling that, somehow, while this emphasis upon race privilege told the most important story, it didn't tell all of the story: It didn't locate me within a range of identity categories from which I stand both to benefit and potentially to be disadvantaged.

A year later, I was undertaking my PhD research and again struggling to find a way to account for race, sexuality, gender, and class as mutually constituted categories. The idea of cultural capital (see Lamont & Lareau, 1988) certainly gave me some leeway through which to conceptualize whiteness as differentially distributed, dependent upon any individual's approximation of the norm of white, middle-class, able-bodied heterosexuality (Hage, 1998). The idea of cultural capital was (and still is) very useful in my research, particularly when I have sought to examine some of the reasons for why white non-heterosexual people such as myself may become highly invested in what often appear to be highly normative political agendas (what Duggan, 2002, has referred to as *homonormativity*).

My examinations of cultural capital and its deployment by white lesbians and gay men (particularly in relation to calls for marriage rights and claims related to parenting), however, have often gotten me into some hot water. Some activists have accused me of being

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divisive, and of giving those on the political Right yet more material with which to attack non-heterosexual people in Australia. For example, by stating that it was a very privileged way of thinking to use analogies between racial apartheid and the denial of marriage rights to non-heterosexual people to argue for the latter (e.g., Riggs, 2006a), some have suggested that doing so minimises the psychological and social distress caused by the denial of rights.

To clearly locate my arguments within a theoretical framework, I have extensively engaged with theories of both intersectionality (Crenshaw, 1991) and race privilege (Moreton Robinson, 2000). Intersectionality theory provides the scope to move beyond seeing identity categories as “problems of addition,” and instead conceptualize identity categories simultaneously. So, for example, I am not sometimes a gay man and sometimes a white man, and yet other times a middle-class man. I am always a white, middle-class, able-bodied, gay man living in a society founded through colonization and subsequent illegal possession of land in which the subject position “white, middle-class, abled-bodied heterosexual” is privileged above all others. Understood in this way, my identity becomes less a matter of breaking it down into its constitutive parts and determining which ones add or subtract from my privilege relative to others (Barnard, 2003). Rather, the approach I adopt aims to recognize that, although race is not the sole category of difference I sit in a relation to, my status as a white person in a colonial nation must always be at the forefront of my analysis, as must my identity as a cisgender male, and that these locations fundamentally shape the other identity categories I inhabit.

Considering identities intersectionally has led me to suggest the utility of focusing upon what I have termed the need for a different “yes, but.” Typically, the “yes, but” I see circulating within many white non-heterosexual communities is that yes, members of such communities experience privilege as white people, but we nonetheless experience marginalization and discrimination as non-heterosexual people. This type of “yes, but,” I

would argue, maintains sexuality as the central node of difference, and thus allows race privilege to be subsumed under the dominant focus upon sexuality-based discrimination. In this particular “yes, but,” sexuality-based discrimination is at times presented as something akin to a surprise to people who otherwise (on the basis of our race) may expect relative security, as James Baldwin (1984, cited in Běrubě, 2001) stated so well: “I think white gay people feel cheated because they were born, in principle, into a society in which they were supposed to be safe. The anomaly of their sexuality puts them in danger, unexpectedly (p. 256).”

In contrast, the “yes, but” I propose runs more like this: Yes, I experience marginalization as a non-heterosexual person, but I do so as a white person living in a nation founded upon dispossession and genocide where I am accorded considerable privilege by the very fact of being identified as white. Conceptualized in this way, the most salient factor of my identity becomes my privilege, rather than solely the marginalization I may experience. This type of “yes, but” does not ignore discrimination against white non-heterosexual people, but it ensures that such discrimination is always already placed in a social context whereby race privilege for white people always occurs at the expense of marginalization for non-white people (and particularly Indigenous people in Australia).

To return to the topic of marriage rights, arguments for marriage equality in Australia often position the denial of marriage to non-heterosexual people as the last bastion of discrimination left to tackle. Such arguments, however, are primarily made by white, middle-class, cisgender lesbians and gay men. What falls out of the frame in these arguments, then, are the experiences of people who are not located within these privileged categories, such as transgender and Indigenous people. Focusing on marriage equality as the final hurdle to overcome is thus, I would suggest, very much an example of focusing on the wrong “yes, but.”

Since completing my PhD and subsequent postdoctoral research, I have found myself in another setting where intersections of a range of identity positions play out in my life. As a psychotherapist, I find that much of what I have written above comes to the fore when I work with a range of clients. Obviously, and as has been well documented, counsellors and other practitioners in the helping professions sit in a relatively privileged position in comparison to those we work with. Despite our best intentions, we are typically positioned as those who hold the knowledge and skills, and whose role it is to fix the problems faced by others. Of course, narrative and other similar therapies have sought to resist this model of the practitioner-client interaction, and to recognize that clients bring with them valuable knowledges and skills that can sit alongside those of the practitioner (Denborough, 2002). Nonetheless, the dominant discourse surrounding the helping professions is one in which those who seek services are positioned as in need of help, and practitioners are those who can offer it. This duality sets up a particular dynamic into which practitioners are always already invited, and in which we hold a particular privileged position. In the remainder of this chapter I engage in an exploration of how privilege plays out in complex ways in the counselling setting, through the elaboration of three case studies from my practice. I conclude the chapter by considering what the cases I present mean for the guidelines and standards of professional organizations in terms of working intersectionally.

Privilege in Practice

In this section, I outline three sets of interactions I have had with clients (one adult couple, one family, and one individual adult client). To retain the confidentiality of the clients, I portray their identities in very broad strokes. Although there is a risk that doing this could be seen as drawing upon or reinforcing cultural stereotypes about particular groups of people, my point is to look at the simultaneous identity categories that both my clients and I

inhabit. I also consider how the differing identity categories we inhabit produce a dynamic between us in which multiple forms of privilege and marginalization play out, and where cultural capital accrues differently to each of us. Importantly, then, my intention is to exemplify as succinctly as possible the complexities of privilege: both to add complexity to the idea that those of us in the helping professions are always or solely in a position of privilege over clients, and to develop our understanding of precisely what that privilege looks like in specific interactions (Riggs & das Nair, 2012).

Story 1

In my clinical practice, I work with people of a diverse range of genders and sexualities. When I initially began working as a psychotherapist, my interest was to work primarily with non-heterosexual clients. Yet despite this interest (and considerable awareness of research published on this topic), in many ways I was quite unprepared for how challenging doing this would be. Part of my interest in working with non-heterosexual clients was that I felt few public mental health services specifically catered to non-heterosexual people in my local area, or employed non-heterosexual practitioners to target this population. The second aspect informing my interest in working with non-heterosexual people was more personal: I felt that working as a non-heterosexual person in couples counselling may be more productive if I were working with non-heterosexual couples. In part, this view was the result of my own relative gender nonconformity and the challenges that this could present in my work with heterosexual clients who viewed my self-presentation with suspicion or as a reason to delegitimize my skills as a counsellor. And in part this belief about the potential productivity of my working with non-heterosexual couples was that we would have a shared ground upon which to work. My assumption was that, in sharing a similarly culturally marginalized position, my clients and I would understand the role of cultural capital, be

attuned to its operations in our lives, and be able to harness our understandings and apply them to therapeutic ends. How wrong I was!

One particular couple who came to see me illustrate well the challenges I have experienced working with non-heterosexual couples, especially relative to privilege. The couple were two white men in their mid-50s, who had been living together for a year. Both men had been heterosexually married previously and had children in that context. Both had left their wives a decade ago. One of the men had since enjoyed a very active sex life, primarily focusing his energies upon anonymous sexual encounters at saunas or as a part of group sex activities. He also had a large group of gay male friends. His partner, in contrast, had no gay sexual experience other than with his current partner, and had very little in the way of social networks with other gay men except through his partner. Both men depicted themselves as hardworking, in relatively unskilled employment with little economic security. Both depicted themselves as having lost a considerable deal of cultural capital upon their coming out; the partner who had few social networks was especially concerned about his lack of ready access to new networks, and how this limitation was impacting their relationship.

From very early on in our sessions, it became clear to me that the men had made a range of presumptions about what having a non-heterosexual counsellor would mean. Primarily, the men felt a certain liberty to discuss sexual matters that typically were not germane to our sessions (the sessions were not about sexual incompatibilities between the two men per se, but rather about relationship difficulties more generally). In many instances, the men referred to their genitalia or those of other men, or to their sexual preferences, not specifically in a manner that was offensive to me, but certainly in a way that was not necessary in the context of the sessions. In most of these instances, the men prefaced their comments with an inclusive “as you would understand,” a rhetorical tool that typically rendered me complicit both with their worldview and with their presumption that I would

welcome their sharing of this information. Kane (2004) has identified similar dilemmas in practicing as a gay man with gay clients. He has emphasized the need for clear boundaries with clients, and the dilemmas of being engaged in multiple roles with clients (e.g., as practitioner/client, in community settings, and potentially through social contacts). Kane has suggested that while all practitioners must recognize issues relating to multiple relationships with clients, such relationships take unique configurations for those of us practicing with members of our own marginalized communities.

In the instances I have described briefly here, I felt very marginalized by the two men. As a relatively young gay man with three children and not much of a social life, not only could I not identify with the sexual narratives they were assuming I would understand (such as sex parties), but I also felt unable to resist these narratives on the very basis that both men repeatedly stated how important it was for them to have a gay practitioner who “got their situation.” When they presumed a shared set of experiences, the intersectional differences between our lives, specifically in terms of age, raising children, and interest (or not) in particular modes of sexual engagement, disappeared. At the same time, I felt compelled to let their comments about sexual practices stand, partly in the off chance those practices were relevant to their relationship difficulties, and partly to affirm to them that I did indeed welcome them as gay men and respected (rather than pathologized) their sexual practices. However, I felt a growing need to challenge their voicing of these particular narratives, particularly because they were often not central to the matters we were dealing with. Here my role as a practitioner with a particular injunction to be an empathetic listener was placed in direct competition with my own unease about being rendered complicit, not with the particular sexual practices they engaged in, but rather with the assumption that all gay men share a similar set of experiences. In attempts to draw attention to the intersectional differences in our experiences, I repeatedly emphasized the different experiences that all gay

men have (particularly the different experiences between the two men themselves), but they seemed invested in collapsing those differences by endorsing an understanding of gay sexual practices as uniform.

As I noted previously, I think that many of the issues we were faced with as practitioner and clients related to our age differences. As a younger gay man, my experiences of coming out, or of discrimination, and of being sexually proud in the face of homophobia were likely quite different from those of my clients. In this sense, I was aware of the relative privilege I held as someone who grew up with perhaps fewer experiences of homophobia, in a location in which services were available to support me positively as a gay man, and in which there was at least some degree of recognition by others of my relationships. In this sense, then, I held considerable cultural capital in comparison to the lives of older gay men who have historically had much more negative experiences (Morrow, 2001). Yet at the same time, and based upon discussion in supervision and with other gay practitioners, I came to see that perhaps part of the reason the two men placed such emphasis upon discussing sexual practices with me was precisely because there was an age gap between us: Discussing their sexual practices as older gay men in the presence of a younger gay man may have been liberating or enjoyable for them. My point here, of course, is not to pathologize the men's desire to speak of their experiences, but rather to elaborate further upon how privilege played out differently between us as gay men in the counselling setting.

The two men and I also differed in terms of our broader politics and socioeconomic positions. In regard to the latter, the men often framed me as a well-paid professional, in contrast to depicting themselves as working men with little understanding of the helping professions. Of course one could suggest that these evocations of differences in cultural capital were aimed at managing the power imbalances that exist between clients and practitioners in a society in which practitioners are in a position of knowing. But this idea

tells us only part of the possible story here. Another suggestion would be that there were indeed class differences between us as gay men, and while in some instances the men appeared invested in asserting that we were “all the same” (i.e., in relation to sexual practices), in other instances they were clearly cognizant of our differences. As such, not only was I positioned in a place of authority as a practitioner (thus evoking the well-recognized power differential that this produces), but as an individual I was positioned as a middle-class gay man working with two working-class gay men.

One implication of these differences between us was that my own politics on race (developed through academic engagement) sat a world away from the politics of the two men, who asserted their own as premised upon “real-world experiences.” So (and again speaking on matters unrelated to the issue at hand in counselling) the men twice drew upon racialized stereotypes about Indigenous people to construct themselves as deserving of social-security benefits, in contrast to Indigenous people who they depicted as undeserving. When I attempted to carefully introduce the history of colonization as a possible explanation for what they were seeing as special rights for Indigenous people, both men quickly asserted that I was speaking from an ivory-tower understanding, and that, as men in the “real world,” they knew better. In this case, they summarily dismissed any cultural capital I might have had as an academic, instead treating “real-world” knowledge as a more privileged form of capital.

My work with this couple highlights the complexities of working with members of one’s own community, and the complex ways in which privilege plays out. Importantly, it seems apparent that we cannot understand any of our similarities or differences in isolation from one another; rather, we must be understand them intersectionally. The age- or class-based differences between us are so intimately connected to our sexual and racial similarities that it is very difficult (and I would suggest futile) to attempt to draw out their individual effects. For example, the fact that we managed our racial similarity (but differing viewpoints

on race politics) through recourse to a discourse of class and education highlights how thoroughly imbricated these identity categories are, just as the fact that we in some way managed our age differences through repeated emphasis upon sexual practices shows how a more simplistic account of privilege (that would place me as always and solely in a position of privilege in the therapeutic space) fails to address the complex ways in which privilege plays out. In the following example, I further demonstrate some of these complexities.

Story 2

Throughout my time as a practitioner, I have had the privilege of engaging in long-term psychotherapy with a small number of clients whom I have seen for the duration of my work. This context has brought with it many of the challenges that face all practitioners with long-term clients, but also many rewards, particularly in a public mental health system that operates primarily within a model of short-term interventions. One particular client has presented me with a range of challenges relating to my understandings of privilege and marginalization. This client is in his mid-40s; he came to counselling to deal with issues related to childhood trauma. He was born in India and in his childhood migrated from there with his family to Australia. He experienced a great deal of racism as a child, and also much trauma related to his family. He is currently experiencing long-term unemployment and relies upon social-security payments for his income. He does not have a clear diagnosis but experiences ongoing negative mental health outcomes akin to those arising from complex post-traumatic stress disorder (C-PTSD).

In our early sessions, the client was perhaps understandably very reticent to open up to me, both because he had identified me as “a younger man” (more than 15 years his junior) and as someone he verbally identified as “very different to him.” His presumptions about the likely cultural capital I held stymied the development of a therapeutic bond between us for many months. To counter this situation, I often stated to my client that I felt a bond could be

developed between a client and practitioner that exceeded their differences, which, I suspect in hindsight, simply appeared to my client as a denial of my cultural capital. For many months, the client depicted me as removed from his life (which in many ways I was because of our different circumstances), and as unable to understand his relationships with women (on the basis of his presumption of my non-heterosexuality). At times, although this is not a tool I generally utilize, I felt drawn to disclose details about personal aspects of my life that would validate for the client that I could indeed connect to some of his experiences. In many instances, this sharing of personal experiences did indeed serve to enable him to feel a sense of shared knowledge with me. At other times, however, complex intersections of privilege were occurring between us, during which he often rightly depicted me as privileged (particularly in relation to experiences of racism). This dynamic in effect called me to account for my privilege, despite the fact that I believed it was possible for us to develop a connection across our differences.

Of course any attempt to develop a relationship “across differences” is fraught by the possibility of those of us in positions of power falling into the trap of well-meaning liberalism, which often functions to deny the cultural capital we hold. In other words, the client could easily see my claim that I had the capacity to connect with him as ignoring the significant power differentials between us as client/practitioner and as a long-term unemployed Indian man and a white middle-class man. Furthermore, it was important for me to recognize that, despite my own relational approach to practice, there will indeed be instances in which a relationship cannot be developed, and that clients (and, more specifically, marginalized members of a group) have the right to refuse the goodwill of practitioners or dominant members of a group (Ahmed, 2003). As a result, much of my approach to engaging with this client has required me to go beyond simply recognizing and validating his experiences, and instead to recognize the broader social contexts in which those

experiences have occurred, contexts that serve to disempower my client and with which I am complicit. What this has meant is that, regardless of our individual politics on race, sexuality, or class (for example), it has been important for me to find ways to acknowledge my client's experiences without being yet another example of a well-meaning white person.

Accomplishing this has required me to draw upon my knowledge of intersectionality theory, to locate myself in his story as a participant in the broader society that to a large degree produced his experiences of marginalization. Again, I have not done this in a benevolent fashion in which I have martyred myself as a bad white person who caused his experiences of racism. Rather, the process has been about developing a relational framework in which we can foster the connection between us through mutual recognition of the intersections of our privileges and marginalities.

In my work with this client, there continue to be complex interplays of privilege that in places are similar to those therapist experiences with many clients (challenges in building rapport across differences, challenges resulting from clients' beliefs that may conflict with our own), but in other instances they are unique to the particular dynamic that exists between him and me. At times I have felt silenced by his normative statements about sexuality and gender, and certainly I haven't always remained silent at those moments. My drawing attention to the cultural capital he holds as a heterosexual man, even if doing so is at times confronting for him, has often ultimately lead to progress in the treatment. Largely, however, I have emphasized an understanding of our differences that requires me to be accountable for my privilege as a white middle-class person. This emphasis also requires me to work with him through some of the issues he has that relate to masculinity, and negative judgements made about those of us located outside normative discourses of gender and sexuality. As such, my interest has not been in letting him off the hook under some misguided form of benevolence. Rather, my point has been to position myself in relationship to him in the

context of the institutionalized racism, (hetero)sexism, and classism that conjointly shape both of our lives (albeit in different ways).

Story 3

In this third and final case example, I consider a family who represent what has come to be my primary area of clinical work, namely, with transgender children and their families. This particular case involves a young transgender girl of African descent and her white parents (birth mother and stepfather; the child's birth father is no longer involved). My work with this family has involved a constellation of intersections in regard to privilege and marginalization, which I now briefly explore.

Although I noted above that the child is of African descent, most often this identity category has not been salient in the therapeutic space. The child herself has never explicitly referenced it, though her mother has raised it a number of times in sessions on her own. At times, the child's descent has come up when her mother and I have discussed potential discrimination that her daughter may face, specifically in terms of sexism, transphobia, and racism. The mother is well versed in sexism and transphobia; however, the topic of racism often appears to make the mother uncomfortable. Over many sessions, we have unpacked this discomfort and to a large degree have shifted from a place where race was almost a taboo topic to one where we are able to discuss both potential racism her daughter may have experienced, and also the considerable cultural capital that we hold as white people and the ways in which that capital benefits us. After many sessions unpacking these intersections, it became apparent to me that, for the mother, a white woman who previously had been in an abusive relationship with a black man, racism was difficult to articulate. For her to acknowledge race privilege was, it seemed, to condone the abuse. Addressing these concerns has allowed the mother to see the racism that her daughter may face in the future, rather than

maintaining a “race blind” approach that denies both race privilege and thus racism (Frankenberg, 1993).

Also of note, and in contrast to the previous two cases, is the phenomenon of deference that often occurs in the counselling space, again particularly with regard to the mother, in this case. This is a strong and articulate woman, knowledgeable about both her daughter’s life and the experiences of transgender people more broadly. Yet in many of the lengthy conversations we have had, the mother has often deferred to me as an “expert.” This is a subject position I always seek to challenge, both as a therapeutic tool (i.e., people are largely experts on their own lives) and also in a broader social context where the binary of lay versus expert knowledge brings with it considerable power differentials that serve only to naturalize cultural capital. To unpack this binary in the therapeutic space, we have spoken about how gender plays a significant role in notions of expertise, and how men are all too often accorded with knowledge *a priori*. Working through these assumptions and questioning what it means to be a subject who knows has been useful in my time with the mother, particularly as it has strengthened the mother’s resolve to be a strong advocate for transgender people, and to do so from a place of knowing. In this sense, her accrual of cultural capital within the context of knowledge about transgender people’s lives has been an important outcome of our therapeutic work, highlighting the positive ends to which such capital can be put.

Conclusions

In this chapter I have explored some of the complexities that arise for those of us working in the helping professions when we engage with our clients across a range of differences. My emphasis has been upon the importance of locating ourselves as practitioners within our own social contexts and identity positions. From there, we can develop an understanding of privilege that moves beyond a simplistic additive model, and to instead

engage with the intersections of identity categories and their role in producing particular power relations between clients and practitioners that serve to naturalize or reinforce enactments of cultural capital. Such an approach aligns closely with both the competency guidelines of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counselling (Harper et al., 2013) and the ethical guidelines of the Australian Psychological Society (2010; 2013). Both organizations advise clinicians to be mindful that we all inhabit multiple identity categories, and the ALGBTIC in particular advises us as clinicians to be mindful of their intersections. That both of these organizations encourage a focus on intersectionality when they focus specifically on gender and sexuality provides a clear warrant for the approach that I take in my own practice and suggests that we should consider theorizing about intersectionality and privilege as central to clinical work.

Reflecting upon my own history of coming to understand my experiences of both privilege and marginalization, I can see the considerable changes in my own thinking, and the shift I have made from an individualized account to a more relational understanding of identity, one in which an understanding of cultural capital is often at the fore. For me, this shift has been central to applying the different “yes, but” I outlined in the introduction. After many clinical sessions, reflecting on how power dynamics related to age, class, relationship status, race, sexuality, gender, and ability have played out within sessions has been an important aspect of my own growth as a counsellor, and has provided opportunities for me to continue to develop my understanding of privilege and its operations. Importantly for me, my understandings of privilege always center upon recognition of the fact that social hierarchies, despite their historical contingency, are unlikely to disappear in my lifetime. As a result, my practice is always directed by my desire to identify the role that cultural capital plays in shaping both my life and the lives of my clients, and in the interactions between us. Identifying cultural capital allows me to retain a focus on more than just the individual(s) in

front of me, and instead to locate us all in relationship to networks of power that potentially determine who will have a voice, and who will not.

Discussion Questions

1. How do privilege and marginalization play out in your life? Have you reflected on this question before?
2. Why do you think there might be resistance from those in dominant social locations to acknowledging the operations of privilege? How might you respectfully challenge this in your practice?
3. What do you think about the idea of raising issues of privilege or marginalization when they are not explicitly salient in a clinical session? How might doing this reinforce or help to unpack underlying issues?
4. How might an acknowledgment of the intersections of privilege and marginalization benefit your workplace? What challenges do you foresee in implementing such an approach?
5. To what extent do you think using personal experiences within the therapeutic space might hinder or facilitate engagement?
6. How might you draw upon ideas of cultural capital to render visible any power differentials at play between you and your clients?

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