

# Heteronormativity and barriers to successful career interventions: An exploratory study

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**This** paper reports on the findings of a small-scale action research study. The aim of the research was to examine the extent to which heteronormative bias exists amongst a small sample of career practitioners. This was explored within the context of a simulated one-to-one consultation which research participants viewed online. A central question for the research was the extent to which practitioners operated from a heteronormative perspective and the potential impact this could have on 'LGB/T' clients. The main finding from the research was that the majority of participants seemed to operate through such a lens which could have detrimental consequences for clients. Whilst the research has its limitations and the findings cannot be generalised, it raises important questions both for future research and practice.



## Introduction

Widespread discrimination exists in society for those occupying a minority sexual orientation status. Whilst there have been positive shifts in social approval and acceptance of lesbian, gay, bisexual and transgender (LGB/T) people since the 1970s (Orzechowicz, 2016) a recent national survey (Government Equalities Office, 2018) found that over two thirds (68%) of all respondents with a minority sexual orientation said they had 'avoided holding hands in public' with a same-sex partner and similarly, seventy percent said they had avoided being 'open about their sexual orientation' for fear of a negative reaction.

The survey revealed that in terms of openness in the workplace, heteronormativity persists. Sixty one percent of those taking part in the survey identified as lesbian or gay. This quote highlights the problem

of heteronormativity in the words of one of the respondents:

"People often assume I am straight, due to wearing a wedding ring and having 2 children. However, in the instance when they ask about my husband, I have to consciously evaluate whether me telling them I have a wife will impact the choices they will make in relation to the company." Lesbian woman.' (Government Equalities Office, 2018).

The aim of this research study was to explore heteronormativity amongst career practitioners and the potentially negative impact this could have upon clients. To our knowledge, this research is the first study to explore the existence of heteronormativity within career development practice, although similar research exists for 'doctor-patient' interactions (Utamsingh et al., 2015). The main impetus for the research stemmed from anecdotal evidence and personal experiences of one of the researchers, who, in her role as an educator and assessor, had observed how practitioners who were committed to valuing diversity, would still make heteronormative assumptions about clients.

If evidence of heteronormative bias was found, a subsidiary aim was to help raise awareness of this through a) the experience of taking part in the research and b) the debrief process and the provision of CPD resources. Essentially, the research had the potential to be an action research study (McNiff, 2013). Evidence of heteronormative bias, defined in the following section, was examined specifically during the first stage of a one-to-one consultation between client and career practitioner. This is where 'the foundations are laid - the rapport, an agreed purpose and an agreed way of working' (Hambly and Bomford, 2018, p. 65).

## Understanding heteronormativity

The concept of heteronormativity is said to have emerged from early feminist work, for example, Rich's (1980) concept of 'compulsory heterosexuality' (Jackson, 2006, p. 105). The literature on heteronormativity now covers an array of subject areas, for example, doctor-patient interaction (Utamsingh et al., 2015) and parenting styles (Averett, 2016), but there is a dearth of research in relation to career guidance. The concept has also been defined in terms of sexual orientation and/or gender.

Averett (2016, p. 191) has defined this in terms of 'a set of overlapping processes that occur on various levels - including legal, cultural, institutional, discursive, and interpersonal/interactional - that produce and reproduce heterosexuality, and its assumption of two, distinct, complementary genders as normal, natural and ideal'. Thus, Averett's (2016) definition incorporates both sexuality *and* gender. In contrast, Utamsingh et al. (2015, p. 566) defines heteronormativity as '...the presumption of heterosexuality as the default sexual orientation and can result in discrimination against the lesbian, gay, and bisexual (LGB) population'. In this latter definition, heteronormativity is defined exclusively in relation to sexual orientation but clearly the problem of heteronormativity can apply equally to both sexual orientation *and* gender.

This is an increasingly complex area for research, not least in the diversity and range of acronyms used to describe and classify the range of sexual minority identities. McFadden (2015) refers to the 'LGBT' population, Averett (2016) discusses 'LGBTQ' (Q refers to queer) and Orzechowicz (2016) uses the acronym 'LGB'. In fact, 'LGB' is the '...most commonly used acronym in research' (Utamsingh et al., 2015, p. 2). However, it is increasingly recognised that careless use of the acronym 'LGBT' should be avoided due to the way in which it conflates sexual orientation with gender identity (Donovan & Barnes, 2017). As Pichler (2017, p. 197) argues, the term '...artificially collapses distinct identities among sexual and gender minorities'. In preference, 'LGB and/or T' is preferred (Donovan & Barnes, 2017) because LGB refers exclusively to sexual orientation, whereas, someone identifying as transgender may (or may not) identify as LGB - they

may identify as heterosexual. However, it is important to recognise the existence of other, sexual minority identities such as those incorporated into the acronym 'LGBPA' (Utamsingh et al., 2015): A refers to 'asexual' and P refers to 'pansexual'. Indeed, it needs to be recognised that heteronormativity can negatively impact upon people with different gender identities.

It is important to recognise that heteronormativity does not necessarily equate with intent and may not be conscious. Herbert (2013) distinguishes between 'unconscious' and 'implicit' bias arguing that although both are used interchangeably, the former is more outside of our control while the latter necessitates a greater degree of responsibility as we become more self-aware. Heteronormative bias can therefore be unconscious or implicit, but the ideal is to bring it into consciousness and eradicate it from our practice. Clearly, heteronormative bias has the potential to impact in any service work with clients but is more likely to impact negatively upon those who operate and identify outside of the heteronormative stereotype. While someone may be overtly supportive of 'LGB and/or T' rights, they may unconsciously operate from and make assumptions that reflect a heteronormative stance. Thus, unconscious bias is:

'...a term used to describe the associations that we hold which, despite being outside our conscious awareness, can have a significant influence on our attitudes and behaviour. Regardless of how fair minded we believe ourselves to be, most people have some degree of unconscious bias' (Herbert, 2013, p. 1).

## Methodology

The focus of this research was the relationship established between the practitioner and client in the first stage of a career consultation. The building blocks to achieving this 'include verbal and nonverbal responses...resting on a firm foundation of empathy, respect, curiosity and compassion' (Hambly & Bomford, 2018, p. 41). Heteronormative bias has been found to have a negative impact on certain sexual minority groups (Utamsingh et al., 2015) and clearly has the potential to hinder the development of rapport in any service provision. This has been widely recognised in the areas of sexism and racism (Devlin, 2018) but also in other spheres, for example, LGBTQ

parents 'resisting heteronormativity' in an attempt to encourage their children to disrupt gender norms (Averett, 2016).

The research explored whether participants would notice the heteronormative bias built into the video clip of the interview – particularly those who do not identify with a minority sexual orientation. The video clip was ten minutes long and demonstrated the foundation stage whereby relationship, purpose and ground rules are established. The heteronormative bias was introduced during the first few minutes of the interaction when the client mentioned that her partner was parking the car - the practitioner responded by checking whether 'he' was happy to wait, thus translating the gender-neutral term 'partner' into the gendered pronoun 'he'. From the perspective of a client who identifies as 'LGB and/or T' this has the potential to restrict openness and diminish rapport. Initially, the research had also hoped to explore this in terms of criteria such as sexuality, age and length of time in practice. Unfortunately, the sample was very homogenous which prevented such analysis. However, this is one of the key recommendations advocated by the researchers for future research.

## Research sample and ethics

A snowball sample of thirty qualified career practitioners was created all of whom resided in the UK (mainly England). The participants varied in terms of the following criteria: age, ethnicity, qualifications, employment status and length of time in practice (see table 1 below). This shows that the sample is skewed towards being female (24/30), white (26/30), older (only one participant was below the age of 30) and the sample is largely heterosexual (27/30). However, there is no way to ascertain levels of honesty in the responses participants gave, particularly in relation to personal information about sexual orientation. While only three participants chose 'prefer not to say', twenty-seven chose 'heterosexual' but there is no way for us to be sure that this accurately reflects their status.

Firstly, ethical approval for the research was granted from the university ethics committee where the co-researcher works. This explicitly included the need to withhold key information from participants at the start of the study, namely, the focus upon heteronormative bias. However, central to attaining

**Table 1.**

Demographic		N <sup>o</sup>		N <sup>o</sup>		N <sup>o</sup>		N <sup>o</sup>		N <sup>o</sup>		N <sup>o</sup>		N <sup>o</sup>
<b>Age</b>	20-30	1	31-40	8	41-50	9	51-60	12	61-70	-	70+	-		
<b>Ethnicity</b>	White	26	Dual heritage	1	Black/African/Caribbean	2	Prefer not to say	1	Asian	-				
<b>Gender</b>	Male	6	Female	24	Intersex	-	Non-binary	-						
<b>Sexuality</b>	Heterosexual	27	Lesbian/Gay	-	Prefer not to say	3	Other comparable	1						
<b>Qualification</b>	Level 6+	23	NVQ4	5	Pending	1	Other comparable	1						
<b>Length of practice</b>	<1 year	2	1<2 years	4	2<5 years	4	5<10 years	7	10<20 years	5	20+	8		
<b>Employer(s)</b>	Freelance	3	Freelance plus employed	2	School/FE	8	Private company	5	Council	2	HE	6	Other	4

this ethical approval was the need to manage this aspect of the research carefully and sensitively and to gain their fully informed consent post-hoc. The need to de-brief participants was included in the application for ethical approval which made clear that participants would be fully informed about the focus of the research and reminded of their right to withdraw from the study. Secondly, an advert was placed on LinkedIn (a professional networking platform) and those who responded were asked to contact the co-researcher by email. They were subsequently sent a combined participant information/consent form and in order to maintain their anonymity they were asked to provide a unique identifier and to liaise with the co-researcher at all times. They were assured that at no time would their identity be shared with the other researcher who might know them professionally. Once consent forms were received, the next stage involved sending participants a follow up email containing a private link to the YouTube video and a proforma which they could use to record their observations/reflections. Participants were instructed to evaluate a short video clip of a stage one career guidance consultation and to assess/reflect upon this according to three criteria: (i) effective communication/ rapport; (ii) an agreement as to the purpose and process; and (iii) agreed ground rules such as confidentiality, time, being open and honest. They were informed that this was a simulation and not a 'real' interview, the practitioner and client were both acting. However, participants were *not* informed that a key focus of the study was heteronormative bias as this would have pre-empted the purpose of the study and skewed the data.

The researchers surmised that failure to notice the heteronormative assumption on the part of the practitioner could be seen to constitute 'implicit or unconscious bias' (Devlin, 2018) but, could also be an example of what Drath (1990) refers to as 'cultural blindness' – 'We see with our culture-bound norms and expectations, accept them as given, and cannot examine them for what they are - that is, we cannot see through them' (cited in Cox et al., 2018, p. 131). This research study was therefore potentially sensitive and had to be managed carefully, particularly for practitioners who adhere to professional codes of ethics. The message that needed to be conveyed to all research participants but, in particular those who did not notice the heteronormative assumption,

was that heteronormative bias does not necessarily equate to homophobia. As Kitzinger (2005, p. 478) argues: 'Complicity with heteronormativity does not necessarily imply prejudiced attitudes or beliefs'. A practitioner who consciously advocates for 'LGB and/or T' rights may still have a degree of implicit bias and make heteronormative assumptions. If evidence of heteronormative bias was uncovered in this research we would need to ensure that, as part of the debrief process, participants were provided with an explanation of implicit bias and selective attention and receive resources to support their reflective practice. The opportunity to discuss this further with the researchers was offered.

Central to the de-brief process was therefore the provision of a set of CPD resources, relating not only to the issue of heteronormativity but to other aspects of practice. Nevertheless, it was essential that those participants who failed to notice the inbuilt heteronormative assumption in the video would be reassured that this did not mean that they were necessarily overtly homophobic. It was important therefore that participants were introduced to ideas around unconscious bias and provided with resources which would help them to become more aware of this in their practice. This was the action research part of the study.

## Data analysis and research findings

### Analysis

A qualitative approach was adopted for this exploratory study, particularly in relation to data collection. Participants were asked to record their observations on a proforma and, as explained earlier, were guided by three criteria: (i) effective communication/ rapport; (ii) an agreement as to the purpose and process; and (iii) agreed ground rules such as confidentiality, time, being open and honest. The data collected was therefore textual and qualitative. In order to analyse the data, the researchers adopted a thematic analysis which involved systematically coding and categorising the data. Four categories emerged from this thematic analysis which were grouped as follows: (i) heteronormative bias; (ii) physical environment; (iii) body language and

(iv) use of reflecting back. These categories were emergent and iterative and reflect the themes and issues raised by participants themselves. A small part of the data analysis involved limited and descriptive use of numbers. This was mostly in the form of counts and only limited use of percentages, as the numbers were too small to lend themselves to such analysis. Researcher triangulation was employed in the coding process to assist with the development of categories as part of the thematic analysis. In practice, the researchers coded the data separately and independently which acts as a useful cross check of internal validity. This is a technique which is often employed to help improve validity in qualitative research studies (see Barbour, 2001).

## Findings

Of the thirty participants, only five (16.6%) noticed the heteronormative assumption made by the practitioner in the video. In contrast, thirteen (43.3%) commented on the role that the physical environment played in putting the client at ease; seventeen (56.6%) commented on the body language of the practitioner; and fourteen (46.6%) on the use of reflecting back. The numbers are too small to conduct further analysis, particularly in terms of criteria such as age, ethnicity, gender, sexual orientation etc. but the data clearly shows that practitioners were less likely to notice heteronormativity than other aspects of rapport

building. For future analysis, it might be possible to employ a non-parametric statistical test such as a binomial proportion test to see if this is a significant finding. This is definitely something to explore further and, for future research, a mixed-methods approach could be adopted with a larger and more diverse sample.

Table 2 (see below) provides an overview of demographic information related to the five participants who noticed the heteronormative assumption in the video.

Table 2 shows that of the five participants who noticed the heteronormative assumption most were female, white, older and all were heterosexual (as far as we know). Despite a significant percentage of respondents coming from a school/ FE/ HE background, only one participant from that sector noticed the assumption. However, it is difficult to draw any conclusions from this given the homogenous nature of the sample. Future research could explore links between demographic criteria such as sexual orientation and heteronormativity to see whether any correlations or statistical inferences are found. It would also be interesting to investigate the training that practitioners received from both initial training and the different type of employer.

**Table 2.**

Respondent	Age	Ethnicity	Gender	Sexuality	Qualification	Years of practice	Employer(s)
1	51-60	White	Male	heterosexual	Diploma in Career Guidance	20+	Private company
2	51-60	White	Female	heterosexual	Diploma in Career Guidance	20+	Private company
3	51-60	Black/ African/ Caribbean	Female	heterosexual	NVQ4 Advice and Guidance/ LDSS	10<20	Freelance/ senior associate
4	51-60	White	Female	heterosexual	Qualification in Career Guidance/ Development	1<2 years	Freelance plus employed
5	41-50	White	Female	heterosexual	NVQ4 Advice and Guidance/ LDSS Qualification in Career Guidance/ Development	10<20	Freelance School/FE

## Impact of heteronormativity

Another area requiring further research is the potential impact of heteronormativity on clients. To our knowledge there has been no such research conducted in the careers field. Wider research in health and other areas shows that heteronormative assumptions made by practitioners can lead to patients being less open and less trusting. At the end of the study, following on from the de-brief resources being provided to participants on the issue of heteronormativity, one of the five participants who had actually noticed the bias in this study commented on its potential impact:

'The adviser did make the assumption that the client's partner was male, which was not necessarily inclusive and could have made the client feel uncomfortable, had the assumption been incorrect.' (Participant A)

The action research part of the study consisted of helping practitioners to become aware of heteronormativity and how this may impact upon their practice. Participants were provided with de-brief materials which included an overview of the research findings. The debrief was communicated by email and summarised how many respondents had commented upon the following: (i) heteronormative bias; (ii) physical environment; (iii) body language and (iv) use of reflecting back. As outlined in the methodology, this was managed sensitively and in accordance with the ethical agreement. A CPD resource was provided which carefully outlined the nature of heteronormativity and indeed, implicit and unconscious bias, an explanation that this does not necessarily equate to homophobia, and an explanation of how selective attention works. The researchers received unsolicited responses from participants suggesting that this process had been managed sensitively and that, regardless of whether participants had noticed the bias or not, they found the experience and debrief helpful:

'Thank you so much for sharing the feedback. The information is fascinating and will certainly help me and my colleagues to reflect on language used and the topic of unconscious bias. Please also include me in any further research activities.' (Participant B).

## Limitations

The research was small scale, qualitative and exploratory. It has highlighted the need for further research and has raised more questions than it can possibly answer. There are a number of limitations to the study which must be acknowledged and considered before putting forward any recommendations. Firstly, we need to consider the way in which the sample was generated (via LinkedIn) and that it is a) self-selecting; and b) not as diverse as we had hoped. The fact that the sample was generated via one of the researcher's contacts on LinkedIn means that it is a self-selecting sample. The sample is largely white, heterosexual, female and older. At this stage, there is no way of knowing how typical (or atypical) this sample is of the workforce. This is certainly something to explore more fully for future research.

Secondly, the research was conducted remotely and hence the researchers had little control over participant engagement with the video. Whether respondents viewed the video alone or in the company of others was beyond our control which could have introduced bias. For example, might it be possible that those participants who picked up on the 'heteronormative bias' viewed the video on more than one occasion?

Thirdly, the fact that they were observing rather than experiencing the interaction may also have increased the degree of selective attention bias. When a practitioner is faced with a real client, it is likely that they are more emotionally engaged and present to the client's concerns and experience. However, while selective attention bias may on the one hand be a limitation it also helps to explain heteronormative bias in action. Attention is a limited resource and the brain has to select what to focus on and what to ignore (Broadbent, 1958; Treisman, 1964; Chabris & Simons, 2010; Eysenck & Keane, 2015). Whilst participants were asked to observe and reflect upon the foundation stage of a one to one consultation, they were not directed by the researchers to focus upon specific tactics. In leaving the task open, participants would use their own quality framework to evaluate what they observed. The way in which the brain selected what to pay attention to was likely to be influenced by pre-existing schemas or frameworks created

through training, professional experience and previous exposure to 'LGB and/or T' issues. The practitioner's own concerns such as body language, pace, questioning style etc. may have taken priority and led to other factors being missed.

## Conclusion

The main finding to emerge from this research was that the majority of participants (25/30) failed to notice the heteronormative assumption, on the part of the career practitioner, in the early stages of the simulated one to one consultation interview. The practitioner assumed that the client's partner was male and referred to her partner as 'he'. It is important for practitioners, in all spheres of work, to be aware of the issue of heteronormativity and its potential impact on clients. The researchers acknowledge that the sample was small (N=30) but in the context of a qualitative research study, less so. Despite the methodological limitations, the research suggests that heteronormativity could have a detrimental impact on career development practice. There is therefore the need for further research in this area and training of practitioners. It is possible to conclude that some of the practitioners who took part in the study, might have been operating through a heteronormative lens which could potentially have detrimental consequences for their clients.

## Recommendations

Within the context of these findings and given the paucity of research in the field, the following recommendations are advocated. Firstly, further research with a larger, more inclusive (quota) sample that better reflects the population from which it is drawn, and which explores the link between a range of demographic criteria (including sexuality) and heteronormativity. Secondly, future research should attempt to reduce the potential for selective attention bias, in particular ensuring that participants are emotionally engaged with the client. This will increase the amount of information/cues that can be processed. For example, rather than watching a video, they could be present at a simulated role-play using the goldfish bowl method. This could also potentially help to

reduce the demand characteristics associated with the task. Thirdly, the development of initial and CPD learning resources based on models which are proven to reduce bias, for example 'non-heteronormative communication' (Utamsingh, et al. 2015) and 'sexuality based sensitivity' training (Orzechowicz, 2016). These resources could be designed for blended delivery but should contain an experiential element to ensure that any implicit bias is addressed.



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