RaY

Research at the University of York St John

Chapter 11

Social Justice Informed Therapy and Gender

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Overview

Injustice anywhere is a threat to justice everywhere. (Martin Luther King, Jr, 1963)

This chapter focuses on key issues, concepts and practices for working with gender in therapeutic contexts and considers embedding socially just and informed approaches in therapeutic work associated with gender. This topic is seldom covered in any depth or detail on counselling or therapy training courses, yet it is central to human beings' lived experiences and perspectives and is a core area of human mental health and wellbeing. In recent years, gender work has taken on compelling, complex and conflicted dimensions, with increasing focus upon marginalised gender minorities, and in particular transgendered people. In sociology and psychology, gender is now recognised as a complex psychosocial construct (Levitt, 2019) and this chapter conveys both the complexities of gender and the injustices experienced by those who represent a range of gender identities. In terms of defining gender, the World Health Organization describe it as:

characteristics of women and men that are socially constructed, while sex refers to those that are biologically determined. People are born female or male but learn to

be girls and boys who grow into women and men. This learned behaviour makes up

gender identity and determines gender roles. (World Health Organization, 2002)

Whilst this definition hints at nuanced concepts of gender, it excludes inter-sexed people. Other exclusions include those who identify as non-binary and those who are transgendered. Notably, WHO published an updated International Classification of Diseases (ICD11) in 2018, in which transgender was no longer classified as a mental disorder. To support deeper understanding of how people express their gender identity, practitioners can seek definitions and descriptions that offer inclusive, non-oppressive, psychosocial definitions that have value and meaning for both clients and their therapists. There is agreement that pre-existing definitions do not capture gender and recent studies have sought to generate frameworks for diverse gender identities, including sexual configurations theory (Abed et al., 2019) which offers a more inclusive biological and cultural understanding of gender and has been valued and well received in studies with gender and sexual minorities; however, it requires further research with those who identify as heterosexual. This chapter presents content to support working with gender, poses questions for reflection and invites reflexive practice. It also provides resources and signposts helpful materials, with the aim of providing support for practitioners to develop their *practice toolkits* for working with gender. The term *practitioner* is used here to denote a range of distinct roles within helping professions including *counsellor*, *psychotherapist*, *therapist*, *counselling psychologist*, *supervisor*, *researcher* and *trainer*.

Concepts of Gender

Gender is a concept that conveys an aspect of human identity. It impacts all humans. At the core of human life are organising systems and protocols, gender and sexual identities and norms, and heterosexual or LGBTQI+ relationships that play out in the context of patriarchal and heterosexual cultures. The patriarchy has been described as a system of inequality that has features and dynamics like racism or classism (Hartsock, 1983). Gender roles of 'woman' and 'man' predominate. However, a male/female gender binary, rooted in invidious colonial concepts, no longer adequately captures, or represents, changes in how gender is perceived and enacted in global cultures across recent decades (Lindqvist et al., 2021). Moreover, a binary system excludes those who see themselves outside of or between the usual gender dichotomies. Whether intentional or unintentional, this excludes those who do not sit within a male/female dichotomy (Lindqvist et al., 2021), including people who are non-binary or who are biologically inter-sexed.

External and internalised discriminatory attitudes and behaviours – *whether known and intentional or edge of awareness/out of awareness* – can elicit negative assumptions or microaggressions related to gender. For example, I have lost count of the number of times people have presumed that my life partner is a man; I am married to a woman. My wife and I have been together for over thirty years. My own encounters and connections with gender and the evolution of ways of expressing my gender and sexuality have shifted across the decades. I am contented in my life, as a woman, married to another woman. I eschew personal 'labels' such as lesbian, whilst also recognising that for many, 'labels', or gender and sexuality identifiers, are an important

part of social, relational, community, cultural and political identities. I have researched with, worked with and counselled people from LGBTQ+ communities, as well as people who identify as heterosexual or inter-sexed, and my lived experiences reflexively inform my personal and practitioner conceptualisations of gender.

Although gender expression and sexual preferences may be protected in law (UK), discriminatory and oppressive situations continue to be common occurrences for gender minorities. A prime example occurred recently in the UK. The government demonstrated potentially oppressive decision-making when it excluded trans people from new legislation banning conversion therapies (The Guardian, 2022). This represents an important area of gender identity, yet it is essential that non-discriminatory and inclusive evidence-based research and informed decisions contribute to bringing about appropriate change and protection.

Gender Injustices

The notion of *justice for gender* is central to this chapter. Gender injustices prevail across multiple gendered contexts including, for example, women and men as victims of domestic violence, women having less workplace opportunities, and women from black and ethnic minority groups who face intersecting and interlocking injustices associated with female gender, misogyny and racism. These examples raise social, cultural and political dimensions that have sat in uneasy alliance with the world of counselling and psychological therapies. Yet clients, by the very nature of their citizenship and lived experiences, bring the external world into consulting rooms. Practitioners need to be alert to how their clients encounter, or are subjected to, gender injustices and microaggressions.

Issues associated with gender equality, diversity and inclusion exist across cultures and countries. Parmenter et al.'s (2021) research on LGBTQ+ and people of colour (PoC) highlights interlocking forces that intensify discriminatory or heterosexist behaviours and experiences. Their project found that LGBTQ+ PoC felt excluded from predominantly white queer communities and did not experience the benefits of solidarity, group identity, belonging and kinship that can accrue through being part of minority LGBTQ+ communities.

Researchers have explored multiple and complex issues associated with gender, yet few pragmatic practice solutions have been identified. To provide a research context conducive to inclusive engagement with gender minorities Levitt and colleagues (2022) used creative writing to elicit LGBTQI+ peoples' perceptions and experiences of injustice, exclusion and discrimination. The writing activities took place within a non-pathologising, accepting and facilitative context, enabling more authentic and meaningful engagement. Provision of an inclusive, non-discriminatory clinical and research environment is likely to be a core condition that can contribute to successful therapy.

Intersectionality

Complex intersecting and interlocking forces can impact peoples' perceptions of and attitudes towards gender, within both therapeutic contexts and wider society. Intersectionality identifies multiple factors of advantage and disadvantage (see Chapter 3). Examples of these factors include gender, sex, race and ethnicity, class, sexuality and disability.

The concept of *intersectionality* was first introduced by a feminist law scholar in the late 1980s (Crenshaw, 1989). Kimberlé Crenshaw identified and explored interlocking factors that disadvantaged women. Crenshaw's work identified multiple interlocking systems of power and pervasive oppression faced by women who were members of black and minority ethnic groups. Such interlocking systems of oppression can also operate to further disadvantage individuals whose gender identity is more fluid than the dichotomous male/female binary (Collins & Levitt, 2022; Levitt, 2019; Parmenter et al., 2021). The more interlocking factors and forces there are, the more oppressive and limiting it is for persons subjected to them, and the greater the need for practitioners who can facilitate inclusive and collaborative practices.

Critical Praxis

When developing an understanding of how interacting forces or factors might influence clients presenting for psychological therapies and mental health support, it is helpful to critique any limiting or excluding contexts and processes. Essentially, *critical praxis* (Kridel, 2010) involves the critical and reflexive 'unpacking' and critiquing of protocols and practices. This cultivates a way to remain informed and up to date. Fostering an inquisitive and critical inquiry approach when working with people who present with gender issues or challenges will provide a fertile context in which factors and experiences can be collaboratively explored.

Core Principles

This section considers ways of working that embed justice and facilitate compassionate, collaborative and constructive decision making during therapeutic work associated with

gender. Table 11.1 below sets out key knowledge and skills to support working with gender. The knowledge, skills and ways of working are derived from key authors and papers noted in this chapter, as well as from principles and practices derived from relational ethics (Gabriel & Casemore, 2009) and pluralistic approaches (McLeod, 2017; Smith & De La Prida, 2021).

Additional explanatory narrative, to illustrate content from the table, is provided. This is offered in the spirit of an approach to working with gender that is non-discriminatory, inclusive, dialectical, and brought into being and experiencing through the practitioner and client/person intentionally working in co-productive ways. This approach is followed in the case study below, to exemplify key aspects of working with gender in a psychological therapies context.

Essentially, the information offered here can be construed as *practitioner toolkit* materials. Having a literal or imaginary toolkit bag can be a great practice aide. My own toolkit bag is real, in the form of a beautiful large carpet bag full of artefacts, creative materials, and objects that I have used in practice across three plus decades.

Table 11.1 Key aspects of working with gender in therapeutic contexts

Meta-components for working with gender	Competencies
Knowledge and understanding	- Reflexivity as a *way of being* - Knowledge that genders are fluid, not fixed; there are multiple gender identities - Understanding that seemingly intractable and contradictory factors, forces or variables co-exist in states of oppression or intersectional disadvantage - Intentional practice to actively build cultural competency

	• Open to learning from clients with lived experience • Understanding of internalised oppression, discrimination or injustice • Awareness of rights groups and political, cultural, social and community influences in relation to gender • Recognition and understanding of women, gender and wellbeing • Recognition and understanding of men, gender and wellbeing • Recognition and understanding of LGBTQI+ gender identities and wellbeing • Knowledge of people who are biologically inter-sexed • Understanding that people may be defensive and feel unable to share, because of past experiences of pervasive oppression, discrimination, exclusion or 'gaslighting' and multiple microaggressions • Knowledge of specialist charities and organisations for networking, referrals and client access
Skills	• Practitioner reflexivity • Relational skills including compassionate presence, authenticity, congruence, being non-judgemental, relationship building and communication skills • Creation and co-creation of a helping context that is conducive to collaborative conversations and open to exploration of gender and sexual identity matters • Create a supportive therapy environment and relationship for clients to share their current gender/sex identity • Able to explore gender if the client wants to, or feels able to • Develop dialectical discussions – identify opposing forces, conflicting or troubled content, people and events, and generate mediating and enabling conversations in collaboration with the client • Able to facilitate collaborative, co-produced decision making between practitioner and client

	• Capacity to challenge own and client's internal and external injustices through compassionate conversations • Able to share relevant information in the spirit of positive dialectical discussion within a therapeutic context
A pluralistic framework for working with gender	• A collaborative, dialogical, co-produced and compassionate way of working with gender • Co-created contracting and decision-making throughout therapy • Identification of client preferences to build client participation, ownership and agency in the helping process • Use of reasoned and deliberate practice, in dialogue with clients • Use of meta-communication throughout therapy work • Development of therapeutic concepts and theoretical choices, decisions and practices in collaborative dialogue with the client

Knowledge and Understanding

Practitioner reflexivity is central to all helping work. It can be both embedded in a practitioner's way of being, and perceived as a skill that can be engendered as appropriate to the clinical or mental health context. Reflexivity is essential when working with the complexities of gender and associated identities, enabling organic, fluid and compassionate critique of helping practice. Ethical reflexivity also provides 'scaffolding' that supports both practitioner and client in flexing therapy process, content and relationship (BACP, 2021). This is important, as some perceive and experience gender as a fluid and dynamic state, not a fixed entity. For those questioning

their identity, there are multiple gender identities that could be involved in their processes of exploration. Working reflexively also supports practitioners to work with paradoxical, seemingly intractable, contradictory factors, or forces, which can co-exist in states of oppression or intersectional disadvantage.

Knowledge to inform your intentionality and associated actions as a reflexive practitioner continues to build over years, as information, abilities, skills and practice hours are accrued. When first working with gender in a helping context, aim to explore intentional practice and build cultural competency. Research the subject of gender through professional texts, research papers, reports and, importantly, actively listen to and learn from people with lived experience. Enhance your knowledge and understanding of gendered roles, societal perceptions of binary gender stereotypes of 'man' and 'woman', as well as LGBTQI+ people, and those who are inter-sexed.

As part of generating a conceptual understanding of gender work, build your awareness of local or national rights groups and political, cultural and social influences operating in and influencing communities and societies in relation to gender. To support reflexive and informed practice, build networked 'communities of courage' that can influence dissipation of discrimination and oppression. Identify potential referral pathways or portals, including supervisory contexts in case you encounter aspects of gender that are outside your competence or comfort zone, and you need to seek information or support. Aim to build 'networks for courage' – that is people with whom you can discuss or challenge concepts, ideas, instances or events when working with gender. For example, this network could include your supervisor, as well as colleagues in specialist agencies, or practitioner colleagues in a professional support group.

Skills

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Alongside knowledge and understanding, practitioners' core skills of compassion, care, authenticity, congruence and being non-judgemental sit well with relationship and communications building abilities to create a context conducive to collaborative conversations. Whatever a practitioner's core training or education, these skills can prepare the therapy context for therapeutic work where the client can be invited to share their gender and any associated issues or injustices in an inclusive and supportive space. It is possible to challenge internal and external injustices through compassionate conversations.

In therapy work with gender, it can be helpful to develop *dialectical discussions*. In essence, a dialectical discussion within the context of a supportive therapy space provides a reasoned and relationally ethical way of exploring opposing forces, or conflicting content, people or events that are contributing to a client/person's issues or situation. In some therapy approaches this can translate as 'parts' work, with intentional work with different 'voices' or 'parts' representing conflicting internalised material being presented by the client. Dialectical discussion can in turn inform the generation of mediating and enabling conversations and narratives. See Shapiro's (2016) helpful publication on working with ego parts.

Skills of value for generating dialectical discussions include having a well-developed *repertoire of interpersonal skills* to support the therapeutic holding of opposing content and processes within therapy sessions. Importantly, the process can involve *distress tolerance skills*; working collaboratively with the client to identify resources, activities and points of support during difficult moments. These might include people and places of support, as well as self-soothing activities.

Using a Framework to Support Practice

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A pluralistic approach offers a collaborative way of working with gender. Given that people presenting in therapeutic settings with gender issues are likely to have encountered multiple injustices, a pluralistic approach, which holds social justice central to therapy concepts and practices, provides an effective way of framing the work and relational processes. You can use a range of evidence-based interventions and approaches commonly included in a pluralistic framework for therapeutic practice, including the following:

- *Case formulation* – working with the client to identify therapy aims and ways of working, including which therapy approaches could be integrated into the therapy content and process.

- *Working with client preferences* – the conditions and activities that clients want or prefer.

- *Collaborative decision-making* – begins from the beginning of therapy and remains through to completion, involving both client and therapist in making decisions about therapy content, process and progress.

- *Meta-communication* – in essence, communication about what and how client and therapist are communicating; a reflective and reflexive process that can richly deepen the meaning-making potential of the therapy.

See Cooper and McLeod (2010), Cooper and Dryden (2016), McLeod (2017) and Smith and De La Prida (2021) who offer a range of excellent texts on working pluralistically, and their publications provide accessible practitioner resources.

Those working within the psychological professions will encounter gender in multiple ways – whether as a known/unknown, or intentional/unintentional aspect of the therapy content and process. Some practitioners may find it a challenging prospect

to explore a person's gender and it is likely that not all practitioner training courses will provide adequate content on working with human gender, leaving practitioners inadequately equipped.

Increasingly, gender minorities are likely to consider entering the psychological professions as a means of providing accessible therapy. It is essential that the professions can provide adequate training, as well as representation of minorities within an education and clinical context. Of contemporary significance, and thus by necessity front and centre for professional bodies and practitioners from the psychological professions, is the challenge faced by trans people. This is a professional and societal challenge that will continue to play out in the next few years and one that practitioners cannot ignore. Additionally, other LGBTQI+ clients will continue to experience discriminatory societal attitudes and access to supportive psychological therapies will be important for many. As noted earlier in the chapter, challenges faced by women in patriarchal cultures will continue to be presented in clinical contexts. Additionally, archaic and toxic colonial attitudes will continue to be challenged as we advance our theoretical, conceptual and pragmatic frameworks for effective work with gender.

The case study below provides a clinical example and links the client experience to chapter content, to exemplify working with gender in a therapy context.

Case Study: Deborah

Deborah presented for counselling for depression and anxiety in a community counselling service where clients could access up to 20 sessions of therapy. Early in the counselling work, Deborah disclosed that they were a transgendered woman and were struggling to adjust to the loss of their marriage and the associated family and friendship relationships. Their wife was unable to accept Deborah's presentation and presence as

a woman and had left the marital home, taking their three children. Longstanding friendships with cis and heterosexual couples they had previously socialised with were fast disappearing. Hostile responses from family members meant that Deborah was feeling excluded and isolated. They worked as an accountant and for the past year had been living and working as a woman. Some colleagues shunned Deborah; several seemed ok with their new gender identity and did engage in the workplace, although did not include them in any social activities. Increasingly Deborah was feeling alone and isolated and hoped that counselling could help them move forward in life.

For years they had felt like they were 'in the wrong skin' and to shift their public and private identify from Martin to Deborah was a phenomenally fraught experience. Their transition from male to female was traumatising, yet they felt driven to be the person they wanted to become. Their wife initially supported Deborah's exploration of their gender, but swiftly became antagonistic when they realised their partner seriously questioned their gender identity and was serious about wanting to transition from a male to female identity.

Deborah's counsellor, Sarah, identified as a heterosexual woman and used the pronoun 'she'. Sarah had experience of working with people from diverse sexual identities and knew Heidi Levitt's psychosocial conceptualisation (Levitt, 2019) of therapeutic work with gender minorities. Levitt's model identifies four key domains of significance for work with trans people: psychological, cultural, interpersonal and sexual. Each of these plays a part in the lived experience and perceptions of gender minority people. For Deborah, the psychological impact of recognising that their identity was not male but female was both heart-breaking and ground-breaking.

In working with Deborah, Sarah shared in therapy how working with the four domains identified by Levitt's research could provide a helpful framework for Deborah

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and Sarah to explore aspects of gender and identity; in particular, how these manifested and were lived and experienced by Deborah. Working through the psychological, cultural, interpersonal and sexual domains brought new understandings and insights for Deborah, who came to realise that transitioning to being a woman was a central aim. Deborah and Sarah explored internalised shame and oppression, stigma in work and relational contexts, building new connections and relationships, and recognition of the sexual dimensions of transitioning, including sexual preferences as well as Deborah's physical presentation. Throughout the therapy, Deborah and Sarah worked collaboratively to make decisions on therapy content and process and, over time, Deborah found learning about and encountering new concepts and ways of working in the secure therapeutic setting could be transferred to connections and interactions outside of therapy.

Deborah found dialectical discussions and associated creative parts work a helpful 'tool' to challenge internalised shame and oppression, as well as to build confidence in their life and gender choices. Deborah and Sarah worked together for a year, following which Deborah was planning future surgery to support their complete transition to living as a woman. Additionally, with Sarah's encouragement and affirmation, Deborah was networking and socialising with LGBTQI+ people and building a sense of belonging and community, as well as competence and confidence to be authentic and congruent in their lived life as a woman.

In this case study the therapist, Sarah, was a compassionate, competent and conscientious presence for the client. They were aware of potential implications of political decisions taken by a government – that is, the UK government decision not to include transgendered people in their bill to protect people from conversion therapies. This generated significant tension and anxiety for the therapist and raised the

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challenging question of how they could influence political and professional actions in relation to people from gender minorities. The client had already received treatment and was awaiting surgery. For others who have not transitioned yet, the climate could be less conducive to positive and proactive gender transitions. Whilst professional bodies have a responsibility to lobby and campaign for humane actions for transgendered people, lobbying groups and individual practitioners too are called to action. Transgender issues are politically, socially and culturally contended, as well as emotionally charged and divisive. Acknowledging multiplicity and flexibility is essential, along with awareness of internal and external biases or discriminatory attitudes (West et.al., 2021). In this respect, practitioner reflexivity and the judicious use of supervisory contexts are essential to support good practice and to minimise unintentional or intentional injustices.

Conclusion

Gender is a richly complex and diverse aspect of human existence and one that continues to evolve over time, particularly in relation to trans identities and societal and political oppression. It is evident that human gender and sexual expression are complex representations of personal and relational preferences and understandings, and perspectives and therapeutic approaches will continue to evolve over time. A pluralistic approach, with its overt vision and aims of challenging injustices and working collaboratively to co-produce therapeutic content and processes, offers an excellent framework for working with gender. Materials to support this work have been highlighted in the chapter and are included in the reference list.

The chapter has provided key content to utilise when working with gender in a therapy context. A core takeaway message is the importance of remembering the value

of utilising an organising framework for work with gender – one that values justice and foregrounds co-produced, collaborative ways of working. Table 11.1 provided components to inform the work and in the sections above offered explanatory narratives and ways of working that can be utilised individually, or in seminars, training or supervision contexts.

The final sections below signpost further reading and resources, as well as key questions to inform good practice in working with gender. These could helpfully be explored in a training or supervisory context to support development of competencies and appropriate ways of being when working with gender.

Reflective and Critical Thinking Questions

1. What impact might internalised oppression have on clients from gender stigmatised, gender non-conforming and LGBTQI+ communities?

2. How might external oppression and disenfranchisement impact people from gender stigmatised, gender non-conforming and LGBTQI+ communities?

3. What therapeutic approach(es) might best fit working with clients on matters or content associated with gender?

4. How can I keep my knowledge and understanding of human gender and associated matters up to date?

Recommended Reading and Resources

GIRES – Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk); a UK charity who provide support for trans people as well as resources for those working in the field.

Generate (generateuk.org); a UK based charity that provides support for people questioning their gender identity, as well as information to inform those who work with people questioning their identity.

ManKind Project UK and Ireland (mankindprojectuki.org); a UK and Ireland charity who provide practical, emotional and psychological support to men, as well as resources of value for those working with gender.

Women's Aid UK (womensaid.org.uk); a UK charity who provide support to women and children, as well as crisis accommodation.

Gender Identity Development Services (GIDS) (tavistockandportman.nhs.uk); The UK government announced in July 2022 that the Tavistock gender identity clinic will close, and gender identity resources will be offered in regional locations or hubs. Further information is expected to be released later in 2022.

References

Abed, E. C., Schudson, Z. C., & Gunther, O. (2019). Sexual and gender diversity among sexual and gender/sex majorities: Insights via sexual configurations theory. *Archives of Sexual Behaviour*, *48*(5). https://doi.org/10.1007/s10508-081-1340-2

BACP. (2021). GPiA044. Ethical decision-making in the counselling professions. BACP.

Cooper, M., & Dryden, W. (2016). The handbook of pluralistic counselling and psychotherapy. Sage.

Cooper, M., & McLeod, J. (2010). Pluralistic counselling and psychotherapy. Sage.

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. Columbia Law School.

Gabriel, L., & Casemore, R. (2009). Relational ethics in practice: Narratives from counselling & psychotherapy. Routledge.

Hartsock, N. (1983). Sex and power: Toward a feminist historical materialism. *Psychology of Women Quarterly*, *43*(3) 275–297.

King Jr, M. L. (1963) Letter from a Birmingham jail. *Birmingham News*.

Kridel, C. (2010). Critical praxis. In *Encyclopedia of curriculum studies* (Vol. 1, p. 151). SAGE Publications. https://dx.doi.org/10.4135/9781412958806.n90

Levitt, H. (2019). A psychosocial genealogy of LGBTQ+ gender: An empirically based theory of gender and gender identity cultures. *Psychology of women quarterly*. Vol. 43(3) 275-297.

Levitt, H., Collins, K.M., Maroney, R.M. & Roberts, T. S. (2022). Healing from heterosexist experiences: A mixed method intervention study using expressive writing. Psychology of Sexual Orientation and Gender Diversity. 9 (2), 152-164. https://doi.org/10.1037/sgd0000478Lindqvist, A., Gustafsson Sendenb, M., & Renstrom, E. A. (2021). What is gender, anyway: A review of the options for operationalising gender. *Psychology and Sexuality*, *12*(4), 332–344. https://doi.org/10.1080/19419899.2020.1729844

McLeod, J. (2017). *Pluralistic therapy: Distinctive features* (Psychotherapy and counselling distinctive features). Routledge.

Parmenter, J. G., Galliher, R. V., Wong, E., & Perez, D. (2021). An intersectional approach to understanding LGBTQ+ people of color's access to LGBTQ+ community resilience. *Journal of Counseling Psychology*, *68*(6), 629–641.

Shapiro, E. (2016). Easy ego state interventions: Strategies for working with parts. Norton.

Smith, K., & De La Prida, A. (2021). The pluralistic therapy primer: A concise introduction. PCCS Books.

The Guardian (2022). LGBT groups quit UK conference over failure to ban trans conversion practices. LGBT groups quit UK conference over failure to ban trans conversion practices | Transgender | The Guardian

World Health Organisation (2002). Integrating Gender Perspectives in the work of WHO. WHO Gender Policy.

West, A., Wada, K., & Strong, T. (2021). Authenticating and legitimizing transgender and gender non-conforming identities online: A discourse analysis. *Journal of LGBTQ Issues in Counseling*, *15*(2), 195–223.