

## Constructing a Safer Space for Queer Aesthetics in Psychotherapy: a Cooperative Inquiry Approach

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### **Abstract**

**Introduction:** Given the presence of various aggressive behaviors towards queer aesthetics in society (e.g., Trans murders, institutional microaggressions), we questioned how the psychotherapy office (symbolizing in itself a part of society) can become a safer space for queer aesthetics, both referring to the client and the psychotherapist. We aim to respond to the dissatisfaction towards psychological services, articulated in cyberspace and in social meetings, by persons who engage themselves in wearing gender stereotype defying clothes. The research plan was preregistered, according to the norms of registering qualitative papers, at the following address <https://osf.io/83w6z>.

**Objectives:** Our objective was to check if the psychotherapy office could ensure a safe space for queer aesthetics (both for clients and therapists). If the office was not a safe enough space, our purpose was to trace possible causes and solutions.

**Methods:** Six young psychotherapists or psychotherapists in training (including the author) participated in meetings, for one and a half month, in a non-positivist cooperative inquiry (CI; action research; family). We engaged ourselves in cycles of reflection and action on the problem of constructing a safer space for queer aesthetics in our offices. We used propositional, presentational, practical and experiential knowledge.

**Results:** We reported on six cycles of reflection and action (Society's dominant attitude; Cisgender aesthetics; University and training; Therapist's queerness; Multiple selves analysis; Nonverbal self-disclosure and sartorial courage).

**Conclusions:** We found that the psychotherapy office was not perceived as a safe enough space for queer aesthetics, neither by clients, nor by psychotherapists, and that cis-normativity in sartorial decisions limits sartorial agency. Among other pragmatic and moderate conclusions, we consider the need for the integration (in an experiential pedagogy frame) of gender studies in the psychotherapy training, by considering the positive attitude towards queer clothing, as part of the therapeutic alliance with a variety of clients, as a common factor in psychotherapy, the depathologization and depsychologization of the aesthetic factor in psychotherapeutic interventions.

**Keywords:** sartorial agency, microaggressions, gender-stereotype defying clothes, therapeutic alliance, therapeutic safe place, queer aesthetics

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## Argument

### Contextualization of terms: Therapeutic safe spaces, political safe space, queer aesthetics

To simplify our representation, we may say that there are two big fields (i.e., psychology and queer theory) connected with the present topic (i.e., constructing a safer space in therapy for queer aesthetics), each with its own definition of safe space (i.e., the psychotherapeutic safe space, and the political safe space).

The safe space that appears in mental health or in psychotherapy studies (Auszra & Greenberg, 2007; Boyce, Munn-Giddings, & Secker, 2018; Paivio, 2013; Sagen, Hummelsund, & Binder, 2013) is not the same with the political safe space (Coleman, 2016; Tunnell, 2016). The later describes a place where marginalized people can meet among themselves, without being in danger, e.g., gay bars (for safe cyber space, see Tunnell, 2016). The therapeutic safe space refers to a welcoming atmosphere and an awareness of possible aggressive attitudes towards the client. It can be considered a common factor in psychotherapy, and it may overlap with therapeutic alliance (Galbusera, Fellin, & Fuchs, 2017; Sagen, Hummelsund, & Binder, 2013). Workshops conducted for minorities by other types of actors than psychotherapists (e.g., sociologists, queer theorists, more experienced members of the community) also try to establish a safe space. In these cases (e.g., polyamory groups, BDSM groups) the political and the therapeutic acceptance overlap. When persons who perform gender stereotype defying sartorial decisions are becoming clients in a psychotherapeutic setting, the intersection of a political safe space and of a therapeutic safe space becomes obvious (Qushua, & Ostler, 2018).

We distinguish between a *Trans person*, and a *cross-dresser*, a *drag*, and a *transvestite*. A *Trans person* (e.g., Rogers, 2018; Stotzer, 2017) is someone whose gender identity or gender expression does not conform with his assigned sex. A clear example of a *Trans person* is a transsexual; for example, someone who was born with a penis, but identifies as a woman. This person is a *Trans woman*, and she may start a transition of her gender presentation or of her sexual characteristics to make them congruent with her gender identity. While the term *Trans person* refers to the person's gender identity, the terms *cross-dresser*, *drag*, and *transvestite* are all referring explicitly to clothes. A person, usually a heterosexual, who is engaged in wearing the clothes associated with the opposite gender, sometimes for fetishistic reasons, is called a *cross-dresser* (e.g., Hsu et al., 2016; Wagner, 2011). A *drag* is

someone wearing the clothes of the opposite gender on a stage, in a performance (Rogers, 2018). *Transvestite* (Thanem, & Wallenberg, 2014) is less used and is considered offensive; it may be considered an old term for drag or for cross-dresser.

Some of the *Trans* people are also involved in queer aesthetics, as in *camp style*, or *vogue* dance scene, two aesthetics created by the *Trans* community. *Cross-dressers* are involved, by definition, in queer aesthetics. Members of many other categories may be engaged permanently or temporarily in it. To name some categories whose members may perform gender stereotype defying sartorial decisions: Goths, Emos, Punks, Steampunks, (heavy) Metal fans or performers, LGBTQA+ people (Barry, 2018), Fashionistas (de Perthuis, 2015), role-playing subculture members/cosplayers, Lolitas, members of Geek culture (McCain, Gentile, & Campbell, 2015). This listing is far from being exhaustive and persons unassociated with any category may explore themselves on their own, in ways that may defy gender stereotypes.

By queer aesthetics I hereby refer to sartorial decisions that defy gender stereotypes (Ahmed, 2006; Eleftheriou, 2014; Hillman, 2013; Karniol, 2011; Levi, 2007; Lunceford, 2010). The persons who perform these aesthetic conducts are not necessarily identifying themselves as queer. They are temporarily or permanently engaged in queer clothing (Taylor, 2016). I chose the LGBTQA+ community as an example for not being welcomed enough in therapy, not because all LGBTQA+ people are engaged in queer aesthetics, but for the fact that traditional genders being questioned (e.g., TQ+), this may increase the probability to reflect itself in the aesthetic of the attire.

## I. Introduction

In very simple terms, the issue of this empiric research is the following: the psychotherapy office is a micro-representation of a society that responds aggressively to a man wearing a skirt (Bahns & Branscombe, 2010; O'Keefe, 2008). What do psychotherapists need to resist reproducing this violence in their offices (Bain et al., 2016)?

First of all, is there aggression in general (i.e., not just clothing-related microaggression) in the therapy office? Varied persons are left outside the psychotherapeutic intervention, because they justly perceive it as an aggressive space for them (e.g., racist, sexist, classist therapists' remarks), as many studies prove (Delgado-Romero, 2011; Hsu, Rosenthal, Miller, & Bailey, 2016; Lee, Tsang, Bogo, Johnstone, &

Heschman, 2018; Owen et al., 2018; Spengler, Miller, & Spengler, 2016; Sue et al., 2007; Wong, Derthick, David, Saw, & Okazaki, 2013). Even though minimized by Lilienfeld (2017), the problem of microaggression in therapy is still of first importance both for psychotherapists and clients. Referring specifically to “a man wearing a dress”, this paper argues that empathic failure (Markowitz & Milord, 2011) in comments about patients’ clothing, as well as the reluctance to talk about it (Kahr, 2011) may play an important role in therapy (i.e., influencing dropout rates, the deterioration of therapeutic relation, the decision of not seeing a therapist).

The practical and theoretical problem of constructing a safer space for queer aesthetics in psychotherapy intersects and responds to research which have been articulated by the following domains: common factor research (i.e., therapeutic alliance with varied clients, client’s and psychotherapist’s agency, microaggressions in therapy, pre-reflective experience), self-disclosure literature (i.e., nonverbal, unintentional self-disclosure of the psychotherapist or of the client), social psychology (i.e., gender stereotype clothing, gender bashing, gay bashing, Trans bashing), culturalist psychiatry (LGBTQA+ issues in psychiatry), queer studies (i.e., performing gender through clothes), clothing studies (i.e., everyday dress practices), or subculture studies (e.g., clothed-based discrimination of members from different subcultures). Fauquet-Alekhine (2016) reported that, among persons involved in Goth-aesthetic, “regarding the verbal remarks, 54% of the reported cases with outgroup job gave an account of aggressive comments and 62% perceived a negative assessment of their competencies, assessment linked with Goth details” (p. 9).

This study also responds to an extra-academic problem: the need for more thoroughly trained psychotherapists in matters of gender and sexual orientation, present in queer communities, and of basic human rights. A short read to the LGBTQA+ forums or to cyber groups (Tunnell, 2016), when issues related to psychotherapists is discussed, proves enough to give us some insight into how the therapeutic office is perceived by these communities. My own experience as member of such groups is convergent with these posts. Psychotherapists are many times portrayed as lacking sensitivity in problems regarding gender, and so, tend to unconsciously reenact the same established aggressive dynamics in their offices. Efforts are being made by queer communities to identify *a queer friendly therapist, a kink friendly therapist, an asexual friendly therapist, a*

*polyfriendly therapist* and so on (Quinlan, 2017). Many asexuals, demiromantics, bisexuals, or other queer people perceived the psychotherapist’s office as not being a safe space for them (Bain, et al., 2016; Pinto, 2014). On confronting with such a pragmatic and ethical issue, which involves the continual training of psychotherapists regarding sexuality, and the evaluation of their professional practices, it helps to keep in mind that

*“generally, therapists are not good predictors of treatment process and outcome. For example, therapists tend to underestimate the number of clients who deteriorate during therapy (Chapman et al., 2012; Hammam et al., 2005). Moreover, therapists have been shown to be reluctant and uncomfortable when addressing issues of race and ethnicity (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Nonetheless, therapists should strive to be aware of how the client reacts to what they say, and any potential change in the therapeutic relationship (Safran & Murrin, 2000)”* (Owen, Tao, Imel, Wampold, & Rodolfa, 2014, p. 284).

*“It surprises me how little attention psychotherapeutic workers have paid to the way in which our patients dress, at least in our published writings. It seems that if we do notice the patients’ clothing, we prefer to be very reticent in writing about this topic. This reluctance to theorize about clothing makes great sense, in view of the potential sensitivities surrounding this topic”* (Kahr, 2011, p. 362).

We have no reason to think that this reluctance changed from 2011 to present, the gap in this field of studies being considerable. Kahr sees the gap in the literature as being caused by the desire to keep a safe space for clients (“potential sensitivities surrounding the topic”). But what if this reluctance to theorize about clothing is becoming exactly the cause of empathic failure, as some of the cases shown by the same paper, authored by Kahr, prove? This paper shows how psychotherapists’ reluctance in addressing questions of race, ethnicity and clothes, is in complicity with a reluctance to address questions of gender-stereotype clothing.

To simplify the multiplicity of domains that are implied by the present topic, let us note that the two meanings of the safer space term, provided in the argument (i.e., the psychotherapy and the political approach), are found in two separated fields of research (i.e., psychotherapy and queer theory), and their intersection is extremely rare. The research available until now on the topic of safe space in psychotherapy (e.g., Hazler & Barwick, 2001) does not follow its connection with clients

engaged in queer aesthetics (with few exceptions: e.g., Bain et al., 2016), nor with attire in general. So, psychotherapeutic safe space in working with queer people or people with queer aesthetics, and also the topic of outfit in therapy, is understudied, representing a big gap in the therapeutic alliance research (Owen et al., 2011). With the exception of a small number of studies (e.g., Bain et al., 2016), the psychotherapist's ability to create a strong alliance with various clients from LGBTQA+ was not questioned in the scientific papers, despite the existing online articles on this topic, the complaints present on LGBTQA+ forums and social networks, posted by unsatisfied clients. When gender and sexual stereotypes are studied as factors in deteriorating the therapeutic alliance, the outfits which can express them are not mentioned. Usually, the therapeutic service is presented by default as a helpful space for the aggressed, but never as a place that can replicate the aggressions. Both in popular culture and in psychotherapeutic research, the psychotherapy office is presented as a safe space for everybody (Londoño-McConnell & Larson; Varnell, 2018), and as a place where both the client and the therapist possess a sartorial agency (Ingrey, 2013). The present paper argues that nothing can be further from the truth than these presuppositions. In psychology-related research papers, we learn about safe space or about queerness, from culturalist psychology (Jasini, Leersnyder, & Mesquita, 2018), culturalist psychiatry (Bhugra, 2016) psychotherapy research, i.e., common factor studies, therapeutic safe space, alliance with varied clients, self-disclosure literature, microaggression research program, body-oriented psychotherapy, ethics in psychotherapy (Auszra & Greenberg, 2007; Barnett, 2013; Farber, 2006; Galbusera, Fellin, & Fuchs, 2017; Geller, 2018; Jackson, 2018; Paivio, 2013; Sagen, Hummelsund, & Binder, 2013; Sonne & Jochai, 2013) and social psychology (Adam & Galinsky, 2012; Horgan, McGrath, Bastien, & Wegman, 2017). But, as far as I know, psychology-related research has never particularly engaged in addressing the topic of constructing a safer space for queer aesthetics. The topic of outfit is highly understudied in psychotherapy, and, wherever researched, it is focused on clients' preferences of therapist's attire, where this variable has very little significance value (i.e., formal, informal), and is combined in some studies with the gender of the therapists. Most of these studies have the following limitations:

- are concerned with clients' attributions and impressions (measured with questionnaires);
- have analogue research designs (no real psychotherapists or real clients are involved);

- imply uncritically a positivist Either-Or logic (e.g., formal vs informal clothing);
- do not collaborate with aesthetic professionals (e.g., clothing researchers);
- are not paying attention to cultural factors, and
- do not show any awareness of gender issues or of clothing culture (e.g., sex is confused with gender).

From a cognitive perspective, we have a proof that the clothes we wear influence our cognition (Adam & Galinsky, 2012), by rendering us act as the cultural stereotype associated with the attire, but we do not know anything about how specifically gender stereotype defying clothes are influencing the psychotherapeutic process. The cooperative inquiry creates an adequate space for answering such questions.

Regarding the interdisciplinary field of queer studies (Lunceford, 2010; Taylor, 2013; Tunnell, 2016) and queer-related studies (Dellinger, 2002), they are usually addressing the question of acting according to gender prescriptions; I have no knowledge of any paper focusing on the problem of how gender is performed precisely in psychotherapy, neither by the client, nor by the therapist. Also, the study of subcultures did not address (a) the problem of the insertion of a member of a certain subculture in psychotherapy or (b) the problem of disclosure when a member of a subculture is also a psychotherapist. Further research in these directions would be helpful for developing the empathy of psychotherapists towards alliances with various clients, and would prove useful in therapists' training.

## **II. Method**

### **Cooperative Inquiry Methodology and its Report**

*Note on (antipositivist) dialectics and ex-communist countries.* There are many prejudices against dialectics (e.g., being one with relativism, being rhetoric, being sophistic, being one with the scheme of thesis-antithesis-synthesis). Especially in countries which have been politically obliged to adopt a form of dialectics (even though this rigid thinking that was forced upon them is not considered dialectics by most dialecticians, who are criticizing among many other anti-dialectical features, the transformation of historical necessity into a primordial principle), this method receives very often an unjust reading (Adorno, 2017). To escape from totalitarian associations, I mention here some of the fruitful interactions of dialectics with psychology and psychotherapy. First of all, Vygotsky was a dialectician, and the Russian school of research

developed a pragmatic and important view that shaped research, very different from the Western school. Carl Jung used dialectics very often, being in most of his work interested by the *movement of a concept* (the main feature of dialectics, according to Adorno, 2017), and not by the ontology. The Frankfurt School (e.g., Adorno, Habermas) dialecticians, *par excellence*, influenced psychological research (e.g., culturalist psychology, feminist psychology). Last but not least, today the most appraised therapeutic method for Borderline Personality Disorder is Linehan's Dialectical Behavior Therapy.

*Cooperative inquiry and non-positivist empirism.* More and more research papers, in the last decades, are pointing to the importance of mentioning the paradigm from which a research has been conducted (which, these papers argue, is very rarely mentioned or acknowledged in research articles or in thesis). Positivism continues to be the dominant paradigm in psychological research; it is also the paradigm which is not mentioned in the papers most of the time. Among the basic beliefs of positivism stand the following: a single timeless truth (waiting to be discovered through

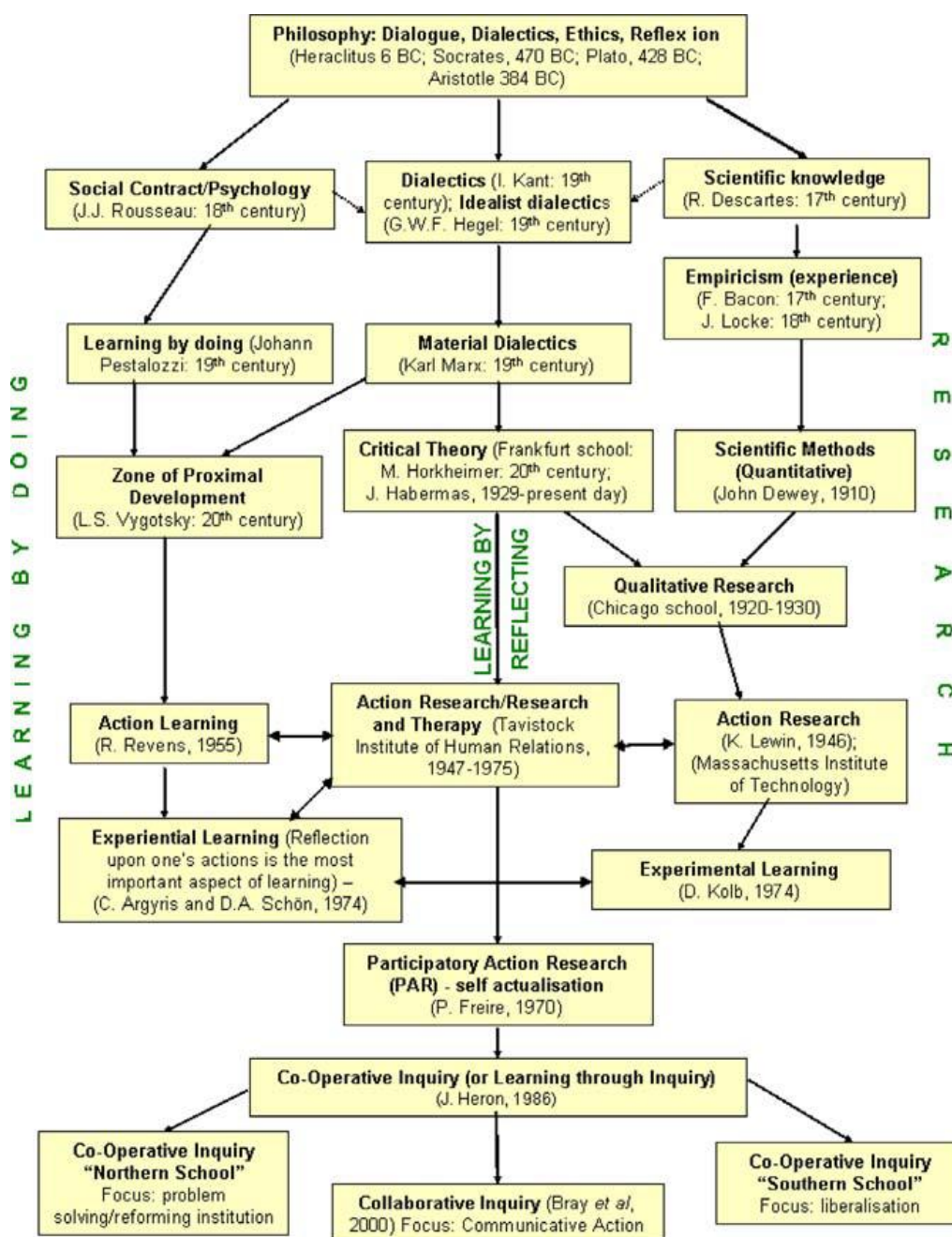


Figure 1: Place of Cooperative Inquiry in research paradigms. Source: Kakabadse et al. (2007).

proper methods), an objectivity of the researcher, a detachment of the researcher, a unique and objective reality, situated outside the researcher, a strong separation between an active researcher and passive participants. Being an old paradigm (final of 18th century), the newer paradigms (e.g., phenomenology, hermeneutics, constructivism) imposed critiques on each of its postulates, in many ways. The ethics of positivism is also strongly criticized for mechanistic transferring of principles from the study of natural phenomena to human beings, or for using human beings as inert objects in the research. Some papers talk about saving empirism from its positivist constraints (e.g., Smith, 2015). I will give an example of just of one of the charges against positivism, which is very important for dialectics and for cooperative inquiry, namely the treatment of truth as not being eternal, separable from the context, from the whole. We find in Adorno (2017, p. 128) that “it is necessary to understand them [the phenomena] within the totality from which they first receive their meaning and determination. This is the most essential insight which is involved in Hegel’s claim that the whole is true. And I believe that, among the most important reasons which may lead us to develop a dialectical conception of knowing, in contrast to a purely positivist approach to scientific knowledge, the insight must take pride of place”. One of the many clear examples of contemporary research, of such a movement from positivist vacuum-truth to cultural-political-contextual-truth can be encountered in a paper with a suggestive name, “Developmental psychology without positivistic pretensions: An introduction to the special issue on historical developmental psychology” (Koops & Kessel, 2017). I should also note that more and more indexed journals take an entirely non-positivist empirism approach (e.g., *Feminism & Psychology, Culture & Psychology*).

*Other particularities of the method and the report.* Cooperative Inquiry (CI) differs from other forms of research, mainly by its attitude towards the participants. Traditionally, a study involves a strong separation between the researcher and the subjects (Smiths, 2015), while CI sees the participants or the subjects in traditional research as being misleading terms, because of their designed passivity (Chowns, 2008). Instead of this, CI sees participants as co-researchers, and so, the research is being conducted with the participants, and not on the participants. Important consequences derive from this move: participants will be involved in all the decisions regarding the study, namely the methods used, the purpose of the inquiry or others.

For a better understanding of the philosophy underlying this method, please see figure 1 and other papers (e.g., Chowns, 2008; Kakabadse, Kakabadse, & Nalu, 2007; Lloyd & Carson, 2005; Riley & Scharff, 2012).

Another feature of CI is the way in which its report is being written. Being rooted in experiential and in action research thinking, CI engages in more than propositional knowledge. It also engages in experiential, presentational and practical knowledge. These being said, the research is not conducted for informing the community about some truth that has been discovered (even though it can also do this), but the research is conducted in order to respond to practical problems that the researchers are facing (Kakabade et al., 2007). Thus, the experience of the CI can be enough for the researchers and no paper will be written. Or, the only data that is written down may be the researchers’ work diaries. Even though a report is being produced, which is often the case, it is important to acknowledge that it is just a part of the CI, while the experience of the CI is much more than the report (Smith, 2015).

### **Sampling**

Purposive sample was used for selecting the participants. This was dictated by the need to work both with typical psychotherapists (i.e., that did not express an interest in gender studies or in clothing) and with atypical psychotherapists (interested in gender studies or in clothing). It was also important to work with co-researchers (participants) who had a fresh memory on their training in psychotherapy. Also, convenience sampling (two friends, two co-workers) and snowball sampling (other two co-researchers) were used.

The co-researchers were four women and two men. Their ages ranged from 22 to 30 years old. All participants were Romanians, without ethnicity and race variation. All were cis-gender. One was bisexual, another was gay, and one was heteroflexible. As part of their training, or in their own private practice, they were all working with at least one client during the research. Their training orientation was ranging from Experiential and Gestalt to Cognitive Behavior Therapy. Some of them were involved in more than one psychotherapeutic orientation. Their practice status was ranging from in-training-psychotherapist to under supervision-counselor, autonomous counselor, or autonomous psychotherapist. Some were working in their own private office, others were working in institutions, and others were working in a rent office, shared with other psychotherapists. One was involved in an explicitly LGBTQ+ organization. Some were working in the

capital of Romania and others in a small city. I assumed the role of facilitator during the meetings.

### **Cooperative Inquiry Research Design**

For one and a half month (between April – May 2019), six psychotherapists in-training or who had recently completed the training (including the author of this paper) gathered, during five meetings, for a cooperative inquiry on how to create a safer space in their offices for queer aesthetics. Usually, the length of a meeting was of 2 hours, with the exception of the last one, which was longer. All meetings were held online, because the researchers were living in different cities and in different countries during their inquiry. The distance between the meetings was of 1 week, with the exception of the last one, that happened two weeks after the previous one (given the Easter Holiday). Between the sessions, the researchers engaged themselves in cycles of reflecting and acting, based on the topic of creating a safer space for queer aesthetics (in total for six weeks).

The research adopted the form of a cooperative inquiry, out of the practical need to make our offices safer spaces. The gap in the literature and the insufficient training on this topic made CI useful in learning while doing, and in having benefits for our clients. As Barnett (2013) put it, “psychologists, like other health professionals, are notoriously poor at self-assessing their competence and level of functioning, frequently overestimating their capabilities and underestimating their levels of distress and impairment (...). Rather, consultation with colleagues should be seen as an essential element of each psychologist’s decision-making” (p. 177).

### **Nurturing in the Cooperative Inquiry Group**

The fact that all participants were already having experiential abilities developed during their basic psychotherapy training helped a lot in creating a safe space for the inquiry group, which is not usually easy to build (Smith, 2015). Also, some of them being trained in Experiential or Gestalt psychotherapy facilitated the understanding of the concepts (e.g., experiential knowledge) and the idea of the CI we operated with. All this made the situation of the facilitator much easier than it usually is in a CI. Also, the proper atmosphere was more fluidly created, given the emotional abilities of those involved.

All these advantages in creating a good emotional climate during the meetings fostered the confrontation of the addressed issues. Being the initiator

of the research and the only one familiarized with CI (as a form of research), the expectation that I direct the meetings was present and difficult to be abandoned. Also, upon inspecting the transcripts of the meetings, I realize how much space I was using for myself, while taking it from others. I tried to diminish the process from session to session, but I was not always successful in doing so. Also, even though all participants were interested in the topic of safe space for queer aesthetics, not all of them were equally prepared theoretically for the topic. This distance between the propositional knowledge was overlapped in part by the degree Cognitive Behavioral training differed from the Experiential orientation regarding the incorporation of gender studies in the therapeutic training.

### **III. Results**

Kakabadse et al. (2007) emphasized the belonging of CI to the action research family of methods and its dialectical roots. Therefore, the results of a CI are its cycles of reflection and action. The particularity of CI consists in the fact that the cycles are built from four types of knowledge: propositional, presentational, practical, and experiential. The way of engaging in them is not Cartesian, but dynamic, fragmented, and repeated. I will present here several such cycles that we have involved in. Smith (2015) insisted that experiential knowledge implies a moment when the researcher is *immersed* in the study, to the point of researching topics which are very far from the origin. This is not very common in traditional research (i.e., which values an inductive, step-by-step logic, which always goes back to the origin), so the experiential stages described further should be read in this key, if they are to be understood in the context of CI.

#### **Cycles of Reflection and Action**

##### **Society’s dominant attitude towards queer aesthetics**

In order to better understand the psychotherapist’s rapport with the society that he is part of, the CI gathered examples of societal attitudes towards queer aesthetics. We live in a society in which most people could spend an entire life without ever seeing a man walking on the street wearing a skirt or makeup, although the praised art and history of the same society is full of men in short and long skirts and dresses, engaged in beauty practices (e.g., Kristen, 2002). This taboo is kept (Barry & Martin, 2016).

The idea that a person can be aggressed because of the aesthetic that they choose to adopt is repugnant for the modern sensibility. Still, we can speak

about a degree of violence related to queer outfits and the stories of this CI showed it clearly. Also, well-known cases were mentioned in the CI, where the most outrageous example was the series of hate crimes which are committed against Trans persons all over the world. The last case was dated three days before, when Michelle Washington, a Trans woman, was killed in Philadelphia. Human Rights Campaign wrote, in 2015, an article entitled “Alarming Number of Transgender People Killed Worldwide in the Last Seven Years” and the Trans Murder Monitor project started in 2012. Based on its calculation, twenty-five Trans and gender diverse people were killed each month (Edelman, 2018; Stotzer, 2017). *Trans-bashing* or *Gender-bashing* are proper terms used in naming the problem (Bahns, & Branscombe, 2010; O’Keefe, 2008). Also, this often interacted with bullying or mobbing (Carrera-Fernandez, Cid-Fernandez, Almeida, Gonzalez-Fernandez, & Rodriguez, 2019).

Aesthetic can differ, not only from mainstream gender identity (Carrera-Fernandez et al., 2019), but also from the established sexual orientation (e.g., *gay bashing* in the case of heterosexuality; Bahns & Branscombe, 2010). Both gay bashing and Trans bashing are studied in queer theory (Bunch, 2013), social psychology (Bahns & Branscombe, 2010), bystander literature (Ouvrein, De Backer & Vandebosch, 2018), cultural and feminist psychology and psychotherapy (Coleman, 2016). At the same time, they are just the pick of the iceberg. Other queer aesthetics, like those present in the Q, A, and in the + of LGBTQA+ are confronted with similar problems: asexuals, aromantics, demisexuals, demiromantics, and others (Pinto, 2014).

Despite the differences between the 15th century inquisition and our everyday life aggression towards queer aesthetics, a dogmatic gender-based thinking is still at work. The transcription of the process of Joan of Arc shows that wearing gender stereotype defying clothes was an important issue for the judges (e.g., “Joan says it is not ‘in her’ to wear women’s clothing”, “Joan abandons men’s clothes and puts a woman’s dress”, “Judges deliberate on relapse of wearing men’s clothes”<sup>1</sup>). Famous movies (e.g., “The naked civil servant”, from 1977, “Boys don’t cry”, from 1999) document the problem of violence against queer aesthetics. Hotz-Davies (2011) and Mark (2011) studied a well-known case of street violence in 1930s London, whose target was Quentin Crisp, an effeminate male

gay, who became well-known after he published his memoirs.

Very little is changing right now. More and more persons express themselves online against gender stereotype clothing. In the last months, new voices appeared online, in an impressive number, defending gender stereotype defying clothing (e.g., men wearing skirts) among teenagers and fashion movements. In a larger sense, norms regarding clothing are being questioned even from neurological perspectives, the necktie being called in “Neuroradiology” by Lüddecke et al. (2018) *socially desirable strangulation*. So, we may say that the society we live in is far from being a safe space for queer aesthetics. How can the psychotherapeutic office, which is a part of *this* society, resist reenacting the same reaction towards queer aesthetics? This is what I will further analyze, with the help of CI. The interest in documentation was clearly stated several times in the CI, and we used a group chat to send and receive materials.

### **Queer and cisgender-heterosexual aesthetics, not queer and cisgender-heterosexual persons**

The queer aesthetic conduct can be performed by anybody. It may be permanent or provisory. It may be the conduct of someone who identifies as queer or of a cis-person.

During the meetings, the co-researchers tried several times to define what queer aesthetic was. They did it based on their experience, or on the knowledge they had on the topic. While there were nuances in their views, what seemed to be common was an aesthetic that questioned the traditional gender aesthetics (i.e., gender stereotyped clothing). This led us to define the later term as the established cisgender heterosexual aesthetic (Smelik, 2015). Mainly, any aesthetic that assumes a strong difference between the aesthetic of a man and that of a woman, will be called here cisgender-heterosexual aesthetic. The traditional aesthetic is not equal all over the countries. So, what is available here for us as being traditional, may be different for others (e.g., wearing a pierce is completely different in central Italy, where pierces for men are common, even among university teachers). Please find below some of its assumptions, as were discussed in our CI:

- Women ought to be dressed in a feminine manner. Men ought to be dressed in a masculine manner (Barry & Martin, 2016; Cross, 2010; Levi, 2006; Prickett, 2011; Rohde, 2016; Tesfay, 2009).

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<sup>1</sup> <http://primary-sources-series.joan-of-arc-studies.org/PSS021806.pdf>; <https://www.jeanne-darc.info/trial-of-condemnation-index/>



- Men must not put on or wear makeup (for sure, this assumption is not valid in the south eastern part of China, where more and more men are encouraged to use makeup, or in Japan's culture of cuteness for men).

- Women must remove have their body hair (Smelik, 2016).

- Men must not dye their hair.

- Men must not wear skirts or dresses, especially in social or formal situations (with the exception of: Muslims, Christian priests).

- Women must be slender and must use clothes to create this impression (Akoury, Schafer, & Warren, 2019; Rohde, 2016).

- Men must work out their muscles more than women (Barry & Martin, 2016).

- Respecting these rules becomes even more important in public and formal situations.

- A woman wearing informal clothes at work is criticized more than a man dressed informally at work (Mavin, Bryans, Waring, 2004).

So, when we refer to queer aesthetics, we refer to sartorial decisions that defy at least one of these rules (Smith, Blanco, 2015). We insisted on the idea that gender stereotype defying sartorial choices can be made by anyone, and that it may be part of their exploring experience. Of course, the traditional rules for dressing are not all the time made this clear. For example, especially regarding women's outfits, contradictory gender stereotype rules are put into function, as for being sexy and girly (Barton & Mabry, 2018; Graff, Murnen, & Smolak, 2012). These choices are not restricted to LGBTQA+ people or to members of subcultures. It was also important to stress out the fact that these decisions can be temporary or permanently performed, and that we ourselves (i.e., the six co-researchers) are engaged in these types of sartorial practices. Being able to define and redefine this term helped us recode past sartorial experiences and engaging in new sartorial practices. This definition also helped us to be more empathetic towards people who dress differently, acknowledging our own sartorial queerness.

### **The university and the psychotherapy training on queer aesthetics**

As Barry & Martin (2016, p. 5) wrote, "dress is paradoxically an intimate experience of the body, as well as a public presentation of it". While reflecting on the sources of "knowledge" about queerness and what influences our own decisions about disclosing or not queer aspects of ourselves in therapy, we found that both university and psychotherapy training were two

important actors, in interrelation. The most important acknowledgment resulting from the CI was that the university was far from being a safe space for queer aesthetics, that the university reflected society's aggression in almost all its forms. How was this impacting the psychotherapists and their services? Firstly, some of the psychotherapy trainings are run in the university (i.e., as Masters, parts of the Masters programs coordinated by the university). While this has advantages for students (e.g., they can become psychotherapists without covering costs for a full training, which is usually too expensive for a student in Romania), it has the disadvantage of exposing the student to the gender stereotype climate of the university. As the facts revealed in the CI indicate, this climate is attached to a heterosexual-cis gender aesthetic (i.e., with strong separations between men/ women, sexist dress codes etc.). Secondly, some of the psychotherapists were also working in the university as teacher assistants. That aspect complicated a lot their liberty of self-disclosing queer aspects of themselves. One of the participants in this research spoke about explicitly being threatened with losing her job, by the university representatives, unless she changed her "too masculine, too informal" outfits. Related to the university as also being a job place for some psychotherapists, a co-researcher observed changes, both in her manner of addressing sexual issues when she was teaching at university, and addressing qualitative methods of research, related to our inquiry. She found herself talking more freely about sexuality and more easily recognizing the things she did not know, trying to learn together with her students, reading and discussing new research.

All these made us rethink a good part of our training (both received in the faculty and the psychotherapy training) and, for the first time, capture the cis-normative and the heteronormative practices that were involved in them, disguised in scientific objectivity. Based on the participants' stories, when the professor or the trainer were referring to safe space for every client, they were most likely implying safe space for clients who engaged themselves in cisgender heterosexual aesthetic (the tendency being to 'imagine' a client without any 'nontraditional' attributes, like a Trans, queer, in this case, or anything else that is generally 'left out' from the cultural norm).

*"Maybe it will surprise you, I was surprised too, but in Experiential [training] we had a specific meeting on queer people... no, two meetings. It was a*

*total shock for me... I had perceived them [the experientialists] as being uninterested in gender issues. We had two meetings with a woman trainer... I don't remember her name now... She held a course during training, not very practical, unfortunately, but at least she was stating the problem [of gender]... and talked about what gender is, and what sexual orientation is... but she really talked about it, she stressed out very clearly that gender has nothing to do with sex... I would have never expected to hear this at X [name of the training association] because... Ah!... and I want to also say this, my supervisor [which was part of the same school of therapy] has a workshop, X [the name of the workshop]. in which she practically tells that there exist only men and women, and men have to learn to dress as men, and women [as genders] as women, from the moment they are babies, because, if not, it means they do not grow up to be sane. These weren't her exact words... but this was the idea" (a co-researcher).*

Based on CI shared stories like the one above, we found that the Experiential training contained 2 theoretical sessions (each of 4 hours) on LGBTQA+ issues, one focused on gender, and one focused on sexual orientation. Being useful for participants, it was also criticized for its lack of information regarding the A+ part, for focusing on "privileged" actors (e.g., the sessions related to an interview with the same quasi-famous Trans person, film director and Christian), and for the incongruence with other cis-normative parts of the training (e.g., the trainer told the participants not to assume that all people were cis, while she was doing exactly the same, by assuming that the participants were all cis). We can see in the transcript that the co-researcher had very low expectations from his training association, based on his previous experience of assisting to a cis-normative workshop, held by someone connected with the training institution. The CBT-training and the Gestalt-training had no module dedicated to gender issues. One participant was enrolled in a short CBT-course, on affirmative LGBT therapy, a 10 steps program for working with LGBT people, in vivo and online, focused on the internalized homophobia of gay men. We can conclude that the integration of gender issues in the available basic psychotherapy training is either absent (Gestalt therapy, CBT), or insufficiently carried out (Experiential psychotherapy). This puts the psychotherapist in the position of being vulnerable to gender stereotypes, or to train oneself by own means (which is unlikely to happen), all these being reflected in their sartorial judgments during psychotherapy.

### **A safer space for psychotherapist's queerness**

When talking about a safe space for queer aesthetics in psychotherapy we usually consider the client. The fifth session reversed the topic, by putting the emphasis on the safe space for the psychotherapist's queerness. Other stories have been shared on the pressure coming from employers (either university or kindergarten) or from clients themselves, that a therapist should perform a hetero-cis aesthetic. This stereotype of a heterosexual-cis therapist (e.g., a feminine-motherly-woman therapist) is combined with age-related stereotypes (e.g., the therapist should be an adult or a "wise old man"). It was an insight to some of us to realize that, as clients, we have expressed and sometimes still express this desire over our therapist to influence him into adapting to a certain social image, by means related to the outfit. There were two problems that we discussed on the topic: (a) the therapist's sartorial courage, and (b) the vital sartorial disguise (Rachel, 2018). A male co-researcher spoke about having a therapy session where he felt safe enough to wear intense red lipstick. This encouraged another female co-researcher to wear her pierce in the therapy sessions she was conducting and to reflect about the experience after that. In both cases the therapy sessions were not problematic because of the queer sartorial disclosure. On the contrary, the clients either received the changes in a spontaneous way or ignored it. Both co-researchers had these experiences in private practice. Those who were employed in institutions did not allow themselves to try such disclosures, so they were engaged in vital disguises.

*"It was a true panic [using the office of the institution where she was conducting psychotherapy with a queerly dressed client from outside the institution]. This place is very new age, it has mandalas everywhere, it is very colorful... in this space where I invited him, I did all I could to put aside the mandalas, Buddhism... but the chairs with flower print remained... and also the couch with flower print. And I said ok, I made it more secure for him and for myself... not to get distracted in the session, oh... by those mandalas. I was dressed up... as you see me now. I didn't have time to change my clothes. And then I started to panic when he entered the kindergarten... Oh my God, they will fire me... This was my inner discourse. I couldn't believe it; I knew it was coming from an inner voice... But I was aware of it. Oh my God! The parents will be outraged. There are some parents who only want to expose their children to beauty, what beauty means in the*

*conventional form, purity, angelic features... you got it. And to see a person wearing long hair, a pierce, and a black T-shirt with a wolf on it... this is... this is just... [laughing]... Then I did something... I asked him to use the back door... It was an adventure... that made me... an adventure on the inside, invisible for everybody else... But I felt so insecure, that I realized that... firstly, I can't offer this person a proper space because I don't know yet how to master these things related to owning a place that I could make neutral. [...] It was obviously based on my reaction to the way that person dressed, that I no longer feel safe to dress myself the way I used to in my Goth... or rock periods... at least in the place where I am currently working, I fear I would be very harshly judged and I would lose some resources" [a co-researcher].*

The anxiety that a psychotherapist, especially one working in an institution, may experience just by thinking of herself incorporating gender stereotype defying clothes (from her Goth period) seemed very clear in this passage. The co-researcher stressed out how she adopted a vital disguise in order not to lose a job and a space where she could carry out her private practice. The way this impacted the preparation of her session with a queerly-dressed client was also vividly described as an interior agitation, preventing others (children, parents, superiors) from noticing it ("*invisible for everybody else*"). I conclude that sartorial agency (Coleman & Neimeyer, 2014) could not be easily practiced by psychotherapists, especially when they worked for an institution.

### **Self-analysis of multiple selves**

In the third session, which I consider to be the peak (Smith, 2015) of this CI, we started doing what we know best as psychotherapists: self-analyzing (1) our queerness and its development, (2) the moments when we acted microaggressions towards the queerness of others, (3) the moments when this microaggression took place in psychotherapy. We asked ourselves if and when our queerness was aggressed, by whom (e.g., faculty, family), in which way (e.g., by harassment, verbal aggression, physical aggression), and whether we can use this knowledge in transforming our offices into safer spaces.

There was not enough time to share in the group all the personal stories that came to our mind. It was discovered that factors such as family, group of friends, school, faculty, job, street, or psychotherapy office were present in some of the stories as aggressors.

The aggressions ranged from passive aggressive behaviors of the well-intended friends, to physical violence in the subway from strangers. Because some of the participants had been colleagues, there were also stories in which present members of the group had been aggressors in the past. Personally, I consider this to be the peak of the CI thanks to the fact that such personal and delicate material was exposed, in an atmosphere where nobody reacted in a defensive way.

*"In my group of friends... I did not necessarily feel such intense aggression, but there was something that was slightly annoying... slightly... because when I put makeup on, like when I use lipstick, I do my eyes, and I wear more feminine clothes, to put it like this, people highlight this: 'Oh, you look so good, you look more womanly, you look so cute', and so on... Things like this... It is not necessarily an aggression, but..."*

*'It is a way in which they express their wish to see you look in a certain manner.'*

*'Yes, yes, they would like to see me like this more often...'*

*'Maybe to influence you...'*

*'You should wear lipstick more often, look how sexy you are, and so on.'*

*'I think this is very interesting, because I think it is a mistake that therapists can also easily make. To have a standard image of how a woman should look like and to...'*

*'Yes, especially like... 'Look, when you go to your job you could put more makeup on. You are beautiful, you are nice, but when you put makeup on you are more beautiful and nicer'. You know...'*

*'It is a manipulation actually, a Pavlovian reinforcement.'*

*'Yes, the woman must wear makeup and be dressed in a certain way to be seen and appreciated... I know these remarks are said... their intention is a good one... they are not mean... but it becomes stressful" [fragment of dialogue from CI].*

In this dialogical fragment it is clear how a co-researcher described a microaggression operated by her friends. She emphasized their good intentions and put it in the context of the others' aggressions ("*it is not such intense aggression*"). Her friends acted like Skinner, appraising the normative looks ("*You are so beautiful, so nice, so sexy*"), and ignoring the queer ones (the more masculine sartorial decisions). The dialogue opens a link to the sartorial microaggressions in therapy that function unconsciously in the same way.

### **Nonverbal self-disclosure and courage for sartorial agency**

The fourth session started with the observation that one of the co-researchers had a new different haircut, and he also told it was his first time going to the gym. The effect of the pressure to perform traditional aesthetics could also be confronted with a Freudian counteridentification mechanism. He realized that in the CI, and for the first time in his life started to go to the gym. In this case, exercises on his sartorial agency had clear stages during the inquiry. Just before the inquiry he had cut his hair by himself. In the third session he went to a professional for a new, different haircut. In the fourth session he dyed his hair for the first time. He continued to work as a counselor, registering clients' reactions in all these stages. His findings were congruent with the other experiences discussed in the CI, when these sartorial disclosures did not interact in any negative way with the counseling or psychotherapy process.

The issue of a queer therapist most of the time choosing not to disclose his aesthetics, but to hide it under a heterosexual-cis one, is an important topic in self-disclosure, and especially in *nonverbal self-disclosure literature* (Stein, 2011). Our cooperative inquiry shows that his decision was based, at least in the cases we studied, on fear (e.g., the fear of losing his job, or of losing his clients), and this was problematic regarding his congruence as a psychotherapist, and regarding the hetero-cis model that he was choosing to perform in front of his clients and his superiors. How can I help someone affirm his queer self, when I hide mine while talking to him? I do not advocate for the simple solution of coming out (Harrison, 2006), because sometimes it may really mean losing a job, or a client, or more. I just affirm that the solution of non-disclosure may not always be the best, and it is not always used based on a scientific inquiry.

In this context, changes have been performed spontaneously between sessions, occurring on more levels. Regarding the romantic level, a co-researcher broke up with her boyfriend during the CI. One of the issues of her relation was precisely her resistance to heterosexual-cis aesthetic norms (e.g., shaving the hair on her legs). Based on her words, the group acted also as a therapeutic one. Chowns (2008) also observed this possible therapeutic effect of cooperative inquiry groups. In virtual life, another co-researcher changed her WhatsApp picture with one that disclosed her pierce, and also disclosed it in her therapy sessions, besides her initial fear that by doing so she might act

out of narcissism (i.e., the session would be about her). The action was encouraged by another participant's disclosure that he had a therapy session wearing an intense red lipstick, after a careful self-analysis. Another co-researcher dyed his hair in a powerful color for the first time and observed how that changed his everyday life, particularly walking on the street, and being a target for microaggressions. That helped him better understand how someone who performed a queer aesthetic experienced everyday life activity. He also searched for a psychotherapist and recorded his experience of having that image while being engaged in psychotherapy as a client.

### **IV. Discussion**

Barnett (2013), referring to sexual feelings in psychotherapy, wrote that "more research is needed (...) it is evident that avoidance, denial, and minimization are not likely to assist psychotherapists to effectively make sense of and appropriately manage these feelings" and "many psychologists report inadequate attention to these issues during their training" (p. 176). Nothing can be truer about the feelings involved in gender stereotype defying clothing, as shown in this cooperative inquiry. Including queer theory in the psychotherapy training, and then learning experientially how to manage the emotions that come with clothes, may be useful both to therapists and clients (i.e., the dissatisfaction of LGBTQA+ people towards therapists' stereotypes).

Following a Popperian logic (finding the cases that contradict the general assumption of *safe space for all* in therapy), this paper proves that *the psychotherapy office is not a safe enough space*, and more specifically, not a place to perform sartorial agency, both for the clients and for the therapists who engage themselves in wearing clothes that defy gender stereotypes. The cis-normativity of the institutions that hire or train the therapists, constrains queer therapists, while the cis-normativity of the therapists constrains the queer clients, also at the level of sartorial agency. While other papers have already proved the failing of the therapeutic safe space regarding cultural and ethnic issues, this is the first paper to prove the failing of the therapeutic safe space at the level of clothing-decisions, and to address both the microaggressions acted by the psychotherapists, and those acted upon the therapists (by institutions). Acknowledging this problem is the first step in creating a safer space for queer aesthetics in therapy.

The fact that fewer and fewer people have been requesting psychotherapy in the last two decades<sup>2</sup>, and that most of clients abandon therapy after the first session (Chow, 2018) may also be attributed to the lack of training sensitivity that therapists exhibit regarding the queer theory, at least in the case of the younger and highly educated clients. It is easy to look to the queer movements such as the Prides, to see that they are growing faster every year, along with the queer cyber communities. So, an increasing number of young people are becoming more and more educated regarding queer knowledge.

The inquiry proved to be useful, both in enriching the researcher's awareness on the topic of queerness, and for empowering the participants to engage in a new aesthetical conduct (in their private real/cyber lives, and in their offices). These two points may help us better understand that clothing and aesthetics in general are not inert parts of the psychotherapeutic process, but dynamic ones. What is more, a variety of possible clients are being left out also on reasons that have to do, surprisingly, with aesthetic issues (e.g., the cis-normativity of the psychotherapists).

### **Limitations and further research**

Although the conclusions of the study proved themselves as being helpful to the co-researchers involved, the qualitative nature of the Cooperative Inquiry did not permit them to be generalized. Many other efforts have to be made in order to be able to generalize affirmations about creating a safe space for queer aesthetics in psychotherapy. Inevitably, the research produced general conclusions, but these generalizations must be read as pragmatic and moderate assumptions. Regarding the general conception, that therapy is a safe space for everybody and a safe space for sartorial agency, the study used a Popperian logic, that far from searching for a generalization, is focused on the exceptions (persons wearing gender stereotype defying clothing), which render the generalization false.

Other naturalistic studies regarding the role of clothes in psychotherapy would be very helpful for practitioners, so that their aesthetic decisions could be based on research and not on prejudices, habits or on blindly following what the supervisor says. Gender stereotype defying clothing can play an important role

in a client's self-exploration. And, in general, the clothing aspect, the multiple selves involved in clothing, need more research. Also, the pressure to experience the normative or "right" emotions (Jasini, de Leersnyder, & Mesquita, 2018) can be studied in relation to the anger in the presence of gender stereotype defying clothing, which could constitute a fruitful direction of research, for the therapists to understand their feelings when confronted with their own aesthetic or others'.

### **V. Conclusions**

*The psychotherapy office is not a safe space to perform sartorial agency, both for the clients and for the therapists who engage themselves in wearing clothes that defy gender stereotypes.* The universality implied in "Therapy is a safe space for everybody" is far from being true in the case of queer aesthetics.

*Gender studies or queer theory were either absent* (as resulted in our CI in the cases of Cognitive Behavior Therapy and Gestalt therapy), *or insufficiently present* (in our CI, in the case of Experiential psychotherapy) *in the basic therapeutic training.* The co-researchers of this study spoke about the need of altering the basic psychotherapy training, by making it more queer-aware. At the end of the psychotherapy-training any psychotherapist should at least have the basic knowledge on the difference between a demiromantic and a demisexual. While this is not happening, there are little chances that a queer person (e.g., an asexual, an aromantic) will ever feel welcome in therapy. This conclusion may explain a part of the decisions of not going to therapy, the drop-out rates, or the deterioration of the therapeutic alliance. The young people are more and more aware of gender issues, which cannot be inferred about many psychotherapists. This imbalance can be fixed with a better gender education in psychotherapy schools. Therapists' awareness on gender issues should be regarded as a common factor in psychotherapy. The present lack of quality training on queerness makes therapists vulnerable to gender stereotypes or puts them in the situation to educate themselves (which, based on our CI, they are not willing to do, as this would mean extra time and effort, with no support for them). Further psychotherapy training, based on gender studies, and done in an experiential-pedagogical manner may be the most important factor

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<sup>2</sup> "And nowadays, fewer and fewer are turning to psychotherapy – 33% less than did 20 years ago – and a staggering 56% either don't follow through after making contact or drop out after a single visit with a therapist" (Scott Miller, <https://www.scottdmiller.com/the-missing-link-why-80-of-people-who-could-benefit-will-never-see-a-therapist/>; see Guadiano & Miller, 2012; Marshall, Quinn, & Child, 2016; Swift & Greenberg, 2014, apud Miller).

which could help the psychotherapy offices become safer spaces.

The present paper also responds to the therapist self-disclosure (TSD) literature call for qualitative studies regarding nonverbal self-disclosure in psychotherapy (e.g., Farber, 2006; Geller, 2018; Jackson, 2018). Based on our inquiry, *TSD is mediated by the psychotherapist's fear of losing his/ her job, or his/ her clients, or by the fear that this decision can be a narcissistic one, at least in cases of disclosing a queer sartorial aspect.* The participants' cycles of reflection and action have shown that the danger of acting narcissistic and *the fear of losing a client, or of focusing the therapeutic process on the therapist, have been proven in their experiences to be imaginary, or at least overestimated, both in the therapy sessions and in their cyber-presentation.* Our conclusion in these cases was that the fear of TSD was based on a cis-normative habit, that was later rationalized in economic (i.e., losing a client) and psychological terms (i.e., becoming narcissistic). We considered TSD as a possible way of constructing a safer space for queer aesthetics. Still, no one adventured to test the hypothesis while working for an institution. In that case, prudence and vital disguising continued to be the rules. The psychotherapists' self-disclosure of queer aesthetics can help in creating a safer space for the queer aesthetics of the clients. Individual or group *self-analysis of psychotherapists' queer self* or *queer clothing self* (moments of queerness, the history of these moments) *and the analysis of therapists' aggressions towards other's queer-selves can be a useful instrument in creating a safe space.* Such an exercise may help psychotherapists develop empathy and accept queer parts of themselves and of their clients. Probably it should become the cornerstone of the educational program that we were talking about earlier.

*Therapeutic alliance* is indisputably one of the most powerful factors responsible for the output of therapy (e.g., Wampold, 2016). The failing to create a safe space (i.e., the presence of microaggressions) is reflected in the deterioration of the therapeutic relation, the drop-out rates (Chow, 2018; Johnson, Price, Mehta, & Anderson, 2014) and the decision of not seeing a therapist (Chow, 2018; Miller, 2017). If we were able to respond to such questions, then some consequences would follow, both for the practical and theoretical aspects of psychotherapy. Regarding the practical part, it is important to make the psychotherapy service available to as many clients as possible, not just to those who engage themselves in traditional aesthetics (i.e., wearing clothes that do not defy gender

stereotypes). Of course, for increasing the number of queer friendly psychotherapists, or at least to increase the number of queer-clothing friendly psychotherapists, many other efforts must be made, and a way of putting psychotherapists in contact with the research must be created. Regarding the theoretical part, the theory of therapeutic alliance is not precise enough (e.g., when speaking about alliance with varied clients), as long as it keeps queer aesthetics outside the safe space (Harrison, 2006). It must be enlarged, extended, and able to adapt itself to the variety of possible clients. It should not be grounded on generalizations based solely on dominant heterosexual cis clients' aesthetics (i.e., traditional clothing). The very definition of a safe enough space has to be understood and practiced as one involving a place where someone can feel accepted, or at least not in danger, when he performs any aesthetic decision or exploration of his own body, be them in contradiction with the aesthetic habits of the given society (Lunceford, 2010). The practical problem of spontaneity (e.g., responding to negative affect, responding to a compliment, comments about clients' clothing) in psychotherapy (Markowitz & Milord, 2011), and especially the spontaneity involving sartorial observations (Kahr, 2011) may find insights in our cooperative inquiry. Also, a safe space should be understood as a non-aggressive place both for the queer aesthetic of clients and for the queer aesthetics of therapists.

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