WORDS MATTER

LGBTIQA+ INCLUSION, LANGUAGE, AND COMMUNICATION

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enhancing psychologists and counselors' communicative skills towards LGBTQ people with illustrated playing cards

Pitch Perfect

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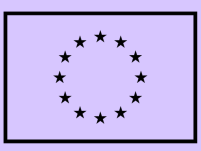

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Introduction

Our project

Pitch Perfect is an **Erasmus+** project, a Small Scale Partnerships in the field of **adult education**, that promotes creative resources, familiarization paths, and non-formal education on **LGBTIQA+ inclusion,** focusing on language, communication, and playful, informal approaches. **Pitch Perfect** primarily targeted counselors, psychologists, as well as tutors and social workers, in both Italy and the Netherlands, with the ambition of also engaging many other beneficiaries from a broader European perspective.

Pitch Perfect was born from two main objectives: the first was to provide counselors, psychologists, as well as those involved in education, guidance, tutoring, and educational facilitation, with non-professional skills — true soft skills — on the topic of **LGBTIQA+ inclusion**, focusing in particular, as previously mentioned, on a specific area: language and all forms of communication.

The second objective was to develop **new creative tools**, connected to **non-formal learning methodologies** and the culture of play and creativity, helping counselors and tutors become familiar with this playful approach. This approach is particularly useful for making their workplaces more inclusive, as well as improving their listening, facilitation, and guidance practices with both LGBTIQA+ and non-LGBTIQA+ users and clients.

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Who we are partners

Close in the Distance is a non-profit organization that began as an informal group of young professionals with complementary backgrounds, coming from different regions of Italy.
The association mainly focuses on **SOGIESC-related topics**, online inclusion, **educational gaming**, and digital youth and social work, carrying out its activities primarily in virtual spaces and communities. **Pitch Perfect** is the association's first Erasmus+ project and its first experience as the coordinator of a European cooperation partnership.

Stichting Art. 1 is a Dutch foundation that uses art as a form of expression, communication, and social transformation. The foundation produces films, podcasts, festivals, and narratives focused on **LGBTIQA+ rights** and human rights, working in collaboration with talented filmmakers, storytellers, civic organizations, and youth.
Pitch Perfect involved Stichting Art. 1 as a project partner and as an expert organization in the use of **creativity and visual arts** to generate emotional impact, response, and social mobilization among both young people and adults.

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what is counseling and who is it for

Counselors and counseling are the main target of **Pitch Perfect**. But what does a counselor actually do? Who are they? Anyone who has seen a TV series set in an American college or high school, the equivalent of European universities or upper secondary schools, has probably come across this somewhat mysterious figure. These are the people students, usually young adults, turn to for advice on a wide range of topics: from future career choices to romantic or relational issues, from sexuality and STIs (sexually transmitted infections) to what to do in cases of bullying, whether experienced or witnessed.
For many, the figure of the counselor and counseling itself is often equated with psychologists and therapy, especially when thinking of psychological support services. These services may be provided by public health centers, educational institutions of various kinds, or by social promotion and volunteer organizations.

In reality, the figure of the counselor, fortunately increasingly present in our educational, training, and social promotion contexts in many EU countries, has not yet received a clear definition and still has rather blurred boundaries.

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Essentially, **someone who is a psychologist can also be a counselor, but a counselor may not necessarily be a psychologist or therapist**. They might have a different background and use other tools. A counselor could be a tutor, a youth or social worker, someone involved in facilitation or guidance, and might use a wide range of counseling methodologies along with tools typically associated with non-formal and informal learning and education, as well as many others.

If in the United States the counseling profession has been officially recognized since 2009, with a specific course of study that does not overlap with other support or assistance roles, in Europe the situation is still very fragmented — and this, in itself, is not necessarily a negative thing.

In Italy, for example, the counseling profession, a term that could be translated as relational adviser or more simply as tutor, is not regulated and falls under the category of unregulated professions according to Law 4/2013[1].

Its training is also not regulated, but there are several certified training bodies, professional associations, and other accredited institutions that offer three-year courses. These programs include a minimum of 1500 hours of classroom training, additional activities, and internships, and they ultimately issue diplomas that are also recognized at the institutional level. Some regions, such as Lombardy, are somewhat more advanced, having included this profession among the "professional profiles and independent competencies" since 2017[2].

1. Law 14 January 2013, No. 4 — Provisions concerning unregulated professions: https://www.gazzettaufficiale.it/eli/id/2013/01/26/13G00021/sg
2. Lombardy Region, Directorate General for Education, Training and Work, Decree No. 8885 D, "Update of the regional framework of professional standards of the Lombardy Region with the inclusion of new profiles and new competencies": https://www.regione.lombardia.it/wps/wcm/connect/deb7b2e1-519a-4503-bb6a-26f39b66aeaf/dduo+8885+del+20+luglio+2017.pdf?MOD=AJPERES&CACHEID=deb7b2e1-519a-4503-bb6a-26f39b66aeaf

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In the Nordic countries, including the Netherlands, counseling is carried out mainly in private settings, and relational and listening-based approaches share much in common with non-formal and informal learning methodologies. Counseling is mostly provided by associations and non-profit organizations and often takes the form of tutoring and giving advice, including practical guidance: a form of **peer support**.

Essentially, those who work in counseling are people who engage in dialogue, listen, give advice, and encourage others to improve themselves, to resolve individual and relational issues, and to better understand who they are.

They can support people through very difficult times and situations, for example within the family. They can help victims of bullying, people struggling with low self-esteem, emotional vulnerability, difficulty affirming their identity or exercising self-determination, or those who feel lonely and lost.

The resources developed by **Pitch Perfect** are intended for anyone interested in strengthening their skills and inclusive awareness around LGBTIQA+ topics, while also exploring the effectiveness of creative tools, gaming culture, and playful approaches. At the heart of the project, as well as in our dissemination activities, EPALE entries, and workshops held in both Italy and the Netherlands, were counselors in all their diversity.

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In **Pitch Perfect**, we focused more on what people working in counseling do rather than who they are, what they studied, or where they work. Our attention was especially on their non-professional development, building tools and resources on **LGBTIQA+ inclusion** using what **Close in the Distance** and **Stichting Art. 1** feel most connected to: non-formal methodologies, gaming culture, in this case non-digital and inspired by tabletop role-playing games, art, and creativity.
The fact that counseling is not regulated in Europe and that many different profiles and sensitivities are involved in it is, all things considered, a positive aspect. It means that more people, more approaches, and more methods can contribute to something as important as listening to, guiding, and supporting those who feel they need it most, whether a young hikikomori person, a NEET, or an elderly person experiencing loneliness, thus increasing opportunities for connection, solidarity, and both human and social inclusion.

What kind of education?

The need for competence and education on LGBTIQA+ issues, addressed in **Pitch Perfect**, emerged from concrete analyses.

And, above all, from direct experience as counselors, youth and social workers, and educational facilitators in the case of the members of **Close in the Distance**, and as artivists for LGBTIQA+ rights in the case of **Stichting Art. 1**.

"A young person, around 18 years old, came to the support service and told me they were non-binary, with some family issues. You know, I didn't know how to address them. I skirted around it for a while at first, and in the end I had to ask what non-binary meant. I felt so out of place. And to think I was supposed to be the 'counselor'!"

Anna Laura, educator and counselor, project beneficiary

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The educational program of **Pitch Perfect** was based on the needs, backgrounds, and specificities of those who took part in it, a group of tutors and counselors based in Palermo, Milan, and Amsterdam, working either as employees or freelance professionals for public and private organizations. Several nonprofit organizations also joined the project as associates, including **Animondo Onlus**, **Progetto Itaca**, and **Nieuwe Vide**, all of which are actively engaged in topics and services closely aligned with those of **Pitch Perfect**.

The main goal of **Pitch Perfect**, as its title suggests, was to improve participants' communication skills and **to support the development and promotion of LGBTIQA+ inclusion**. Although the training program began *in medias res*, by immediately discussing and critically exploring personal experiences before moving on to the key elements of inclusive communication, it was still important to provide a broader European framework, along with data and estimates, going beyond local communities and individual needs.

This approach also served the goals of scalability, replicability, and sustainability of our resources.

The program has been developed and adapted into this manual to make it as universal as possible and suitable for new and future tutors, counselors, and psychologists across Europe, with the aim of enhancing their skills and competencies and generating a positive impact on them not only in terms of learning, but also emotionally and cognitively, just as it did for our target groups and for the staff of both partner and associated organizations.

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Sections
to communicate and include

In the first section, an overview will be provided of the current condition of LGBTIQA+ people in Europe in relation to counseling, mental health promotion services, and education. Although this overview may involve some generalizations, it will help us understand the importance of all the initiatives that continue to fight for **LGBTIQA+ rights and for the respect of the European values of inclusion**, non-discrimination, protection, and promotion of differences, highlighting how much progress is still needed for a truly fair society based on mutual well-being and acceptance.

In the second section, the **educational program for counselors** will be presented, addressing the issue of inclusive communication and language, and offering examples and practical exercises for psychologists, tutors, and social workers as well.

In the third and final section, the **methodologies** of our project will be outlined, including **cultural competence and affirmative counseling, gaming culture, and creativity**. **Pitch Perfect's** illustrated playing cards will be introduced: a toolkit for counselors designed specifically to enhance facilitation activities, educational settings, and listening practices with LGBTIQA+ individuals.

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where are we?

And why is there a need to strengthen the skills on LGBTIQA+ inclusion in those who work in counseling?

The counseling profession in Europe is far from being regulated. Equally distant is the idea of a shared academic path, background, or methodology among all those who, in practice and on a daily basis, dedicate themselves to this important work of listening, facilitation, and guidance. **While this fragmentation can have its benefits, the opposite is also true: counseling takes place in many different settings, is promoted by a wide range of people, and involves engagement with a broad spectrum of differences, challenges, and vulnerabilities.**

From the perspective of LGBTIQA+ inclusion and especially the specific challenges and barriers these communities face, this particular fragmentation means that counselors must, in some way, be able to respond to various forms of marginalization, violence, and discrimination, while also having a deep understanding of the characteristics of each setting. One day, they might carry out their listening and tutoring work in a school, with young LGBTIQA+ people who are victims of verbal bullying. Another day, they could be working in a public health center, engaging with older individuals experiencing anxiety disorders or social withdrawal. On yet another occasion, they might be in a socio-educational community center, interacting with young LGBTIQA+ people facing serious family issues and difficult relationships with parental figures.

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Finally, the fragmentation of counseling means that it is difficult to intervene upstream, so to speak. Promoting upskilling activities on LGBTIQA+ inclusion for psychologists and psychotherapists, for example during their long training paths, would mean excluding many counselors who are not psychologists. Acting within the school system at all levels would exclude many social workers, as well as tutors who carry out counseling privately or through non-profit organizations, for example in senior centers or in youth communities and associations.

While there is a great deal of fragmentation, for better or worse, one thing is common to all listening, facilitation, and educational guidance settings when it comes to inclusion, gender identity, and sexual orientation: the discrimination, verbal and physical violence, vulnerability, and distress that continue to affect people who identify as LGBTIQA+, regardless of age, status, or background.

If we consider the field of mental health in Europe, which is often mistakenly and overly simplistically associated with counseling, we can immediately understand why strengthening LGBTIQA+ inclusion across the board remains so important and should be promoted by all those involved in social promotion, each according to their own means and capacities.

First of all, the resources and reports on the subject are few and far between and are not updated regularly.

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Our main point of reference was **LGBTQI Youth Mental Health in the Spotlight**[3], developed by **IGLYO**[4] and published in draft form in May 2024.

This report was developed with several objectives in mind: to identify the specific issues and needs of young LGBTIQA+ people regarding their mental health, with particular attention to anxiety and depression; to identify the main factors and barriers affecting young LGBTIQA+ people that undermine their well-being; and finally, to identify the best EU practices on LGBTIQA+ inclusion, specifically in relation to the promotion of mental health among youth.[5].

In the case of **Pitch Perfect**, its methodology, its resources, and above all its direct target groups, **it was necessary to also highlight the limitations of this report**, which remains highly valuable in helping to develop a general framework of the LGBTIQA+ "issue" in Europe and in the field of mental health. Among other things, it is the most recent and in-depth analysis currently available. First of all, it is a youth-centered report that presents and comments on data collected from a comprehensive sample, but one that is relatively homogeneous in terms of the age and status of the respondents.

3. IGLYO, LGBTQI Youth Mental Health in the Spotlight, Draft Summary Report, 2024. Open source online: https://www.iglyo.org/resources/mh-report-2024.
4. IGLYO is the largest global network dedicated to young LGBTIQA+ people and their rights, currently bringing together over 115 organizations in 39 EU countries, along with countless partners around the world. IGLYO's work focuses on the protection, empowerment, and freedom of young LGBTIQA+ individuals between the ages of 18 and 30.
5. GLYO, LGBTQI Youth Mental Health in the Spotlight, Draft Summary Report, 2024, p. 2.

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The experiences of LGBTIQA+ people over the age of 30 were not collected or analyzed, and above all those who work in mental health such as psychologists, therapists, doctors, nurses and counselors were not involved.

These are precisely the people who are often the first to receive the concerns and experiences of LGBTIQA+ individuals, whether young or adult, and who have the important task of guiding them and, when necessary, referring them to those who can provide other forms of support, whether psychological, medical, legal, or social.
Finally, the key words of the report are anxiety, depression, and suicide risk, which are deeply important, central, and serious issues also addressed in counseling. However, they represent only a part of the challenges that LGBTIQA+ people face every day.

In any case, the overview outlined in the report is anything but reassuring.

Based on a total of 1561 responses to a survey conducted with individuals who identify as LGBTIQA+ and are between the ages of 14 and 30[6], the report highlights that, in 2024, as many as 37.5% of respondents had experienced various symptoms of depression, while 13.3% had received an actual diagnosis.

6. “Among respondents, 19.6% identified as lesbian, 14% as gay, 28.3% as bisexual, 16.2% as pansexual, and 3.2% as heterosexual. Additionally, 21.3% identified as non-binary, 12.5% as genderqueer or gender fluid, 37% as women, 24% as men, while 40.2% of respondents identified as trans and 2% as intersex. The survey respondents came from 35 different countries in the European region”.

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Only 6.7% of respondents stated that they had never experienced any depressive symptoms. Among the most common symptoms, unfortunately, were feelings of being a failure or considering oneself a burden to oneself, to one's family, or to one's peer group (32.7%), along with chronic insomnia (37.2%).
Anxiety disorders are equally widespread, affecting roughly one in four respondents. Compared to depression, diagnoses are more frequent: 14.3% of respondents had received one, and only 4.3%, following therapy, reported no longer experiencing symptoms.

Educational settings, alongside those of mental health, represent another environment where **LGBTIQA+ individuals face discrimination or distress**. In this case, however, the key issue is no longer anxiety or depression but **verbal or physical bullying**, either experienced directly or witnessed. Another 2024 report, also by IGLYO and currently in its preliminary analysis phase[7], this time focusing on **European school environments**, shows that even in 2024, around two thirds of respondents, a sample similar in size and composition to that of the previous report, have experienced or are still experiencing bullying at school and, more broadly, in other educational institutions that are not strictly schools. The trend unfortunately appears to be growing, especially in countries such as Romania, Lithuania and Bulgaria. About half of respondents also report **never having addressed LGBTIQA+ topics at school, university or in other educational settings**, nor having spoken about themselves and their sexual orientation with teachers or guidance and tutoring staff.

7. IGLYO, FRA LGBTQI Survey III Report: IGLYO's Initial Analysis, 2024. Open source here, once available: https://www.iglyo.org/resources/fra-lgbtqi-survey-iii-initial-analysis

This data is highly relevant and, although somewhat abstract, can help or guide tutors and counselors toward a more complete understanding of the challenges and barriers that LGBTIQA+ people unfortunately continue to face. For example, the data clearly shows that **the more elements of difference and marginalization intersect, the higher the level of distress, the more frequent the symptoms of anxiety and depression, the more common bullying becomes, and the rarer the access to spaces and people capable of offering help, support, and guidance.**

Racialized LGBTIQA+ people in Europe are more exposed to mental health issues and bullying, with rates reaching up to 41.3% of respondents. If they are not only racialized but also migrants, the rate increases to 45.5%, especially in relation to anxiety disorders. Religion, social status, and whether a person lives in rural or more urban and centralized areas are all factors that influence greater or lesser exposure to discrimination, marginalization, and the resulting psychophysical, emotional, behavioral, and relational distress. For example, symptoms of anxiety disorders affect 40.6% of those living in rural areas, 36.5% in semi-rural areas, 32.9% in suburban areas, and 31.6% in urban areas.[8].

What are, then, in concrete terms, the obstacles, barriers, and difficulties that LGBTIQA+ people most often face when they try to seek help or access mental health or counseling services?

8. IGLYO, LGBTQI Youth Mental Health in the Spotlight, Draft Summary Report, 2024, p. 5.

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On one hand, there is stigma and shame. On the other, there is a general lack of preparation on these topics among mental health professionals of all kinds, as well as among tutors and social workers, counselors and teachers, not to mention family members, who in practice play a crucial role in shaping the well-being or distress of LGBTIQA+ individuals. Although anxiety, depression, and isolation are more widespread among people who identify as LGBTIQA+ compared to cis individuals[9] of all ages, the former tend to access mental health services less frequently and more hesitantly. This includes not only formal mental health services but also more informal and less medicalized forms of support and guidance, such as counseling.

Among those who responded to the LGBTQI Youth Mental Health in the Spotlight report, 61% (especially trans and intersex individuals) said they would like or would have liked to receive some type of service or support. However, only 22% reported having easily found useful information, names, professionals, or potentially helpful places. In contrast, 18% said they had difficulty finding information, and 24% found it hard to access the services themselves. However, in the report, accessing a service is mostly understood as turning to private professionals, specifically therapists, which means that other spaces for individual help and support are not taken into account.

9. One of the key terms addressed in our glossary. Briefly: people who identify with the sex and gender identity they were assigned at birth.

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How can we help make all the contexts we are involved in — counseling, mental health services in a broad sense, education — more responsive and better suited to the needs of LGBTIQA+ people?

Sector literature and reports[10] identify several axes of change that can truly generate a positive impact on those who work to support the well-being of others, on LGBTIQA+ individuals, on families, and more broadly on the improvement and promotion of European values such as non-discrimination, inclusion, diversity, and human rights. **Pitch Perfect** followed one of these paths, with the ambition to address a specific area of competence — that of **communication**, **language**, and **words** — which is as "simple" as it is fundamental for establishing from the very beginning a meaningful and respectful relationship between the counselor, in the broadest and most diverse sense of the term, and LGBTIQA+ users and clients. This training process was further enriched by concrete resources that are both effective, playful and creative.

Some of these suggestions or good practices are, in a sense, valid for everyone: listening, giving space to voices, and knowing how to act preventively, making LGBTIQA+ people feel safe from the very beginning and free to express themselves and assert their identity.

10. Montano, A., & Rubbino, R., Manuale di psicoterapia per la popolazione LGBTQIA+: Aspetti socio-culturali, modelli teorici e protocolli di intervento [*Handbook of Psychotherapy for the LGBTQIA+ Population: Socio-cultural Aspects, Theoretical Models, and Intervention Protocols*], Erickson, 2021. Troutman, O., & Packer-Williams, C., Moving beyond CACREP standards: Training counselors to work competently with LGBT clients, in The Journal of Counselor Preparation and Supervision, vol. 6, n. 1, 2014, p. 3.

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Another recommendation is **to avoid pathologizing and medicalizing**, meaning that LGBTIQA+ issues — whether related to identity or sexual orientation — should not be approached using medical terminology or treated as something "foreign," but rather as a possible aspect of a person's identity, alongside many others. Looking at more concrete recommendations, one is to provide listening and support services that are more accessible, especially from an economic standpoint. Another is to make counseling and mental health settings more open to LGBTIQA+ topics by improving visibility and communication. Finally, a key recommendation is to equip as many educational spaces as possible — schools, universities, recreational centers, youth associations — with professionals who are trained and informed on LGBTIQA+ issues.

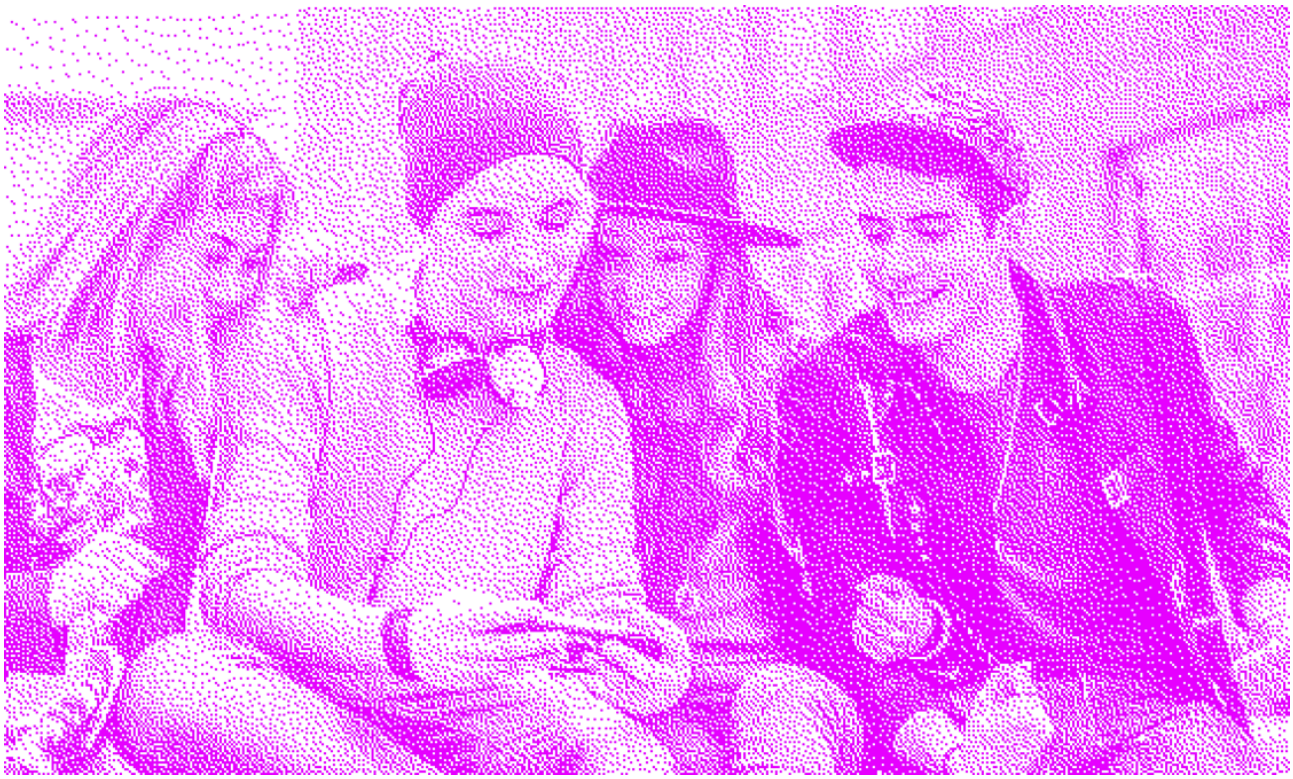
The most important recommendation is in fact to "ensure that professionals receive more education and training"[11] in order to be able to support LGBTIQA+ individuals and, more specifically, non-binary people, trans people, and intersex people. This means gaining direct and practical training on how to work with this specific target group, not just indirect or theoretical knowledge.

One recommendation was particularly important for **Pitch Perfect**:

> "*All support staff must be trained to avoid basic mistakes in understanding and in how to handle conversations about sexual characteristics and gender identities, especially to prevent the medicalization of those very conversations*[12]".

11. IGLYO, LGBTQI Youth Mental Health in the Spotlight, Draft Summary Report, 2024, p. 17.
12. IGLYO, LGBTQI Youth Mental Health in the Spotlight, Draft Summary Report, 2024, p. 17.

Now that we have a clearer understanding of why it is still necessary for all stakeholders — organizations, counselors, psychologists, activists, social workers, schools, civic communities, and many others — to contribute, each in their own way and according to their own goals, to the inclusion of LGBTIQA+ people, the removal of barriers, and the reduction of discrimination, the next section of this booklet will get to the heart of **Pitch Perfect**. It will explore how and with what tools to strengthen one's communication and language skills around LGBTIQA+ issues, and **how to make listening and facilitation settings more LGBTIQA+ friendly**, so that LGBTIQA+ individuals — whether clients, users, colleagues, or anyone who might seek our support — can immediately feel welcome and safe, knowing that their well-being is our responsibility as counselors.



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words matter

a glossary to start finding your way

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It is important to begin with a few clarifications:

Many of the terms in our glossary come from English and are either borrowed or adapted. **Romance languages, including Italian, behave differently when it comes to linguistic and gender inclusion compared to Germanic languages**, which, broadly speaking, align more smoothly with the principles of LGBTIQA+ inclusive communication.

This has happened not so much because these languages more easily allow for the construction of impersonal phrases, the use of neutral pronouns, or similar structures, but rather because more English speakers (and of Nordic languages in general) have been actively questioning, for a longer time and with greater conviction, the inclusiveness of their language. This means that more people, including within academia, have addressed this topic, more institutions have begun adopting different language practices, and more individuals have tried to shift, even partially, their own linguistic and communicative habits. In countries like Italy or France, as we will see later, there is still some resistance and, overall, a tendency to maintain more rigid positions that are closely tied to tradition and to the so-called grammatical norm.

Before exploring the guidelines for inclusive communication toward LGBTIQA+ people, the practical examples, and the educational methodologies of **Pitch Perfect**, it is important to start with the basics — a **glossary** to help us navigate the most commonly used terms related to gender identity, sexual, affective and relational orientations, and identity self-affirmation and self-realization.

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The purpose of this glossary and of the **Pitch Perfect** educational program is not to address linguistic questions — let alone academic ones — or to compare various European languages, but to offer **a useful overview of LGBTIQA+ topics that can serve those who work with people in their daily lives, guiding, listening to, and educating them**. For this reason, we have listed and explained some key terms and concepts that are increasingly common in everyday use, yet still often misunderstood. These terms are, for the most part, suitable for and adaptable to a range of cultural and linguistic traditions across the EU.

Rather than presenting a simple glossary, which is often somewhat abstract and, by its nature, brief and geared toward immediacy, we chose to develop **a more narrative and commented glossary, offering examples, explanations, and various insights**. We then structured it into different sections:

Acronyms

An overview of acronyms and slogans, in all their historical and cultural complexity.

Key concepts

Basic concepts, bridging academic theory and civic practice, with many references to LGBTIQA+ rights movements.

Gender and genders

From the concept of gender binarism to the increasingly issue of pronouns, asterisks, and other forms of writing.

Orientations, sexuality

Being gay, being lesbian, being pansexual: how the discourse on sexual orientation shifted toward an identity-based perspective.

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Actonyms

LGBT, LGBTQ, LGBTIQA+, LGBTIQAPK+:
Often criticized for being "too long" and confusing, this acronym is especially meaningful because it has grown over time, evolved, and today represents the feelings, identities, and experiences of many people who are different from one another but sadly united by the experience of discrimination and by feeling "other" in relation to the norm. Many of these same people have often found "their place" within this very acronym, feeling represented by its rainbow flag (and many others too). So, what do these letters mean?

L stands for Lesbian. G stands for Gay, a term generally used to refer to male homosexuality, though it is sometimes also used as a synonym for lesbian. **B stands for Bisexual. T stands for Trans,** in all its forms, as we will see further below. **I stands for Intersex. Q stands for Queer**, an umbrella term that we will explore in the section on sexual orientations, although it has long also related to gender. **A stands for Asexual**, but sometimes also for **Ally.** The meaning of both terms will be discussed in the dedicated section. **P stands for Pansexual** and/or **Polyamorous.** Finally, **K stands for Kinky.**

At first glance, we can already see one thing clearly: although this acronym is often associated with gender issues, it mostly refers to sexual orientations and sex-related identity traits. The "+" symbol serves to indicate and include all those who do not identify with gender or sexual identity norms, who do not feel gay or lesbian, and so on.

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SOGIESC: this acronym is much less widespread than LGBTIQA+, but for example, both **Close in the Distance** and **Stichting Art. 1** use it to define the issues they address through projects or educational, artistic, or game-based activities. SOGIESC, in English, stands for **Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics**.

As already mentioned, it is used not so much to identify people, but rather to refer to topics, practices, actions, and initiatives that, in various ways and contexts, are dedicated to promoting an inclusive culture around gender and sexual orientation. This ranges from academic research (SOGIESC studies) to educational, cultural, and social inclusion initiatives, such as **Pitch Perfect**.

key concepts

Gender and gender identity: the terms “gender,” “genders,” or “gender identity” have long been used to refer to the set of constructions, conventions, social norms, behaviors, and often stereotypes that define the concepts of “masculine” and “feminine.” The starting point is that these notions or identity concepts are social constructions or cultural conventions that can vary across time and place. For example, the role of “woman,” or of someone considered to belong to the “female gender,” is something that changes significantly from one era to another, as well as from one cultural tradition (such as European or Western) to another.
Given that, in our tradition, the primary “genders” or “gender identities” are masculine and feminine, the term **gender binarism** is commonly used, which implies a polarity or opposition.

She is so vulgar that she does not even seem like a woman

Let's look at a few examples. The feminine is commonly understood and perceived as the gender of receptivity, submission, procreation, care, family, and of everything that happens in the private sphere, within the walls of the home.

Certain meanings or traits are implicitly associated with the feminine, such as colors, clothing norms, and so on. A person of the female gender who deviates even slightly from the norm, who falls short, even just a little, of what culture expects, will be described as not very feminine, a tomboy.
Its opposite, according to a binary approach, is the masculine. The gender of assertiveness, the public sphere, dynamism, strength, productivity. Here too, we tend to associate certain conventions and norms with male identity, from clothing to behavior and much more.

Anyone who falls short of these expectations will, as is commonly the case, be seen as not very masculine.

Don't cry. Only little girls cry

Do you like pink? But that's a girl's color

He is so delicate, he has such feminine features

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Not all people with male genitals can be identified with the identity of "man"

Not all people with female genitals can, or will want to, be identified with the identity of "woman"

Cis or cisgender: this is a word that has already been mentioned in our little handbook and is often misunderstood. The word cis, or more fully cisgender, **refers to people who identify with the gender they were assigned at birth, feeling "at ease" with that label**. This does not mean that a cis woman must fully conform to everything that is socially and culturally associated with the female gender: expectations, conventions, roles, behaviors, personality traits, and much more.

Gender dysphoria: a term that originated in the medical field and is strongly medicalized. The word dysphoria refers to the state of discomfort and distress that certain individuals may feel, or may have felt, when they sense that their gender identity does not align with their sex identity. Each person can experience dysphoria in different ways and with varying intensity. In the case of trans people, for example, it might be reduced or resolved through a gender transition process (which, as we will see later, can take different forms). Other trans people might not experience any form of dysphoria at all. Originally, however, this word was included in the **DSM** (Diagnostic and Statistical Manual of Mental Disorders) and referred to the disorder that results from a misalignment between gender identity and sex identity. Today, in the **DSM-5-TR**, the term gender incongruence is used and, most importantly, dysphoria is no longer listed among mental disorders, having been moved to the chapter dedicated to sexual health, and thus largely depathologized.

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Self-affirmation, gender affirmation: these terms refer to the process that certain LGBTIQA+ individuals go through, in various ways and with different levels of intensity, to affirm the gender identity they feel is truly theirs. This often includes the desire for that identity to be recognized and respected by society, their community, and their family. **There can be many paths to self-affirmation, depending on each person's choices**.
Someone might choose a preferred name and specific pronouns, asking others to use and respect them.
For transgender people, self-affirmation certainly includes this, but it can also involve legal and medical steps that support their gender transition. This transition process, whether surgical or not, may ultimately lead to gender reassignment. Many transgender individuals choose to pursue this path but decide not to undergo sex reassignment surgery. They might, for example, opt for hormone therapy and seek legal recognition of their identity without undergoing surgery.

Gender expression: this key term refers to the way a person expresses their gender identity, for example in public, but also with friends, family members, or colleagues. From clothing to voice tone, from behavior to things like makeup, hairstyle, and more. **Many of these expressions are, in fact, norms or social conventions**. In our culture, we associate certain traits with femininity, ranging from the simple to the complex, from high heels to specific behaviors. The same goes for masculinity.
More and more people, thanks to the growth of a more inclusive culture and accepting environments, no longer identify with these norms or conventions. On the other hand, "deviating" from the norm and expressing a gender that others do not expect is still often seen as something "strange," "dangerous," or "ridiculous."

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Genderfluid: one of the most misunderstood words. Genderfluid is often a concept that overlaps somewhat with the meaning of the term non-binary, and even with the word trans. Let's clarify.
This term refers to **a person who identifies with multiple gender identities** (for example, both male and female), which alternate, mix, or shift depending on various possible internal or external factors.

Non-binary: a word with many meanings, a so-called umbrella term. Non-binary refers to a person who does not identify with the two canonical and binary genders: male and female. A non-binary person might be agender, meaning they do not feel aligned with any particular gender. But they might also be genderfluid, meaning they do not feel exclusively part of one gender, but rather of multiple genders, perhaps only in certain aspects and in specific situations or contexts.
To be clear: all genderfluid people are non-binary, but not all non-binary people are genderfluid.

As the word itself suggests, the concept of non-binary stands **in opposition to gender binarism**, along with its social norms and conventions. Finally, the word non-binary can, to some extent, be used interchangeably with genderqueer. But we will talk more about that key word, queer, later on when discussing sexual orientations.

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Trans, trans people, transgender, transgenderism: another group of words or umbrella terms that, perhaps more than others in the LGBTIQA+ lexicon, have broadened their meaning. To simplify, today the word trans or transgender is used to refer to **people whose gender identity does not match or align with the one assigned to them at birth, based on their sex or sexual characteristics**.
Trans people may choose to affirm themselves in different ways, depending on their needs, desires, and personal choices. Some trans individuals, for example, wish to legally change their identity, starting with their given name. This requires updating all documents through official institutions and is now possible in all EU countries.
For a long time, however, in order to legally change one's status, it was necessary to go through numerous steps and even undergo sex reassignment surgery[13].

Other trans individuals may instead wish to pursue a path that will ultimately alter their anatomy as well, through various possible surgical procedures, always accompanied by hormonal therapy and therapeutic support.
Still others may choose to undergo certain surgeries but not others. For example, they might opt for breast augmentation to construct a chest but not vaginoplasty. Or in the case of trans men (FTM), they might choose mastectomy and hysterectomy to remove the breasts and uterus, but not phalloplasty.

13. In Italy it has been possible to change one's identity name and gender without necessarily undergoing surgery only since 2015 thanks to ruling no. 15138/15 of the Court of Cassation.

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Jamie Raines, content creator who has been promoting content on trans experiences, relationships, and mental health for years

The factors that determine these choices are as numerous as trans people themselves, their desires, their needs, and their requirements. Certainly, the country in which one lives also has a significant impact: in some places, for example, hormonal and surgical procedures are free and covered by the National Health System, as in Italy, although a "gender dysphoria diagnosis" is still required—pointing to a medicalized and pathologizing perspective of transgenderism. Finally, **some trans people may choose not to undergo any process, whether hormonal, surgical, or legal, instead self-affirming in other ways**.

What matters is not to perceive these various possible forms of transgenderism as a "hierarchy": undergoing more procedures does not make someone "more trans" than someone who does not. As we've written, the term trans is rather an umbrella under which many people find their safety and affirmation, each bringing their own life experience and personal story.

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The term trans is often accompanied by the acronyms **ftm** and **mtf**: in English, female to male and male to female, indicating the gender assigned at birth to the trans person (for example, female) and the one toward which the transition takes place (for example, male—hence, female to male).

Some important clarifications: in fact, the broad range of meanings associated with the keyword trans means that a trans person may or may not wish to fit within the gender binary. It's certainly true that many trans people transition from male to female or female to male—hence the aforementioned acronyms mtf and ftm. **But many trans people may transition not so much toward a predetermined gender, but rather to free themselves from the one assigned to them, experiencing it as inappropriate for themselves**. A trans person might be non-binary, or genderfluid, or even agender—that is, without a specific gender.

Lastly, as noted, the umbrella term trans tends to refer mainly, if not exclusively, to gender identities, self-affirmations, and transitions. **There is no direct or linear correlation with sexual orientation and, more broadly, the realm of emotional, romantic, or relational orientations**. A trans woman—therefore an mtf person undergoing a gender transition—might be heterosexual and attracted to men. Or she might be gay, or lesbian, or queer, or pansexual.

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Intersex, intersexuality: people who, from birth, have an anatomy that cannot be classified solely as male or female, generally showing traits and elements of both categories. **It is, therefore, a biological, anatomical characteristic—not one of gender or sexual orientation**. There are several dozen clinically recorded and documented forms of intersexuality. As a result, it is somewhat reductive to speak of "intersexuality" as if it were a single, unified category. It is, rather, an umbrella term that includes many possible situations and experiences. For a long time—and still today—intersex newborns have been subjected to "corrective" surgical procedures, eliminating certain anatomical traits at birth in favor of others. Many intersex people are not even aware of their condition and generally identify as cisgender because, from the moment they were born, they were assigned either a male or female identity.

Pronouns, chosen name, dead name, schwa, asterisk, and neutral forms: let's explore these key terms and concepts together, as they are strongly interconnected, even if they may seem entirely different at first glance. Let's start with dead name, an English term that refers to the birth name of a person who no longer identifies with it (literally: dead name).

LGBTIQA+ people may decide to change it with a chosen name. This can happen in various ways: someone who doesn't feel comfortable with the name assigned at birth might self-affirm and ask their peers or community to use their chosen name, even without undergoing a legal or registry transition process.

Also because the dead name is not exclusive to trans people: a non-binary person, for example, like many others, might not identify with their original name and may wish for a different name they feel more comfortable with. **Chosen pronouns serve the same purpose**. The possibility to self-affirm through a change in pronouns is, for the contextual reasons mentioned above, more widespread and, in a sense, more flexible in English. For instance, it is possible to use they/them/their instead of the binary she/her/her and he/him/his, as they is now commonly understood as a neutral and non-binary pronoun. Many others choose to adopt alternative pronouns (ze, xe, fer), again as a way of self-affirming their gender identity, seeking recognition, and ultimately rejecting representation through the male/female binarism.

In a language like Italian, which is highly codified and based on word endings (-a/e, -o/i, known as feminine and masculine endings), the use of "alternative" pronouns is uncommon and not always feasible. Precisely for this reason, to make written communication as inclusive as possible, the asterisk (*) or the schwa (ə) has long been used to render a word no longer necessarily masculine or feminine, but potentially neutral, thus including those who do not fall within binary gender categories.

Why write, in Italian, *avvocato*, *avvocati*, *avvocata* (the last being a feminine form often resisted, despite its grammatical correctness), and not avvocatə—a neutral form that could refer not only to those who identify with the male or female gender but also to those who do the same job and may be trans or non-binary?

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Our goal is to educate—to foster familiarity with these words, customs, and concepts—by reaching as many audiences as possible, **without entering the debate over what's right or wrong**. In Italy (as in many other countries with linguistically similar traditions, such as France and Spain), the use of the asterisk or the schwa has been strongly criticized by many individuals, institutions, and language academies. However, to conclude, it's important to recall the position of the **Accademia della Crusca**—the foremost authority on the Italian language—which, contrary to expectations, has not entirely rejected the use of these "alternative" forms[14].

Simplifying and summarizing, it has indeed been reiterated that Italian only recognizes two genders, just as it only recognizes two grammatical numbers (singular and plural), and that the arbitrary use of certain symbols is not, in itself, correct and should be reconsidered. **However, the same Accademia has emphasized that in certain communicative contexts—for example, written language and especially online—there is no reason to demonize either a symbol or, even less, the desire to be and to feel even just a little more inclusive.**

14. https://accademiadellacrusca.it/it/consulenza/un-asterisco-sul-genere/4018

"*Even so, despite all these distinctions, if we consider that the graphic use of the asterisk is mostly found in written or transmitted communications intended solely for silent reading and used in private, professional, or union contexts within homogeneous groups (...), in such contexts (...) it can be considered a simple alternative to the aforementioned slash [another symbol of linguistic inclusivity, editor's note],* ***with the added advantage of also including non-binary people****. In our view, however, the asterisk is not suitable for use in legal texts, public notices, or communications, where it could cause confusion or misunderstanding for many readers, nor, even more so, in texts meant to be read aloud*".

Given that the Accademia della Crusca is the leading regulatory and standardizing body for the Italian language, and that its stance was based on the importance of consistency between spelling and pronunciation—a distinctive feature of Italian—its position on the use of the asterisk has ultimately proven to be much more inclusive than one might think.

This handbook, like all texts and materials from **Pitch Perfect**, uses the schwa in Italian when it's not possible to construct sentences with a neutral subject. In the case of words that do not distinguish between masculine and feminine forms, we chose not to use any special characters. Sometimes we use phrases, which are an excellent way to "work around" the issue. Whenever possible, we also use plural forms or other constructions in Italian that, when referring to people, do not invoke the gender binary. In English, we exclusively use the neutral they/them/their pronouns and impersonal phrasing when referring to people or subjects, whether LGBTIQA+ or not.

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Sexual orientations and their key terms

Sexual, emotional, relational orientations, orientation: these are the words—or key concepts—that in a way encompass all the terms in this section. **Orientation** refers to a person's sexual attraction toward another. To simplify: who someone is attracted to and what they prefer. Generally, we speak of sexual orientation because the topic is sexuality, sexual attraction, desires, and tendencies. However, **we have always included relational and emotional aspects as well**, because a person's attraction or inclination often involves not just sex, but also the entire sphere of emotions and interpersonal relationships.

It's also important to note that someone can affirm their orientation and preferences regardless of their personal experience. There are many ways a person might express their orientation, and all the key terms that describe these preferences or inclinations are, in a sense, simplifications.

For some time now, sexual orientation has been considered a continuum—a spectrum. What does that mean? It means we imagine sexual orientation as a kind of color scale, a long path or road. At one end, we might place heterosexuality, and at the other, homosexuality (being gay or lesbian). In between, there are many intermediate points that can shift over the course of a person's life. There are also other "points" along this imaginary road, slightly outside but still part of the journey: those who have no particular preference for sexuality in general (asexuality).

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The Stonewall riots, the first moment of advocacy for the rights of gay and lesbian people, New York, 1969

Lesbian, lesbism: a person who identifies as a woman (a cis woman, a trans woman, for example) who feels sexual and/or romantic attraction toward other women, mostly exclusively.

Gay, homosexual, male homosexuality: the word gay, which comes from English, has a rich history that goes back centuries. Originally, the term meant cheerful, joyful, and from there, more broadly, eccentric or nonconforming. For a long time now, the word gay has been used to refer to people who identify as men (cis men, trans men) and who feel sexual and emotional attraction exclusively toward other men. **The word gay is also sometimes used as a synonym for lesbian, referring to women (e.g., gay woman as a synonym for lesbian woman)**.

Bisexuality, bisexual, Bi: a person who feels sexual and emotional attraction toward people of the same gender as their own or of a different gender. Generally, the terms bisexual and bisexuality are used to refer to people who identify as men or women and who are attracted to both women and men. **Bisexuality can take many forms, depending on what the bisexual person feels and experiences**.

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Heterosexual, heterosexuality, straight: heterosexuality refers to the sexual and romantic attraction of a person who identifies as a man or a woman toward the opposite gender.

Pansexuality, pansexual: the clarification regarding bisexuality —which in a way always refers to a male/female gender binary (after all, the "bi" in bisexuality indicates a dual, binary perspective)—helps us distinguish it from pansexuality. **This term, somewhat more recent than the others discussed so far, refers to a person's attraction, regardless of their own gender, toward other people, regardless of their gender identity**.

Asexuality, asexual, aromantic: people who do not feel sexual and/or romantic attraction toward others, regardless of gender. A person might be asexual, meaning they do not feel physical attraction to anyone in particular and are not inclined toward sexuality, but they might still have a romantic or relational inclination, preference, or interest. The reverse is also true: an aromantic person, meaning someone who does not feel romantic interest in emotional relationships, might still have an interest in sexuality (for example, an aromantic gay person, or an asexual heterosexual person who desires or is in a relationship with someone of the opposite gender, but without engaging in physical intimacy or without interest in physicality).

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The queer flag, slightly different from the more widespread “rainbow” one

Queer: a word that, over the past few decades, has acquired many meanings and values. Originally, the English word queer was essentially **an insult**. Literally, it means strange, deviant, eccentric—still with a negative connotation. However, the word queer began to be used in two main contexts: the first is academic research, which started exploring SOGIESC issues around the 1980s. This led to the development of what are now called **Queer Studies**—analyses that still aim to comment on, understand, and explore what sexual (and gender) identity is and how it is constructed, analyzing its social, cultural, and political functions.

The second context is civil rights activism for gay, lesbian, and trans people. Many activists, initially in the United States and later in Europe, began using the adjective queer to describe themselves, “reclaiming” an insult, making it their own, overturning its meaning, and turning it into a strong, defiant, disruptive slogan.

Today, the term queer is used as an additional umbrella term that, in a way, includes many possible sexual orientations and sexed and/or gender identities. **Everything that is outside the norm—essentially, anything different from heterosexuality and the gender binary**. Compared to other key terms, queer still carries a certain “political” charge, containing within it a **meaning of resistance and affirmation**.

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Polyamory, polyamorous, monogamy, ethical non-monogamy: these are key words and concepts that relate not so much to sexual orientations, but more to **the realm of relationships**, emotional bonds, and certainly sexuality. The terms polyamory and polyamorous refer to people who do not wish to have a relationship or bond with just one person, but potentially with multiple people—with everyone's consent.

We are used to thinking that relationships, affection, and attraction must necessarily involve two people, in a more or less stable way, and perhaps even formally recognized (marriage, civil unions, cohabitation agreements). However, some people feel the same emotions for more than one person at the same time and wish to engage in relationships with multiple people. Of course, polyamory only works if everyone involved is polyamorous—it would be unethical if done secretly (and polyamorous people are the first to emphasize this!).

This brings us directly to monogamy and its counterpart, ethical non-monogamy. **What is monogamy?** It's the relational model that most of us take for granted: two people who are together, dating, perhaps married or living together, and who do not (and should not) have other relationships outside the couple.

On the other hand, some couples may not identify with this model: they might live together, have children, even be married—but they also wish to cultivate other relationships of various kinds and intensities, with the full consent and support of their partner, who ideally desires the same. In essence, an open and consensual couple (hence the term ethical).

Note: all polyamorous relationships are, by definition, ethically non-monogamous. But not all people interested in this relational model are polyamorous. It could be a couple that, according to their own rules, allows occasional encounters with others—episodic and not ongoing—with the partner's consent.

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Other words, other basic concepts

Homophobia, biphobia, transphobia, homobitransphobia, homophobic, transphobic, internalized homophobia: these are words that describe all the negative attitudes, prejudices, discrimination, hatred, and crimes directed at LGBTIQA+ people. Generally, the word homophobia is used as an umbrella term to summarize all the others. In fact, it's a rather inappropriate and imprecise term, if we think about it. The word phobia is a synonym for fear or dread. Arachnophobia, a word of Greek origin like homophobia, means fear of spiders. Agoraphobia is an umbrella term that describes various forms of anxiety and social discomfort, sometimes pathological, requiring clinical and therapeutic support. **Saying homophobia literally means having a fear of homosexuality**. Homobitransphobia would then mean fear of homosexuality, transsexuality, bisexuality—and thus of gay, bisexual, transgender people, and so on.

Fear of what?

The history of the term is interesting and shows how, until just a few decades ago, the SOGIESC field was truly a minefield. Simply put, this term began circulating around the mid-20th century in the United States, within various studies on human behavior, conducted primarily by psychiatrists.

Starting in the 1960s, the word homophobia began to circulate widely and came to describe any possible manifestation of hatred, discomfort, or intolerance toward anything that was not heterosexual.

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The word has also been used to explain and, often, defend certain individuals guilty of hate crimes against gay men and trans people. This occurred in some murder trials in the United States, during which lawyers defended those who had killed a gay man—often in particularly brutal ways. According to the defense, the crime happened because the man, ultimately found guilty, was allegedly in the grip of a phobia, a homosexual panic (that is, overwhelmed by fear that the victim "might make advances" and "threaten his heterosexuality")[15]. Today, after many civil rights battles and the recognition of LGBTIQA+ people, the word homophobia no longer carries this meaning of a "mitigating factor," but continues to be used as a descriptive term for anything that opposes LGBTIQA+ people in various ways.

And internalized homobitransphobia? We are all immersed in communities and contexts that are often, unfortunately, marked by homophobia. The same applies to LGBTIQA+ people: we are entirely accustomed to considering, perceiving, and interpreting behaviors, traits, and identities that differ from the norm as something wrong or, indeed, deviant. Whether or not one believes this should be corrected, the idea of difference is, in any case, deeply rooted in all of us, with no exceptions. Internalized homobitransphobia therefore refers to the conflicting feelings, discomfort, or complete rejection and denial experienced by LGBTIQA+ individuals toward their own orientation, traits, or desires.

15. Murder of Scott Amedure, a murder trial held in 1995, ended with the conviction of Jonathan Schmitz, who was found guilty and sentenced to 25–50 years in prison. However, the "gay panic" defense was also used in other trials—for example, in the trial for the murder of Matthew Shepard, a young gay man, by some of his peers in 1999, and more recently, in the trial for the murder of Gwen Araujo, a young trans woman, in 2005. In none of these cases, however, did the defense succeed as a true mitigating factor.

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Heteronormativity, cis-normativity, heterosexism: these key terms relate more to our culture, our society, our way of seeing things and, ultimately, to the assumption that other people are a certain way. Before providing an explanation, let's look at a few examples:

Do you already have a girlfriend?

With smart working, his wife will be happy to have him closer.

. . . But maybe that person not only doesn't have a girlfriend, but doesn't even want one. Maybe he doesn't have a wife, identifies as a cis man, and has a partner—a gay relationship.

The terms **heteronormativity** or **cis-normativity**, which are essentially synonyms, refer to the worldview, culture, or perspective of many people who assume that heterosexuality and cisgender identities are, essentially, the only valid expressions of sexuality and gender. Everything that is "different" is therefore outside this norm, outside this framework. The monogamous couple, in turn, is considered the only "acceptable" or taken-for-granted relational model.

This doesn't mean that a person who is, so to speak, accustomed to having a heteronormative view or conception of society is homophobic, intolerant, or anything of the sort.

It's often more about what we've all, in fact, grown used to—what we've been taught and shown since childhood.

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If we think about it, the fairy tales most of us know are heterosexual. Until just a few decades ago, every film, television or radio program featured heterosexual people, heterosexual relationships, strictly binary identities, and monogamous couples. Any "exception" was, in fact, an exception—something strange, perhaps even laughable. Our families of origin are mostly heterosexual, as are those of our grandparents. **If there's no exposure to anything different, no education in inclusivity, in recognizing and valuing difference, it's natural not to have the tools or language to imagine and describe something else**.
This is precisely what heteronormativity is: the idea that the heterosexual, binary, monogamous model is (or was, until the liberation movements and the fight for the rights and recognition of LGBTIQA+ people) the only possible cultural and social model, the only valid form of expression for people. **The word heterosexism has the same meaning, but with a more discriminatory nuance**: a workplace, for example, that openly discriminates against anything that is not heterosexual and cisgender is heterosexist.

Misgender, misgenderism: put simply, not respecting the gender self-affirmation of LGBTIQA+ people. If you know that a person you work with is, for example, non-binary and you know their pronouns and chosen name, and you choose—deliberately or not—not to use them, you are committing an act of misgendering. Making a mistake and apologizing is acceptable—it can happen. For example, you might use an inappropriate pronoun. Doing it on purpose, well, no. That is outright discrimination and a truly violent act that, in certain legal systems, is even punishable.

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Coming out, outing, coming out from the closet: two words that are often confused: **coming out** and **outing**. It's still common—even in the media—for people to use outing as a synonym for coming out, but they actually mean very different things.
Coming out refers to the personal process of revealing one's LGBTIQA+ identity to others. In mainstream culture—think of movies, for example—the classic coming out moment is often portrayed as happening with one's parents or family: "I'm gay," "I'm trans." But in reality, coming out isn't a single moment—it's an ongoing process.
Contrary to how the media—of all kinds—have portrayed the moment of coming out, if we stop and think about it, **we'll realize that it's actually a process, a coming into the open that, quite literally, never ends**. Your family might know that you're trans, for example. They support you and stand by you in this. But most likely, you'll have to—if you wish to, if the situation calls for it—go through many other coming outs over the course of your life: at work, with different peer groups, at the gym, with acquaintances and other people you'll inevitably meet. How often do we end up chatting casually with acquaintances? How often does the personal become a topic of conversation?

I can't wait for the holidays—my husband has already booked a lovely trip!

A typical phrase that someone might casually say—perhaps in a waiting room, at the accountant's office, in a law firm, or in any ordinary workplace.

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If someone replies, “Me too! My partner has planned a great summer trip—we’re going to the beach,” and they present as a man, cis or trans, then that simple sentence becomes a coming out in itself—another act of self-disclosure. In fact, coming out literally never ends.
This highlights the complexity of the term, which is often seen as a single, emotionally charged moment. In reality, coming out can happen—or have happened—in certain contexts or with certain people, but not in others. A person might feel free to express themselves within their family, but may want—or need—to hide their identity or orientation at work, out of fear of repercussions.
The word closet is often used to describe people who, while knowing they are LGBTIQA+, keep it to themselves and don’t come out—hence the metaphor of being “in the closet.”

Outing, however, is something very different. This word refers to the moment when a third party reveals something about another person—specifically regarding their gender identity or sexual or relational orientation—to others.

Did you know? Francesco, from administration... is gay! ... His colleague told me—she picked up on it after hearing him on the phone once...

Outing can take many forms and be carried out, depending on the situation, with a wide range of intentions—from naïve to malicious. Just think of public outings aimed at damaging the reputation of public figures. In any case, if the person whose information is being shared has not given their consent, outing is and remains an act of violence and a violation of privacy.

Stanze private is the Italian translation of ***Epistemology of the Closet*** (1990), a foundational text in queer theory by Eve Kosofsky Sedgwick. The essay examines how modern Western culture is structured around the homosexual/heterosexual binary, deeply influencing other fundamental binaries such as male/female, public/private, knowledge/ignorance, and health/illness. Through the analysis of literary and philosophical texts, Sedgwick explored how sexuality is regulated and concealed through linguistic, literary, and social structures, revealing that the "closet" is not merely a private space but a central epistemological condition in modern culture.

Sedgwick, E. K., Stanze private. Epistemologia e politica della sessualità, trad. it. di Federico Zappino, Carocci, 2011 (ed. or. Epistemology of the Closet, University of California Press, 1990).

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call me by my name

exercises and guidelines

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As highlighted in the previous section, gay, lesbian, bisexual, transsexual, intersex, and queer individuals face various forms of discrimination and distress on a daily basis, carrying the weight of a social and cultural stigma that, especially in several EU countries, is far from disappearing. **Although there are not many documents or reports on the subject, the use—or lack—of inclusive communication by those who have made individual support and listening their profession (or vocation, even on a voluntary basis) appears to be the primary factor that determines not only the success of the relationship between the "professional" and the LGBTIQA+ "client," but even earlier, the very possibility that LGBTIQA+ people overcome their initial fears, open up, and access the various support and mentoring services they feel they need**. This means that, even before gaining familiarity with specific and specialized methodologies—which are certainly useful in themselves—such as affirmative counseling, or developing skills in other support and listening approaches focused on ensuring the self-affirmation of LGBTIQA+ individuals, what is needed first is a basic, cross-cutting competence: not professional, but communicative and, in practice, also emotional and civic. This foundational competence should precede and guide more practical and broadly methodological skills.

Let's look at some concrete examples from the perspective of a counselor working at the headquarters of a nonprofit organization, which has dedicated a space—a room (what we call a setting)—for listening and providing guidance to external users and clients, once or several times a week.

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It's not a given that clients, users—or patients, a term that still carries medicalized connotations—accessing such a service, which we might call a listening desk, are LGBTIQA+ individuals. They might be, but it's just as likely they're not. **However, if psychologists or counselors assume that all their clients are heterosexual, cis, and either male or female based on their anatomy, without adapting either their language or their setting to be implicitly LGBTIQA+ friendly, the outcomes can only be negative**.

In the case of clients or users who are indeed LGBTIQA+, they might not immediately feel at ease. If they wish to talk about issues related to their sexual orientation or gender identity—seeking, for example, support and guidance on how to handle complicated situations at home or at work—they would find themselves having to come out once again, with the risk of not encountering a setting or a professional who is open, prepared, and inclusive in this regard. It's also possible that LGBTIQA+ individuals haven't come out yet: in such cases, revealing themselves could be even more difficult and traumatic.

Still in the case of LGBTIQA+ clients or users, they might remain reluctant to access the services themselves or to seek help or support, perceiving even listening and guidance spaces as potentially hostile—or at the very least, not explicitly open to SOGIESC-related issues.

What about help desks specifically dedicated to LGBTIQA+ people, offering support and guidance on sexual orientation, gender identity, family mediation, and much more?

Thanks especially to the work of many activists for the rights of gay, lesbian, trans, intersex, and queer people, there are many centers – mostly private and non-profit, especially in Italy but also in the Netherlands and many other EU countries – that have become "equipped" and, over time, have launched listening and counseling services offering specialized individual support. With the help of experts, these centers provide, for example, legal assistance, guidance and mentoring, psychotherapy services, or medical support. They welcome young and adult LGBTIQA+ individuals, LGBTIQA+ asylum seekers, disoriented parents, trans people in transition, and victims of discrimination and violence, among others.

Although the work of activists and organizations fighting for LGBTIQA+ rights is extremely important – we wouldn't be here without them! – it's not a given that someone seeking support and guidance can or wants to turn to them, for various reasons: they might not have come out yet (and may not want to). They might not want to be seen in "places like that," or, more simply, they might live in areas where this kind of LGBTIQA+ association does not exist or is poorly resourced: various less progressive EU countries, rural or peripheral areas, suburbs.

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Above all, thinking that support for LGBTIQA+ people is solely the responsibility of those who, in a sense, work exclusively on their rights means adopting a separatist mindset. This runs counter to the European principles and goals of inclusion, of promoting diversity, and of breaking down the barriers that hinder access to educational and personal development opportunities, as well as to care services and initiatives aimed at fostering individual and social well-being — for everyone and by everyone.

More simply, it is more likely that an LGBTIQA+ person would prefer to go to the nearest listening and support center, for a variety of reasons not solely related to SOGIESC issues. Then, during the relational and listening activities, such topics may surface and be addressed — or they may not. What matters is that, from the very beginning, the LGBTIQA+ person can feel safe and potentially free to speak about themselves, without the need to "come out" or "declare" their difference, and without the risk of encountering counselors, tutors, or psychologists who are not allies or not adequately prepared.

Verbal and non-verbal communication is fundamental, right from the very first exchanges, to properly set up one's environment and counseling approach in a way that conveys a readiness to respond to needs or requests related to the SOGIESC spectrum. There are not many reports specifically focused on the effects and impact of language, communication, and voice—taking into account non-verbal elements as well, including how to equip and, why not, furnish one's setting—whether it's a meeting room where teachers welcome students, a listening desk at a non-profit organization, or a public health center.

There is a particular lack of reports focused exclusively on EU countries. However, looking at cultural traditions that are, to some extent, close to our own—such as those in the United States, Australia, and New Zealand—where activities similar to those promoted by **Pitch Perfect** are somewhat more common, the data gathered are both alarming and encouraging. A study conducted by the **Australian government in 2021**[16], which collected testimonies from around 200 LGBTIQA+ individuals of various ages, mostly young people, revealed that in contexts where inclusive communication was lacking—especially from tutors and teachers—more than half of the respondents (54%, to be exact) reported difficulties concentrating in class and, overall, poorer performance, both in grades and attendance. Around 30% of respondents reported experiencing the negative effects of communication, language, or settings that were not implicitly inclusive, particularly in relation to listening, mentoring, and mental health support services. These difficulties emerged not so much in interactions with educators and trainers, but more with psychologists, counselors, tutors, and social workers. **Conversely, the presence of inclusive signals—even very simple ones—led to exponential improvements in performance, attendance, and perceived well-being.**

16. Australian Human Rights Commission, 2021.

We have already highlighted a very important aspect of the communication skills promoted in **Pitch Perfect**: they are not solely linguistic. **A first level of inclusivity and competence is certainly verbal and oral in nature**: such skills can be assessed by evaluating how familiar those working in counseling, education, or psychology are with LGBTIQA+ terminology and language. **However, inclusive communication is also written and verbal, not necessarily spoken aloud**. In this case, the level of inclusivity can be measured by looking at how—and with which lexical choices—materials such as brochures found in waiting rooms or on counselors' and psychologists' desks have been produced, as well as posters on the walls, books, or other resources displayed on the shelves of a listening space, and so on.

Finally, inclusive communication is also visual and material in nature: simple furnishing elements, games, or tools available in the room, artworks, posters—everything that, both explicitly and implicitly, defines one's working environment. If one embraces and adopts an LGBTIQA+ inclusive communication model, the chances of engaging with more LGBTIQA+ individuals will significantly increase. More clients or service users may feel free to open up and share their stories as such, choosing to address issues related to their orientation or identity without feeling the need to come out, but rather asserting themselves in a more direct and confident way. **They won't feel the need, first and foremost, to assess the competence—or, above all, the openness—of the counselor, educator or psychologist in this regard**. It will be taken for granted that they are speaking with someone open-minded, knowledgeable, and sufficiently equipped on the topic.

So how are these skills acquired?

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We can distinguish the skills required for LGBTIQA+ inclusive counseling into two types:

Methodological or approach-based:

In this case, we are talking about **non-professionalizing and methodological skills**, which also include the use of relational tools, exercises, therapeutic models (in the case of psychologists and psychotherapists), or support and guidance techniques (in the case of counselors and tutors). As we will see in the section titled **Methodologies**, the most effective skills in this sense for engaging with LGBTIQA+ clients or users are those rooted in affirmative approaches.
Simply put, those working in counseling—as well as in tutoring, education, and socio-educational facilitation—are not only aware of the variety and diversity of sexual and romantic orientations, as well as gender diversity, but above all understand that these aspects or traits belong to each of us. From a substantive point of view, there is no difference between one orientation (for example, heterosexual) and another (for example, homosexual). These are traits that should not be medicalized—that is, they should not be treated as "elements" to diagnose, problematize, or attribute a given issue to—but instead addressed in a constructive and egalitarian manner, just like the many other components of our identities.

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Linguistic and communicative:

In this case, these are the skills most extensively addressed in **Pitch Perfect**. They are also informal in nature: for counselors, educators and psychologists, this means being familiar with and comfortably using LGBTIQA+ terminology, as well as adopting gender-neutral language—allowing clients or users to name and describe themselves in their own terms, and being able to follow and respect their choices and preferences. **It also means not assuming that clients or users are cisgender**, and instead engaging in more neutral conversations around topics such as sexuality, partners, family, or emotional life.

Guidelines and examples for more inclusive and affirmative communication

Having gained a clearer understanding of the cross-cutting, communicative, and relational skills addressed by **Pitch Perfect**—also thanks to the glossary above—let's now look at some concrete examples, starting with models of inclusive verbal, oral, and written communication:

Examples of informal questions and interactions

Hi, before we get to know each other better—what's your name?	Hi, your name is Francesca, right? Is this your first time at the center?
Asking a question like this in a calm and conversational tone helps establish an affirmative and inclusive relationship right from the start. An LGBTIQA+ client or user might feel comfortable sharing their chosen name, if different from their legal name, without having to overthink it or explain what it means. In cases where clients or users do not have a chosen name or pronouns, they may still recognize in the counselor strong listening skills and an ability to adapt. Asking someone their name—even when you already know it (for example, from a phone booking)—is a small but important inclusive gesture.	A question like this, though well-intentioned, takes away the user's opportunity to name themselves. For an LGBTIQA+ person who may have a chosen name and possibly a dead name, this could immediately lead to feeling less safe and comfortable, or having to explain to the counselor or psychologist what that means, including their pronouns—risking misunderstandings or discomfort.

Let's talk a bit about your romantic life. Are you seeing someone / do you have a partner?

Some foreign languages allow speakers to be more inclusive, for example by using neutral gender forms or terms that don't directly align with "masculine" or "feminine" categories. In English, for instance, it's now common practice to refer to someone's partner as a significant other. In Italian, for example, this is a bit more complex, as even seemingly neutral words are often still gendered as masculine or feminine. However, we can still choose terms that best serve our purpose: words like partner or persona convey the idea that we are not assuming the other person's sexual orientation, without needing to use overly long, complex, or unnatural expressions.

Let's talk a bit about your romantic life. Do you have a boyfriend/girlfriend? Are you married?

Asking a question like this means inferring someone's sexual orientation based on external factors: if the person in front of us has a feminine appearance, it's often assumed they are a cis woman—and, by extension, heterosexual. It also assumes an interest in sexuality and relationships (asexual people do exist!). In such cases, LGBTIQA+ clients and users may choose to lie or withhold information about themselves, simply to avoid yet another coming out, exposing themselves to potential judgment from the counselor or psychologist, or having to explain what their orientation is or means.

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What do your parents do for a living? / What do the people who take care of you do? Who are the people who take care of you?

The family context is a very delicate matter and often one of the most discussed topics in counseling, especially with young LGBTIQA+ individuals. But even for older clients or users, family is frequently a complex subject. It is often within the family that a sense of acceptance is built—or, conversely, where discrimination and rejection begin. Referring to the family context using neutral terms that do not assume, above all, the presence of a heterosexual family unit can send a clear message to LGBTIQA+ individuals: that the counseling environment is inclusive and competent, a "safe space" where they can talk about their relationship with their family. And contrary to common misconceptions, the word parent works perfectly well.

What do your mother and father do? At home, is it your mother or your father who looks after you more?

In addition to conveying the idea that the speaker—namely the counselor or psychologist—is someone who implicitly assumes that family must be based on a heterosexual relational model (father:mother, that is, male:female), a question like this could put clients or users in a difficult position if, for instance, they do not have parents, have chosen to distance themselves from their biological or original family for various reasons, or are being cared for and supported by other figures. In this case too, beyond the LGBTIQA+ dimension and SOGIESC-related topics, the goal of inclusive communication is to avoid taking away someone's voice, as well as their ability to name and affirm themselves.

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Do you have a new romantic interest? A girl, you say? Does she make you feel better than X did?

When clients or users begin to open up and share something about themselves, their sexual orientation, or their gender identity, counselors or psychologists should be able to navigate a variety of communicative situations with ease. Just as it is inappropriate to assume someone is heterosexual, it is equally non-inclusive to treat homosexuality as a one-size-fits-all orientation. Many people may be bisexual or pansexual, or may not yet fully understand their own orientation. Others may identify as part of a spectrum or continuum that does not involve rigid distinctions or separations. The goal is to be able to handle, with confidence and fluency, situations that are fluid and still unfolding.

Do you have a new romantic interest? A girl? But didn't you use to like boys?

Bisexuality exists, as does pansexuality. Sexual orientations—just like gender identities—are not "fixed" or "unchangeable" traits, but should be understood as points along a spectrum that may include two opposing "poles" (such as heterosexuality and homosexuality), but also many intermediate nuances. Expressing surprise or uncertainty when faced with something that doesn't fit into a binary logic (man:woman, or straight:gay) can make LGBTIQA+ individuals feel as though something is wrong with them—not fully gay, not fully straight. In short, out of place —even within the LGBTIQA+ community.

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Starting from these practical examples, it is possible to outline some general guidelines for shaping one's communication and language in a more open, inclusive, and attentive way toward the needs of LGBTIQA+ individuals. These include:

Communicating in a welcoming and, implicitly, LGBTIQA+ friendly way: this means using lexical choices that can potentially make anyone feel at ease. For example, one can avoid using strongly feminine or masculine forms, when possible, or words that carry **a strong cultural and social connotation** (such as the words mother, father), when there are many equally common and widely used synonyms, such as parent or parental figure.

Knowing the glossary and getting informed: this kind of linguistic knowledge is not only important to avoid being "caught unprepared." It means becoming familiar with topics and issues that may not have been addressed during one's educational or professional path. This means that, starting from language, one can become familiar with a vast world and with a multitude of people who often need specific, competent, and **non-generalizing support and listening services**.

Conveying inclusivity not only through words: placing on one's desk, in one's office, or for example on the walls, a simple sticker, some storytelling games, books, or any other material that explicitly signals that the space is LGBTIQA+ friendly allows for the establishment of an affirming and welcoming relationship and dialogue from the very beginning, even before making an introduction.

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Knowing the support and listening services for LGBTIQA+ people: simply put, do your research! Not everyone involved in counseling or support work necessarily has to become an expert in affirmative approaches or SOGIESC-related issues. There are many different orientations, specializations, and methods. At the same time, it is essential to stay informed and to know who has chosen to work specifically in this field, often exclusively. In this way, LGBTIQA+ clients or users can be directed toward well-established and more experienced organizations, which may be able to offer more targeted support.

Give the floor to clients and users and follow their lead: this is, among the guidelines, the most important one. After having established the relationship and dialogue in the most inclusive way possible, it will be the person in front of you who expresses themselves and guides the counseling process toward the linguistic choices, themes, and approaches that suit them best. They will define, for themselves, their name, their pronouns, and, more broadly, their communicative and expressive code.

We can define other guidelines or suggestions, even slightly more practical and connected to everyday situations:

Making mistakes: **making a mistake is normal**. However, if those working in counseling or psychology have been able to establish an open and inclusive setting and communication approach, it will be enough to apologize sincerely, without downplaying the error, and then continue with the session. Clients and users will surely understand and may even offer some guidance to help avoid future mistakes.

Pronouns: chosen pronouns are an increasingly established part of communication in English-speaking countries. The English language, like many others, allows for a simpler use of neutral forms (for example, they/them/their instead of she/her/her or he/his/him). In Romance languages, including Italian, this is a bit more difficult, especially in spoken language. That said, it is absolutely normal not to know how clients or users wish to be addressed or referred to, and therefore it is absolutely normal to ask them.
What matters is asking these questions in an affirming and inclusive way. For example: “What is your name?” or, though a bit less common in Italian, “What pronouns do you use?” On the other hand, questions like “What should I call you?”, which implies a kind of obligation, or “Do you have any special pronouns?”, which may suggest something strange or outside the norm, should be avoided in contexts where one expects to be interacting with the LGBTIQA+ community.

The third person: inclusive communication and language do not stop at one-on-one conversations with LGBTIQA+ individuals. In general, inclusive language should be used as a standard when talking about people who are not present, who we may not know, or know only slightly. Especially for counselors and psychologists, this guideline is closely tied to the issue of privacy. If a counseling session is being held with an LGBTIQA+ person who has not given their consent to talk about or disclose information regarding their gender identity or sexual orientation, such topics should not be mentioned to third parties, even in a general or anonymous way.
On the other hand, the LGBTIQA+ person might be very open about it and may have given their consent naturally. In that case, while still maintaining confidentiality and anonymity, it may be possible to discuss the case with others, such as colleagues or other professionals (to explore certain issues together, try out a new method, get feedback from someone with more experience, and so on).

Distinguishing between preference and choice: we should avoid talking about "preferences," for example when referring to the pronouns and names that various LGBTIQA+ individuals wish to use for themselves. Referring to "preferred" pronouns or names, or ones they "like more," is a significant minimization. This is not about a simple choice, but about who the person feels they are — **their identity**. Simply use the terms name or pronoun, without adding adjectives or qualifiers. It is still better to refer to them as chosen name or chosen pronouns.

Separate public and private: some LGBTIQA+ individuals wish to affirm themselves openly, in public, even when interacting with people they do not know or know very little, for example when going to an office, accessing a service, or similar situations. Others, while wanting to name themselves and be referred to with a chosen name or pronouns, do so only in certain contexts: with friends, within the family, or in specific spaces considered "protected" and "safe."

The goal of those who work in counseling is precisely to make their setting one of these "spaces," by respecting the timing, methods, and guidance of clients or users.

This may mean that, within the one-on-one relationship, certain lexical choices, names, and pronouns can be used, while in external contexts, different forms might be adopted. Respecting the privacy and the specific needs of clients and users also means being able to adapt — and respectfully asking, if in doubt.

Write in an inclusive way: communication is not only verbal and not limited to what happens or is said during counseling sessions or at a listening and support desk. If you need to fill something out—especially bureaucratic documents, attendance sheets, or anything similar—try to write with the same principles that guide inclusive oral communication. This is often a very important issue, especially for trans, non-binary, and intersex people (though not only for them).
If possible, avoid writing down their dead name and instead promote, within your organization (an educational center, an institution, an association, a public or private healthcare facility), the use of chosen names and pronouns in official documents. However, always pay attention to privacy and consent: that LGBTIQA+ person may have opened up to you during individual counseling, but might not want others—especially people in certain offices—to know about their gender identity or sexual orientation.

Always ask!

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words in transition

intersexuality and transgenderism

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words matter

... And also a lot.

Language is much more than just a tool people use to communicate, understand, and make themselves understood. **Language is what has always allowed us to read and interpret reality, reflecting our culture and our ideologies**. When we name or refer to someone or something, we are actually assigning a wide range of assumptions, sometimes even prejudices. What we do when we speak, even implicitly, is to “arrange” everything into specific boxes and categories, largely predetermined by our culture, by what we are taught, and by our preconceptions.

The attention to language as either an ally in the fight for LGBTIQA+ inclusion or one of the main tools of oppression and discrimination is a relatively recent development—both for those who study language from a scientific and academic perspective and for activists, groups, and civil rights communities. However, it is also true that in recent years this interest has grown, especially with regard to transgender and intersex people. The way these individuals use language to describe themselves, affirm themselves, and recognize themselves is now increasingly addressed by those involved in LGBTIQA+ inclusion and SOGIESC-related issues, for two main reasons:

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Firstly, due to a lower level of familiarity—even among professionals—when it comes to gender identity, transgender issues, and queer identity affirmation, compared to the broader and more widely recognized field of sexual orientation, for various reasons.

The most evident reason is undoubtedly the greater visibility, including in the media, of gay, lesbian, bisexual, and pansexual people over the past decades, compared to transgender and intersex individuals.

It is also due to the more established—and to some extent more widely known—history of civil rights struggles and the **gay and lesbian liberation movement**[17] and, in a certain sense, the greater intelligibility of these concepts even for those who rarely deal with SOGIESC-related issues.

17. The term "Gay and Lesbian Liberation Movement," today also referred to as the "LGBT Liberation Movement" or the "Homosexual Liberation Movement," refers to the social and political advocacy efforts carried out by numerous collectives, civic groups, and various public figures who, starting in the 1960s and 1970s, first in the United States and Europe, gradually led to the achievement of civil rights, recognition, and greater equality for homosexual individuals. The birth of the Liberation Movement traditionally coincides with the so-called "Stonewall Riots," which took place on June 27, 1969, in New York. When local police raided a venue called "Stonewall" to carry out yet another eviction of the people inside, the LGBTIQA+ community in New York decided, for the first time, to resist and make their voices heard.
Since then, the Stonewall Riots have been commemorated in many parts of the world on June 27: the commonly known "Gay Prides," or simply "Pride," that bring color to our cities (though unfortunately not all of them...) give voice to the LGBTIQA+ community and remind us that, even today—and especially in many regions of the world—very strong and violent forms of discrimination still persist.

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Secondly, because when it comes to transgender and intersex identities, discrimination, intolerance, and violence tend to increase rather than decrease. **Trans people are, in general terms, even more exposed to hate crimes and various forms of marginalization and exclusion**. Even the language used by trans people themselves—and the language we use to refer to them—is potentially even more oppressive than that used in relation to sexuality, which is already far from being truly accepted, celebrated, or understood.

In the areas of transgender and intersex identities, there remains something that, after decades of activism and advocacy, has partially diminished in relation to sexual orientations (with due regard for some recent and tragic exceptions): **medicalization**. That is, the use of terms, concepts, and perspectives that are essentially clinical, medical, or diagnostic, which—even implicitly—frame the topic as one of pathology when referring to, describing, or analyzing transgender or intersex experiences. Trans and intersex people are not exempt from this: they themselves, often implicitly, are led to describe and affirm themselves through medical language and clinical terminology in one way or another.

For these reasons, greater educational and cultural awareness is needed when addressing SOGIESC-related topics, especially concerning the "T," the "I," and the "Q" in our acronym.
And it is precisely for this reason that an entire section of the **Pitch Perfect's** handbook has been dedicated to these thematic areas, to the struggles and specific forms of discrimination faced by trans and intersex people, with the goal of contributing to the multiplication and spread of opportunities for awareness and familiarity—especially for those who work daily in care, listening, and guidance.
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Transgender identity, compared to other SOGIESC-related topics, also from a linguistic and communicative perspective, is an issue that requires counselors, tutors, or those involved in education and educational facilitation to develop, in a sense, greater skills and familiarity. **Transgender identity challenges our preconceptions more deeply—not only in terms of what gender identity is, but also regarding the language we use and the lexical choices we make without even thinking**. Trans people themselves are not exempt from this: implicitly, and again without giving it much thought, trans individuals tend to narrate, describe, and affirm themselves using the very same language that discriminates against them, medicalizes them, and excludes them from what is considered the "norm."

There are not many studies or guidelines on this subject.

Briefly, without going into specialized and academic research —which is certainly important but often too theoretical from the point of view of counseling and of those practicing it, who find themselves in more everyday and, compared to academia, more concrete situations—attention to language and transgender identity began to grow around thirty years ago, at the beginning of the new millennium. In fact, it was during that period—not so long ago—that people in the broader public, in schools, and in various social and civic contexts began to grow familiar with the key words gender and identity.

We all started, to some extent, to reflect on what gender is in relation to biological sex, for example.

And, in general terms, we began to learn that things like gender identities are, in fact, **cultural constructs**—therefore also subject to change—shaped by historical periods, society and its evolution, geographic context, and many other factors. The idea that language is an important element—if not the most important one—for "classifying" things and, in the case of gender identities, for actually realizing them or putting them into practice, has become increasingly recognized, even by those who are not strictly professionals in the field.

Returning to transgender identity, and to the needs and demands of trans people, language is what has always allowed them to build, perform, and live out their gender, even before taking action, for example, on their bodies.

Trans people, in other words, use language for self-affirmation in innovative ways, different from what might be expected (for instance, by changing their pronouns or adopting a chosen name), even though, inevitably, they will still draw from "what the language offers."

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If, for example, the English language more easily allows individuals to name themselves in a neutral, non-gender-specific way, Italian is, as we have seen, still not well equipped in this regard, and people more commonly resort to the usual masculine and feminine forms.

However, perhaps more than academic research, studies, and essays on the subject—which have nevertheless become increasingly well-known over the decades—much has been and continues to be done by the media and, above all, the internet. Platforms such as **Twitter** (now **X**), **Reddit**, **Twitch**, **YouTube**, as well as, earlier on, cinema and television, have contributed significantly to two things, in a way both positive and negative:

The first, undoubtedly positive, is the increase in visibility, opportunities for self-affirmation, and recognition for trans people—their challenges, obstacles, and needs—reaching the eyes and ears of an audience that otherwise would have had very little exposure to these topics.

The second, somewhat negative or at least more complex, is that through these very channels, trans people—often using the same language that discriminates against and excludes them to talk about themselves—such as strictly binary language divided into masculine and feminine—have in a sense reinforced certain preconceptions and ideologies in the broader public. **Medicalized language, for example, has become more widespread**, with terms like gender dysphoria, sex change, therapy, and reassignment becoming more familiar. Likewise, as already mentioned, there has been a strong use of binary categories.
In short, something that should generally be challenged in the name of a more inclusive cultural approach has ended up becoming mainstream.

Let's think about it for a moment: it is true that trans people are more visible today—for example, in film, on television, or in other media. On the other hand, they are still very often represented through a lens we have learned to call heteronormative and, particularly in the case of transgender identity, through a medical or pathological perspective, regardless of the intentions—more or less good—behind the representation itself.

In very popular TV series with a large audience, such as ***Orange is the New Black***, ***The Chilling Adventures of Sabrina***, ***Transparent***, or ***The Umbrella Academy***, the transgender characters portrayed—certainly with the best intentions from the creators—still tend to represent trans identities in a binary way, often highly regulated and medicalized. These stories often frame the topic using the concept (and related language) of **the "wrong body" to be corrected**, just to give one example. It is still rare, even today, to come across representations or communicative models we can learn from—both as viewers and as trans individuals who are often "forced" to use language as it is, which is frequently not inclusive and certainly very heteronormative—that go beyond the idea of transgender identity as necessarily a transition from male to female or from female to male. Or again, as something to be diagnosed, accepted, and supported in order to correct a wrong body so it can finally become the right one.

In other words, it remains difficult to imagine—let alone use—the right words to speak about transgender identity for what it truly is: **one of many possible manifestations of gender identity, constantly evolving, that is not male, not female, not binary, and that does not have to be boxed into fixed categories, ideologies, stereotypes, or preconceptions.**

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Medicalized language is without doubt the most difficult aspect to overcome in achieving true linguistic inclusion of trans people, and from the perspective of those working in counseling, psychology, tutoring, education, and social work, this challenge is even greater.

Hormone therapy, transition, corrective surgery, gender reassignment surgery, sex change, dysphoria, diagnosis—all these words, in a sense, shape our (negative, mistaken) conception of transgender identity. And unfortunately, this links us to trans people themselves, who still find themselves forced to narrate, describe, and affirm their experiences through the very same words that portray them as patients. This means that, even with the best intentions and in the most supportive settings, the idea of the trans person as someone to be treated, who is undergoing treatment, is reinforced—associating transgender identity with a condition, a psychological and/or physical health state, rather than simply as the expression of an identity which, as is only natural, may not align with or fit neatly into the concept of gender binarism.

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Intersexuality

Let's now talk about intersex identity, taking a closer look at another SOGIESC-related topic that, like trans identity, tends to be less well known, less widely understood, and more often misunderstood compared to, for example, sexual orientation.
With our glossary, we have already explored what intersex means: a biological trait that characterizes intersex people from birth. Looking more closely, intersex individuals are those born with certain sex chromosomes, external genitalia, and internal reproductive systems that do not align with either male or female anatomy. For example, an intersex person may lack "concordance" between external genitalia, chromosomal characteristics, and/or gonadal features.

The purpose of this in-depth look is to help us understand the fundamental difference between transgender identity and intersex identity—two phenomena that are often confused with one another and, in general, are less well known and less represented, including in the media, especially when compared to gay, lesbian, and bisexual communities and individuals—that is, to expressions of diverse and possible sexual orientations beyond heterosexuality.

Certainly, intersex individuals may, over the course of their experience, also identify as transgender. However, we have understood that transgender identity is the phenomenon that most directly "challenges" our preconceptions, prejudices, and stereotypes related to gender identity, binarism, masculinity and femininity, and so on.

Transgender identity, therefore, concerns the sphere of gender and not so much the anatomical or biological starting point, so to speak.

Intersex identity, on the other hand, refers specifically to the possibility that, from birth, certain anatomical and physical characteristics (chromosomal, gonadal, hormonal, genital) are present in such a way that, based on a cultural framework that strongly divides female and male anatomy, it is not possible for parents or medical staff to determine whether the newborn is unequivocally male or female.

Even in the most up-to-date manuals and studies, terms like anomaly, divergence, or similar synonyms are still used to define intersex identity. However, it is preferable to use terms that, as much as possible, avoid suggesting that intersex anatomy is somehow "wrong." In any case, it is important for those working in counseling, education, tutoring, or socio-educational facilitation—when interacting with intersex individuals—to let them take the lead in expressing themselves and to follow their guidance when it comes to language and terminology they feel is most appropriate.

Intersex identity is not a common phenomenon, but it is not particularly rare either: its estimated incidence appears to be around 1 in every 4,000 to 4,500 people.

The issue of intersex identity is not solely anatomical or biological, but—like everything related to SOGIESC topics—is also deeply cultural and historical.

Even today, at the birth of an intersex person, medical staff may propose certain surgical or pharmacological treatments to "correct the anomalies," thereby assigning the newborn to one of the two biological sexes (and, by convention, to one of the two traditional gender identities): male or female. This is typically done following the **"best possible outcome" approach**, meaning that based on the predominant traits of the intersex individual, a decision is made to "eliminate the anomalies."
In reality, however, many intersex individuals do not need surgical interventions or medical treatments at birth: they are healthy, everything functions properly, and any procedures could simply be postponed, allowing the choice to be made by the individuals themselves—who, of course, at birth, are not yet able to make autonomous decisions about their own bodies or identities.

Returning to language, communication, and our educational guidelines, we can therefore compare two interpretive models—both for transgender identity and for intersex identity—in order to learn how to differentiate, especially in counseling settings, between medicalization and inclusion:

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Intersex identity is an anatomical possibility. Some people are intersex, and its incidence is not even that rare. It is, in any case, an individual characteristic that does not necessarily need to be corrected and should always be considered on a case-by-case basis.

Intersex identity is an anomaly, a malformation, that must necessarily be treated and corrected. This person must surely suffer greatly, as does their family.

Are you intersex? How has this aspect of yourself made you feel up to now? Would you like to talk about it?

Follow the lead—the most important communication tip not only for intersex individuals, but for all LGBTIQA+ people in general. Intersex identity is not only more common than one might think, but above all individual, meaning it cannot be generalized. Being intersex might be experienced as something "significant," or not, as something traumatic, or not, and so on. Always give the people you're speaking with the space and opportunity to define themselves, and from there, follow their lead.

Are you intersex? That must really be a challenge. And how did your family take it? Have you undergone any treatments? How do you identify, as a man or a woman?

Amazement always implies the perception of something "strange" or "bizarre." Asking intrusive questions, assuming a traumatic experience, reducing everything to our binary concepts of man and woman, of masculine and feminine, or immediately shifting the conversation to a medicalized framework, can in every respect be considered a form of violence and discrimination.

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Do you identify with a specific gender? Have you had the opportunity to choose your own path?

In a setting like counseling, asking questions is normal, and showing interest even more so. Choosing neutral language and, above all, using phrases that convey a sense of agency to the person in front of us helps establish a calm and, ideally, open form of communication. Most importantly, communicative ease and natural use of words will let the intersex person know they are speaking with someone who is, in fact, competent—someone who understands the topic and is not caught off guard.

Have you been bullied or discriminated against because of this? Have you undergone any therapies or surgeries? What traits do you have? Well, all things considered, you look like a woman — I would have never guessed!

An intersex person who identifies as such might, according to our perceptions, appear to be “a woman” or “a man.” There are various possible forms of intersex identity. However, continuing to emphasize one’s own binary conception and constantly trying to reduce everything to the norm that opposes “men” and “women” will only contribute to reinforcing, in intersex individuals, a possible sense of estrangement, discomfort, and at times, genuine suffering.

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Transgender identity is an umbrella term used to refer to people who do not identify with their assigned gender—that is, the one imposed on them from birth based on the appearance of their anatomy. Transgenderism implies a transition, but just as there are many trans individuals, there are just as many forms of transgender identity.

Transgender identity is being born in the wrong body. When a man feels like a woman and wants to become one. To do this, the trans person will have to undergo various treatments, both medical and surgical, in order to appear as who they really are.

Do you identify as transgender? While we're at it, could you tell me your chosen pronouns and how you would like me to address you? And I apologize in advance if I make any mistakes at first.

A communicative approach like this would allow counselors and tutors to convey their understanding of transgender identity for what it truly is: diverse and possible manifestations of gender, and various possible paths of transition that should not be rigidly categorized, but that ultimately concern the lived experience and needs of the individual person.

Are you trans? So you were a woman/man before? Are you currently transitioning, or have you already completed your journey?

As we have seen, transgender identity often involves "changing the rules" that shape our understanding of gender identity. However, emphasizing this fact—even in listening and support settings—does not help trans people develop the awareness that not identifying clearly with a specific gender is not something that needs to be "fixed," nor something that must necessarily be brought back within binary categories.

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Transgender identity is not a pathology, a disease, or something that needs to be cured (even with the best intentions). It is a possible expression of identity and gender. Although many of our communities, laws, and healthcare systems continue to describe transgender identity using medical terminology, it is increasingly important to avoid such language and, when possible, to support trans people in freeing themselves from medicalized language when speaking about themselves. Transgender identity is a journey and an expression of identity, and it does not mean "correcting a wrong body," because there is nothing wrong—neither before nor after.

Transgender identity is feeling wrong in one's own body. It is therefore a term that describes all the paths that people who feel this way must take in order to be happy and truly feel like themselves. Transgender identity is a form of discomfort, a kind of suffering, that must be treated with specific therapies and surgery. After all, the ultimate goal of transition is gender reassignment, so that trans people can have their "real" body.

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How have you chosen to affirm your identity? Do you feel like you want to follow any specific path, now or perhaps later on?

The most important aspect is to understand transgender identity in the broadest way possible. This means paying close attention, for example in one's lexical choices, to anything that might suggest the idea of a "transition" from point A to point B, as if no other letters existed. Another key consideration is to avoid, as much as possible, using terms that refer to the medical sphere.
But what if the trans person uses those very terms for themselves—diagnosis, dysphoria, or others?
Well, in that case, those working in counseling can approach the topic inclusively by offering alternative words, new perspectives, and different ways of understanding transgender identity. Tracing the history of these words, for instance, can be a helpful way to show how many of these terms are becoming increasingly outdated in various cultural traditions.

Have you always felt this way? I can only imagine your suffering—feeling like you're in the wrong body must be so difficult. Are you already undergoing therapy, have you already planned your transition?

Even with the best intentions, this way of approaching transgender identity—as a "problem" that can and must be addressed, corrected, and treated—only serves to perpetuate several stereotypes.
The first is the idea that there are only two gender identities, male and female, both directly linked to biological sex. As a result, anything or anyone that does not "feel comfortable" must, or should, undergo a transition from one gender to the other.
The second stereotype—more accurately a prejudice or outright inaccuracy—is the belief that this kind of "discomfort," which is not experienced by all trans people, constitutes a pathology, one that must be treated medically, through surgery or psychiatry.

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These suggestions and examples conclude the section broadly dedicated to language and communication with LGBTIQA+ individuals. Before moving on to the methodology —which will explore the same themes from a different perspective and provide further examples and models for communication, as well as for education and facilitation, always in relation to LGBTIQA+ individuals—it is useful to summarize all the concepts presented so far in a general guide. This can serve as a reference for counselors, psychologists, and tutors in their mediation and listening activities.

Counselors with an education in SOGIESC topics should...:

Know that gender identity is not necessarily linked to anatomy or biological sex.

Know that sexual, romantic, and relational orientation is not connected to gender identity, nor to anatomy or biological sex.

Know that gender identities, just like sexual orientations, are more accurately described as a spectrum—a wide range of possibilities—and cannot be reduced to "opposite" or "binary" pairs: male/female, heterosexual/homosexual, and so on.

Know that even anatomy and biological sex can, in reality, exist on a spectrum, and are not limited to the male/female binary: intersex people exist!

Know that binarism—whether related to gender, anatomy, or sexual orientation—can have a harmful impact on many LGBTIQA+ individuals: a trans person may not identify with the gender and/or biological sex assigned to them at birth, but that does not mean they must necessarily identify with the “opposite” gender or sex. An intersex person may not wish to “fit into” one of the two traditional biological sexes, male or female.

Be aware of transsexuality, as well as intersex variations: their incidence, characteristics, and the various possible manifestations. Most importantly, they should know that the two terms do not necessarily have much in common and refer to two very different things.

When working with trans or intersex individuals, **they should avoid using strongly medicalized terms or language**. Even when trans or intersex people themselves use such terms to describe their own experience or body, they should be gently guided toward terminology that does not evoke the notion of illness, pathology, malformation, or abnormality.

They should know how to build networks when necessary—for example, with medical staff if needed, or with social services, or with lawyers and legal experts, as well as with civic groups, associations, and other organizations dedicated to the promotion and protection of LGBTIQA+ civil rights.

They should always follow the guidance of their LGBTIQA+ clients or users: from names to pronouns, and whether or not to address certain issues directly.

They should ask their clients and users for guidance, suggestions, and directions without fear of appearing unprepared.

They should feel free to make mistakes: using the wrong pronoun, an insufficiently inclusive term, or a phrase that reflects binary thinking—it can happen, and that's okay. What matters is always reflecting on what is being communicated, understanding its nuances, and adjusting it for the future.

They should, in cases of counseling and family mediation, provide support to parental figures in the event of the birth of an intersex child, or if a child displays "gender-diverse" behaviors from an early age. They should guide families toward acquiring knowledge on the subject and developing an inclusive perspective, but they should discourage the use of pharmacological or surgical therapies—whether in cases of intersexuality or potential transgender identity—until the person is able to make their own choices autonomously and, above all, consciously, which typically occurs much later in life.

They should be aware that gay, lesbian, queer, trans, intersex, pansexual, non-binary people—all those who do not identify with the gender identity of “man” or “woman,” nor with the anatomy or biological sex assigned to them at birth—are significantly more exposed, compared to cisgender people, to discrimination, bullying, verbal and physical violence, assaults, and, unfortunately, much more.

They should know that among LGBTIQA+ individuals, the incidence of depressive symptoms, clinical anxiety, and suicidal tendencies is significantly higher compared to cisgender people. They should therefore thoroughly educate themselves on the subject, assess each case individually, and stay constantly up to date.

They should be aware that, especially in Europe, there is not much research, available data, or other useful material on the topic. They should therefore also know how to search for and reach out to groups, committees, associations, or public bodies that, in various ways, are working across Europe to promote the inclusion of LGBTIQA+ people in all social and cultural spheres.

They should know that many forms of discrimination, marginalization, and exclusion also occur within the LGBTIQA+ community itself. Trans and intersex people in particular—along with kinky individuals—have long been excluded from struggles, such as those for civil rights, led by gay and lesbian people.

Given their role in listening and guidance, they should truly be able to define themselves as allies to all.

Ally counselors should not only work with others, but also on themselves, always keeping in mind who they are and how this inevitably influences and shapes their way of thinking and seeing the world—especially if they have not engaged in specific educational or training paths on the subject.

Consequently, truly allied counselors should know that...

One's own gender and sexual orientation influence not only how one sees and describes the world around them—including other people—but also how successful their work of support, listening, and guidance with LGBTIQA+ individuals will be.

Anything that can help create an inclusive setting can and should be used: a simple poster, a book on the desk, a particular phrase used during introductions instead of another. Small gestures are what define an inclusive counseling environment.

LGBTIQA+ individuals are not defined solely by their traits or identity characteristics. If LGBTIQA+ clients or users do not wish to extensively discuss SOGIESC-related topics or aspects, and are seeking support or guidance on something else, it is the duty of counselors and tutors to respect that. However, this does not mean being any less inclusive in language or communication.

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And finally, they should also ask themselves...

"Have I ever asked myself why, or since when, the LGBTIQA+ people who come to me and my services have started to identify as such? And I, who may identify as cis and heterosexual—have I ever paused for a moment to consider whether, in my case, it was ever necessary to 'come out,' to talk about my sexuality, about my emotional life?"

"Have I ever thought that being and feeling LGBTIQA+ is a private matter? That, after all, it doesn't really have major consequences, especially in Europe? That there isn't, in the end, such a strong need to be visible, to come out, to march in a Pride?"

"What do I really think about a gay or lesbian couple? And about marriage between them, or civil unions?"

"What do I truly think, even in private, about people who choose not to have a monogamous relationship?"

"How comfortable would I feel talking to a relatively young person, maybe 16–18 years old, about SOGIESC topics?"

"And if I have children, have I ever talked about these topics with them? And if the answer is no, how would I feel doing so?"

"Have I ever thought that LGBTIQA+ people are, in the end, somewhat promiscuous? Have I ever thought that a trans person—especially a young adult one—was simply going through a 'phase'?"

"Have I ever thought that a young gay person 'became' that way because of some trauma, a lack of male role models in the family, or something similar?"

"Have I ever thought that, for someone to be 'truly' trans, they must undergo certain medical or surgical procedures?"

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Methodologies

Active listening and Affirmative practices

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Among the objectives of **Pitch Perfect** is to provide methodological guidelines on LGBTIQA+ inclusion—both in communication and beyond—for counselors, psychologists, tutors, and those involved in education and educational facilitation, especially those working with families, young adults, or even older individuals who may be LGBTIQA+ or may seek assistance and support on SOGIESC-related matters.

For example, parental figures who feel disoriented and have LGBTIQA+ children, or young LGBTIQA+ adults who struggle with self-affirmation, experience acts of violence or bullying, or have difficulty understanding and expressing their gender identity or sexual orientation.

The partner organizations, **Close in the Distance** and **Stichting Art. 1**, have reflected on how to make certain **methodological models** accessible and transferable—models that, while very useful for managing relationships with LGBTIQA+ individuals and with people seeking guidance on SOGIESC topics, can sometimes be overly specialized, require foundational knowledge, or even a proper professional background, such as training in psychology.

But, as we have seen, not all counselors are psychologists, not all are psychotherapists, and above all, not all those who support, educate, and guide LGBTIQA+ individuals have this specific background: they may work in education, tutoring, facilitation, individual or family mediation. They may be involved in socio-educational activities and much more.

Two things, however, were clear from the very beginning to **Close in the Distance** and **Stichting Art. 1**:
The first is that guiding and supporting LGBTIQA+ individuals is not—and fortunately never will be!—an activity exclusive to any single profession.
The second is that these **methodological models**, even if they may seem "technical" or overly professionalized, are in fact highly transferable skills—more accurately, non-professional competencies—that all adults could and should develop in order to increase the inclusion of LGBTIQA+ topics and people in our communities and societies.
We have divided the methodological guidelines into three units or sections:

Affirmative Counseling

That is, a model or methodology of inclusive dialogue and listening, adapted from what is known as affirmative therapy[18],—a therapeutic model used in psychotherapy specifically to support LGBTIQA+ individuals. Affirmative counseling has reworked and extracted many key concepts and examples from affirmative therapy, removing the more explicitly "clinical" elements and adding new ones, so that those working in education, facilitation, mediation, and tutoring can also adopt this approach—an approach that is, in itself, highly useful and effective, especially in relation to the themes and target groups of **Pitch Perfect**.

18. Harvey, R., Murphy, M. J., Bigner, J. J., & Wetchler, J. L., Handbook of LGBTQ-affirmative couple and family therapy, 2ª ed., Routledge, 2022.
Cumming-Potvin, W. M., LGBTQI+ allies in education, advocacy, activism, and participatory collaborative research, Routledge, 2022.

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Cultural Competence

That is, a much more transversal, non-professional, and universal methodology or approach, which can be understood as the practical and holistic counterpart of affirmative counseling. Simply put, approaches centered on cultural competence aim to educate and train people through practical examples, concrete knowledge and tools, and much less theory—so that individuals are able to act, understand, and navigate confidently and effectively in cultural contexts and situations that may feel "foreign" or "different" from what they are used to.

In our case, this means being able to act, understand, listen to, and guide an LGBTIQA+ person even if one is not part of that community, even without having been an activist or similar—by having acquired a set of knowledge, skills, and tools (often very practical and minimally "theoretical"!) that are useful for that purpose.

From the perspective of **Pitch Perfect** and its partner organizations, cultural competence is a central and highly prioritized methodology or approach—forming the foundation of all actions and projects aimed at the inclusion of LGBTIQA+ culture and individuals in our communities and societies.

Gaming culture and creativity

This methodology or approach—also in this case more instrumental and foundational in nature compared to affirmative counseling—is the one closest to the heart of **Close in the Distance** and **Stichting Art. 1**, for obvious reasons!

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Close in the Distance is an association that promotes knowledge and awareness on SOGIESC topics and actively uses tools such as **EduGaming**[19] and **Videogame Education** to foster and spread inclusive competencies and cultural change, working primarily in the field of Digital Social Work[20].
Stichting Art. 1 is a foundation that works to promote LGBTIQA+ rights and inclusive culture through the arts—from film to podcasts and storytelling—and has for years used creativity as both a driver and an engine of change.
The use of game culture, educational tools, and creative, non-formal, and informal methods of guidance and facilitation to promote cultural and social growth, broader social inclusion, and the development of specific competencies best represents the mission and working approach of the two partner organizations.
This methodology, in short, involves the use of these playful tools through a non-formal and informal approach to help people acquire not only knowledge or information, but also new behavioral models, ways to express and affirm themselves assertively and positively, to better understand themselves, and to enhance their overall well-being.
This methodology section is linked to the second product of **Pitch Perfect**—its **illustrated card deck**. The section will therefore conclude with a set of practical exercises for using this deck effectively in any counseling setting to explore SOGIESC-related topics with clients and users, both LGBTIQA+ and not.

19. EduGaming is an educational approach that uses games—especially video games and online games (though not exclusively)—to promote specific transversal skills, particularly in the areas of inclusion, personal growth, the development of empathy, a sense of empowerment, and agency.
20. The use of digital tools and digital culture to carry out activities in animation and education. From the use of online platforms and social media to reach and engage users, to the promotion of specific segments of digital culture (such as video games) to foster, through non-formal methodologies, inclusion, civic awareness, and much more. More on this here: www.closeinthedistance.com.

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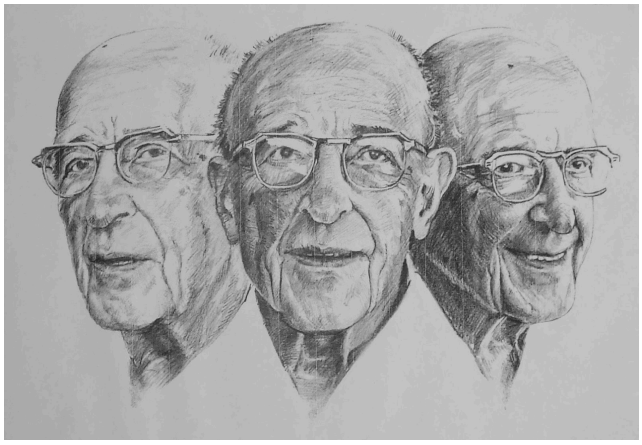
Affirmative Counseling: What is it, and how is it used?



Carl Rogers (1902–1987), a humanistic psychologist, developed client-centered therapy and introduced affirmative practices based on empathic listening and valuing personal experience.

Affirmative counseling is, as mentioned, the adaptation of certain methods and approaches drawn from affirmative therapy—an explicitly psychotherapeutic orientation which, for several decades now, has been considered the go-to approach for addressing identity-related and SOGIESC topics with clients and users.
To speak of affirmative counseling thus means going beyond the strictly professional and specialized realm of psychotherapists, so that **the principles, approaches, and examples of affirmative therapy can be adapted, transferred, and used by those who are not clinicians but are engaged, for example, in education, tutoring, facilitation, listening, or guidance.**

As we will see, in some cultural traditions this broadening of affirmative therapy has already been in place for some time—precisely because, in practice, this methodology is not inherently "clinical." It is easily adaptable and proves to be an excellent tool for anyone who may, in various ways, interact with LGBTIQA+ individuals: from educators or guidance professionals to, why not, parents, social workers, and many others.

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Affirmative therapy is, in fact, simply an approach that gives proper weight—and also a positive value—to everything that defines and shapes non-cisgender identities, as well as non-heterosexual orientations. In addition to recognizing, valuing, and positively affirming these identities and topics, this methodology also acknowledges and gives due importance to all the forms of violence and discrimination that LGBTIQA+ individuals may face throughout their lives and experiences.

This approach, therefore, is based on the recognition that the traits that make up a person's gender identity and/or sexual orientation are deeply important in shaping who that person is as a whole—just as the possible traumas or difficulties they may have experienced due to their gender identity or sexual orientation are also significant.

The affirmative methodology, finally, offers various approaches to understanding, **valuing, and validating these identities**—especially when the LGBTIQA+ user is still uncertain or afraid in this regard. Moreover, this methodology entails—a very important point!—**significant self-work**: it helps therapists, counselors, and tutors themselves to recognize and, in a way, "problematize" their own gender identity and sexual orientation, giving them proper weight and acknowledging how these aspects influence their practice, their work, and their relationship with LGBTIQA+ individuals—whether patients, users, or clients.
Even though the aim of this section is to transfer and convey affirmative counseling skills and methodologies—also through practical examples—to all our target groups, who in many cases are not psychotherapists, it is important to first take a step back and understand what this approach is and where it was developed, since, as we've said, it originated as a clinical and therapeutic practice.

At the foundation of it all lies the Rogerian orientation, also known as the Rogerian approach—that is, the set of ideas, models, and theories developed by Carl Rogers, an American psychotherapist who, around the 1940s and through various publications alongside his clinical work, played a key role in founding what is known as **person-centered psychotherapy**. This approach is also referred to as **humanistic psychotherapy**, **client-centered therapy**, and, in its earliest form, **non-directive therapy**.
Simply put, the core assumption is that every person possesses not only the capacity for self-affirmation but also an innate and positive tendency toward self-actualization.

We are all, therefore, naturally inclined to grow and develop in a harmonious way; we all desire self-actualization and tend toward our own well-being, which—according to this approach—stems primarily from the full acceptance of the self, one's values, one's identity, and all that it encompasses.

Discomfort, problems, and dissatisfaction arise when a person feels compelled to conform to or internalize certain "improper" values, models, or behaviors—external to themselves (for example, from the society or communities they belong to)—that are not aligned or in harmony with their own systems, perceptions, or desires; in short, with their path toward self-actualization and self-affirmation.
This humanistic and affirmative approach is, as its name suggests, centered on the client, because what matters is their subjectivity—that is, how clients, patients, or users perceive and experience the world around them. In this sense, the interpretation of the professional does not matter—only the lived experience of the client.

According to this methodological approach, those who practice psychotherapy should not direct the analytical process, should not influence it, and should not try to suggest ways of interpreting oneself or the surrounding world. Rather, they should listen and facilitate, equipped with the tools to accompany others—especially those in difficulty—toward full self-acceptance, self-affirmation, and self-actualization, by exploring and valuing themselves independently.

From these initial general guidelines, two things can easily be inferred:

That this approach, originally clinical or therapeutic—and therefore, in a certain sense, the domain of those practicing as psychotherapists—**has, due to the role it assigns to them (as we've said, more characterized by listening and guidance), quickly lent itself to becoming more of a set of holistic and transversal skills**. It has thus extended well beyond strictly therapeutic settings, and has since been adopted and spread among those working in social fields, education, socio-educational activities, and counseling in a broader sense.

That the focus placed on clients and users, along with the principle of self-actualization, self-discovery, and self-acceptance—as well as the absence of medicalized language and approaches—has made affirmative therapeutic practice become, and still remain, the go-to approach for SOGIESC-related matters and for LGBTIQA+ individuals. These individuals often do not need interpretation or clinical support, but rather a setting in which they can first and foremost explore and accept themselves; a space where they can process the weight of discrimination, violence, and exclusion; and above all, a space where they can find a guiding person—attentive, well-prepared, empathetic, and proactive.

There are several key points in the affirmative or Rogerian approach—first and foremost, actual "propositions" or assumptions that were published for the first time in the book Client-Centered Therapy: Its Current Practice, Implications and Theory, in 1951[21]:

Each individual exists within a world of experience of which they are the center.

The organism reacts to the field as it is perceived and experienced. This perception is reality for the individual.

The organism has one basic tendency and striving: to actualize, maintain, and enhance the experience of the organism.

The behavior of the organism is fundamentally directed toward the achievement of goals that are perceived as enhancing the organism's growth.

Behavior is basically the total effort of the organism to satisfy its needs as experienced in the perceived field.

Emotional behavior is essentially the experiential valuation of a forthcoming behavior and the accompanying emotional responses.

The experiences of the individual can be symbolized, perceived, and organized in relation to the self.

Experiences that are inconsistent with the structure of the self may be perceived as threatening.

With a decrease in threat to the self, experiences previously denied may be perceived and symbolized.

Each individual perceives and responds to the phenomenal field as an organized whole.

The self is an organized and consistent conceptual pattern of perceptions and values in relation to the "I" or the "me."

21. Rogers, C. R., Client-centered therapy: Its current practice, implications, and theory, Houghton Mifflin, Boston, 1951.

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The self is a product of interaction between the organism and the environment—especially the social environment—and a progressive differentiation of the experiential field.

Behavior is generally consistent with the self.

Behavior can, in some cases, be seen as the result of a tendency to maintain and enhance the organism.

Changes in the structure of the self tend to occur when the organism can assimilate new experiences without distortion or denial.

When the individual perceives and accepts all their sensory and visceral experiences into the self, they are more likely to achieve greater congruence between the perceived self and experience.

An individual can become more self-reliant and develop a positive self-image through unconditional acceptance from others.

Greater congruence between the perceived self and experience can lead to more realistic and effective functioning.

The full acceptance of experiences into the self leads to greater openness to experience, increased self-trust, and a greater ability to live in the present moment.

These 19 propositions, still relevant today, can nonetheless be partially simplified and adapted—moving somewhat beyond strictly clinical activities and, above all, beyond an approach that remains somewhat overly theoretical.

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Simplifying, affirmative therapy and therefore affirmative counseling is based on the fact that:

Each person tends toward self-actualization, toward positively expressing their full potential. According to this approach, this "tendency" represents the driver, the main engine behind all human behavior.

What matters is the lived experience, the subjectivity. What the therapist thinks, believes, or suggests is not of great importance: what truly matters is how the person—the client or user—perceives themselves and their surrounding world.

One must fully and unconditionally accept the personality, as well as the subjectivity, of the person in front of us—the one speaking to us and revealing themselves.

According to the affirmative approach, there is no room for prejudice or preconceptions, and more broadly, no room for therapists who wish to suggest alternative ways of seeing or perceiving things. As we have already seen, this means that rather than therapy, it might be more accurate to speak of facilitation, guidance, educational support, or mentoring.

Empathy and authenticity are the key words in the dialogue between therapist and client.

By adhering to these principles, counselors, therapists, tutors, and social workers can work to help individuals affirm themselves, achieve self-actualization, and come to know themselves in a positive and proactive way. They can also support individuals in reducing the distress they may feel when their identity does not seem to align with an "ideal identity," whether internal (such as a model of identity perceived by the client as "better" or more desirable) or external (such as one imposed or suggested by society).

They will ultimately adopt **active listening**, facilitate self-analysis, and will not direct the path, but instead be guided by what the user desires for themselves, working primarily in the here and now—the past matters, but it is not everything, especially when the goal is self-actualization in the present and future.
The emphasis on the person, on lived experience and subjectivity, on listening and guidance—rather than "leading," "directing," and even less so "curing" or "diagnosing"—has led to the increasing use of the affirmative approach with users and clients who needed, and still need, to explore, understand, value, and celebrate their gender identity and their sexual, emotional, and relational orientation, within safe and nonjudgmental settings.

Let's look at a practical example:

Counselors who adopt an affirmative approach and are working with LGBTIQA+ users and clients might begin by helping them understand their sexual, emotional, and relational orientation, along with their gender identity. This would involve exploring the client's own perceptions around key terms and issues such as **homosexuality**, **transgender identities**, **fluid and queer identities.**

They might then help highlight the positive aspects of everything that may seem—or be perceived as—different or non-normative, introducing concepts such as **heteronormativity** and **heterosexism**, and offering positive examples and best practices.

In essence, they could, in a very practical and assertive way, facilitate the growth of empowerment, self-esteem, and, in effect, the competence of LGBTIQA+ individuals specifically in relation to their orientation and identity.

It is often assumed, in fact, that LGBTIQA+ individuals are somehow already informed or educated on these matters—as if, if they don't know what it means to be gay, who else possibly could?

Nothing could be more mistaken: being LGBTIQA+ does not automatically mean truly knowing oneself, understanding, let alone valuing and celebrating the culture of differences. LGBTIQA+ individuals may have a distorted understanding of these topics or may simply be unaware of certain issues or experiences.

Above all, they may have a somewhat negative perception of their own gender identity or orientation and, for this very reason, may turn to counseling as a path or tool for both self-affirmation and for growth, gaining awareness, and developing a sense of agency.

Returning to the affirmative model and beginning to explore its more practical aspects—specifically in relation to SOGIESC themes—those working in therapy and clinical approaches generally promote a path of (re)discovery of the client's or user's gender identity and/or sexual and relational orientations through a series of **phases**:

The first phase

The first phase—though not necessarily experienced by everyone—is often marked by confusion, **uncertainty**, and fear regarding these aspects of one's identity. Clients and users may find themselves in a state of not knowing who they are or what they want for themselves.
They may fear their own desires or identity for various reasons: internalized homo-bi-transphobia, belonging to hostile communities or families, or holding mistaken beliefs and perceptions about what it means to be gay, lesbian, queer, or trans.
During this initial phase, counselors and tutors offer themselves as attentive, empathetic listeners. They engage in dialogue, gathering what clients and users think and feel, how they perceive themselves and the world around them, along with their beliefs—which often include misconceptions, and at times, prejudices or stereotypes.

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The second phase

The second phase is the phase of comparisons—of looking at and measuring oneself against other identities and orientations. Clients and users may begin to recognize that there is something "different" within them compared to a certain "norm."
In a world that is mostly heterosexual, monogamous, and cisgender, those who do not fit into that model might compare their own identity with that of others—sometimes in problematic or distressing ways.

It would be better if I were heterosexual—my parents would be so much happier...

If I had a steady girlfriend, I'd feel more accepted in society, I'd feel less out of place...

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In the second phase, counselors and tutors continue their work of listening and guiding, but in the face of these kinds of comparisons, they should begin to gently introduce **alternative, positive comparisons**. The aim is to suggest—never impose—other ways of seeing things that cast gender identities and sexual or emotional orientations outside the "norm" in a more affirming light.

If you were heterosexual, do you think your emotions or thoughts would suddenly change, just like that?

Less out of place, sure. But let's imagine you're in a place where most people aren't in couples—maybe they're polyamorous. If you think about it, isn't the real issue where you are, not what you want for yourself?

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The third phase

The third phase, which is often where LGBTIQA+ clients and users begin, is the phase of tolerance, or perhaps better described as indifference. People may no longer feel confused or disoriented, nor make frequent comparisons with others—but they might still view their gender identity or orientation as something to be merely tolerated: something that won't change or go away, but also something that shouldn't be highlighted or celebrated.

This is just how it turned out for me. I've come to terms with it.

This feeling, this behavioral model, this perspective or belief is very common among LGBTIQA+ individuals.
In this phase, counselors and tutors should absolutely continue their dialogical and listening approach—but they should also begin gently guiding, without directing, clients and users toward recognizing that their identity is something to celebrate, not just accept. This can be supported through examples and thoughtful, affirming communication strategies:

Do you remember when you told me about your encounter with X? I remember you were happy—really happy. Were you?
Well, if you say you're just tolerating being gay, that you've simply come to terms with it... how do you explain all that joy you felt?

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The fourth phase

This phase is one of understanding and self-analysis—the first real step toward framing one's identities in a positive light and, above all, toward defining a path of empowerment.
It is a phase in which, in a sense, a greater presence and involvement from counselors and tutors is not only appropriate but valuable. At this point, they can more confidently introduce positive identity models—models that are anything but "the norm," yet are shown as fulfilling and affirming. This might include relational models that differ from the heterosexual, monogamous couple, but are still presented as happy, valid, and enriching.
Helping clients and users understand who they are and what they want for themselves also means **helping them realize that these traits are entirely good—not things to hide, tone down depending on the context, or merely "tolerate."**

The fifth phase

The fifth phase is the phase of celebration and affirmation—what we might also call the phase of pride, a key word in the history of the LGBTIQA+ liberation and civil rights movement. It is the stage in which clients and users, now fully aware—thanks in part to counseling—of who they are and what they want for themselves, grow in self-awareness, agency, and have developed a true sense of empowerment. They come to understand that their identity is unique, unrepeatable, and something to be celebrated, nurtured, and championed.
From an individual and subjective perspective, this phase mirrors what the Pride events represent in our cities each summer, around June 27. There's a reason they are called Pride Parades, and there's a reason they are joyful, colorful, and yes, even excessive at times—because challenging norms and celebrating one's difference is still, unfortunately, a deeply courageous act. And like all acts of courage, it deserves to be visible.

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The sixth phase

The sixth and final phase is, in effect, the completion of this journey—the phase of true self-affirmation.
In a sense, this phase marks **the conclusion of an affirmative counseling process**. It reflects the success not only of the person who has listened and offered support, but above all of the individual who has questioned themselves, spoken openly, taken risks, learned, and grown—ultimately learning to appreciate and fully celebrate their identity.

The goal of counselors who follow the affirmative methodology is, therefore, to create and establish a setting —and both verbal and nonverbal communication, incoming and outgoing—that makes it possible for these six phases to unfold and take shape, while keeping in mind, however, that within this model or approach, it is the clients or users who are truly responsible for the success of the journey—the real protagonists of their own positive transformation.

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As we've already begun to understand, affirmative approaches are not something highly specific, strictly professionalized, or clinical in nature. Rather, they represent a **methodology** born from the adoption—and in some ways, the blending—of various ideas, perspectives, and foundational competencies that we might refer to as **soft skills**. These include elements such as **active listening and dialogue**, **cultural competence** (which we'll explore shortly), **empathy**, and the ability to be guided by the people directly involved.
The aim is not to grant someone the right to speak, but to create a setting in which everyone feels free to take that space—to speak for themselves, in their own way.
And while it's true that in the affirmative method, those engaged in counseling and facilitation don't lead or "direct" the dialogue, it's equally true that they are expected to intervene—gently and informally—to offer positive examples and assertive role models.

Some examples?

Engaging in small talk at the beginning of a session—mentioning a recent event, a piece of news, or a cultural reference that subtly but clearly signals that the environment, and especially the counselor present, is LGBTIQA+ friendly. An environment where gender identities—whatever they may be—are welcomed unconditionally and positively, as are all sexual and relational orientations and their expressions.
It's through these seemingly simple, informal moments that a deeper message is conveyed: this is a safe space.

Only in such an environment can a process truly begin—one oriented toward building agency and a strong sense of empowerment for LGBTIQA+ individuals.

The goal of the affirmative model is, in fact, to establish a relationship of empathy and mutual understanding between counselor and client. Then, to help the client discover—in a simple and accessible way—the core propositions that underlie the path toward self-actualization. The counselor accompanies the client through the six phases, ultimately reaching a shared vision of identity that is positive, empowering, and centered on well-being. This often includes the development of a renewed sense of self-esteem, as well as the acquisition of new knowledge and skills—resources that can help deconstruct stereotypes, prejudices, or limiting beliefs related to gender or sexual orientation.

The affirmative methodology itself is therefore not something rigidly codified, professionalized, or set within a fixed "manual" or defined practice. Most importantly, as highlighted by several key authors who have studied LGBTIQA+ affirmative counseling—among them Moradi (2018)[22]—a strong foundation in cultural and communicative competence around LGBTIQA+ and SOGIESC topics is essential before one can truly engage in affirmative listening and facilitation.

In other words, being familiar with the affirmative model, being trained in the humanistic and Rogerian approach, knowing how to take on the role of tutor or advisor rather than psychologist or therapist, and being able to suggest examples and pathways toward self-actualization and self-affirmation—none of this is meaningful if one lacks **a basic cultural and communicative education** on LGBTIQA+ issues.

If the setting is not visibly inclusive, if the counselor does not truly understand the challenges, barriers, and discrimination faced by LGBTIQA+ people, then the foundation necessary for effective affirmative practice simply isn't there.

22. Moradi, B., Engaging in LGBQ+ affirmative psychotherapies with all clients: Defining themes and practices, Routledge, New York, 2018.

From Affirmative Therapy to Affirmative Education:
Let's Learn to do Advocacy

The affirmative methodology, although broad in scope, was for a long time considered primarily the domain of psychologists and, more specifically, psychotherapists. However, as we've already observed, its approaches and tools are, fortunately, far from clinical in nature. For this reason, over the past two decades—or slightly less, in the case of EU countries—there has been increasing discussion around **affirmative social work and affirmative education with LGBTIQA+ individuals**. These methods can be used very effectively in a wide range of other contexts and settings—such as guidance, tutoring, education, and listening—well beyond the boundaries of psychotherapy, which comes with its own rules, codes, and, in one way or another, certain prerequisites.

Simply put, psychologists and psychotherapists can adopt affirmative models and approaches to support LGBTIQA+ individuals, their peers, and their families—even stepping away, at least temporarily, from a strictly "clinical" perspective. At the same time, professionals working in education, training, socio-educational facilitation, tutoring, and guidance can make use of the very same tools—the difference being that this second group, which includes counselors, cannot (even if they wanted to) accompany this methodology with more explicitly therapeutic approaches.

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However, moving beyond these differences, what truly matters in this approach is not so much who applies it, but how those who support LGBTIQA+ individuals relate to them—and, more broadly, to SOGIESC topics. In affirmative education—perhaps even more so than in affirmative therapy—the key words are: **celebrate**, **value**, **claim**, and **promote**.

What does it mean?

It means that being affirmative is not—not even remotely—about simply not being homo-bi-transphobic.

Going back to the phases we outlined earlier, it is not enough to tolerate or accept the gender identities and/or sexual, emotional, and relational orientations of clients and users. **It is essential to affirm these identities and characteristics fully and wholeheartedly**—as equally valid, good, and positive expressions of human diversity as those considered part of the "norm."

The goal of affirmative education is not merely to lead LGBTIQA+ individuals toward recognizing or accepting their identity, but rather toward celebrating it with pride, **embracing their so-called difference**. This often means confronting deeply rooted issues like internalized homophobia.

Whereas affirmative therapy, generally speaking, remains a clinical dialogue between therapist and client, affirmative education—or affirmative social work, affirmative facilitation—takes place in a variety of different settings, often much more informal (think of sports settings, play environments, community centers, and so on). It is carried out by individuals with diverse backgrounds and skill sets, who share a commitment to creating inclusive, empowering spaces.

And this very diversity is, in itself—and potentially—a great advantage:

Compared to therapists, for example, those working in education or tutoring are often more inclined to focus on the following aspects when engaging in dialogue and listening with LGBTIQA+ clients and users:

The environment, work, and the social and civic dimension: people involved in tutoring and facilitation are generally more likely to address and discuss practical aspects—those everyday moments and situations that make up our lives and experiences. Not that these topics are excluded from therapy—far from it!—but educational activities, especially non-formal and informal ones, tend to prioritize the here and now more explicitly. They often address issues such as discrimination, homophobia, violence, and bullying in a more direct and concrete way, giving proper weight to the environments surrounding LGBTIQA+ individuals—environments that can be either supportive or hostile.

How's work going? Have you come out there? Were there any consequences, or does everyone just ignore it?

And at home? Do you talk about it more now, or is it still a taboo topic?

Empowerment in practical situations, or how to make the most of one's diversity: those working in education and mediation are generally more accustomed to using varied methodologies, exercises, and practices when engaging with clients and users—whether LGBTIQA+ or not.

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One such approach—specifically in relation to SOGIESC themes—focuses on learning how to use one's "diversity" to one's advantage. For example, during a roleplay session, exploring how to approach coming out can show LGBTIQA+ individuals that this moment, while potentially traumatic or painful, can also be a powerful "tool" they possess. You are the one who decides whether and to whom to share this part of yourself. In a sense, through a reversed dynamic, you are the one evaluating whether someone is worthy of receiving this information—not the other way around.
Judging others is never ideal, but for people used to being judged and carrying the burden of discrimination and scrutiny, being able to exercise this type of agency can represent a powerful moment of self-determination and individual empowerment.

Greater cultural competence: counselors, tutors, and educators—given the contexts they work in—may have a stronger foundational and cultural competence around SOGIESC topics, precisely because they are in contact with a broad and diverse world (or at least, this should be the aim of anyone working in education).
Just as working educationally with individuals from migrant or ethnic backgrounds requires certain cultural and transversal skills, and just as work with groups at risk of exclusion or in disadvantaged situations (such as various forms of (dis)ability) demands specific competencies, the same applies to educational work with LGBTIQA+ individuals:
It is essential, first and foremost, to educate oneself and receive training—in a practical, concrete, and yes, even somewhat theoretical way.
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It's important to take part in activities and events like Pride. It's important to see and learn firsthand what LGBTIQA+ communities really are in lived, everyday reality.

Even in the case of counselors with an educational or social background—as well as those involved in tutoring—it's possible to outline **a general set of guiding principles** to truly define oneself as affirmative:

Don't assume that clients and users are heterosexual, monogamous, or cisgender.

Are you a sports tutor? Don't assume your sport is "typically male." It's just a sport. Does your team or group appear to be made up of people who all seem cis? Don't assume they all identify as men or women, that they're all heterosexual, or that they all desire a traditional two-person, opposite-sex relationship. Don't assume transgender identities don't exist.

Homophobia, society, and communities are often the problem—not people's orientations or gender identities.

Actively promote an inclusive vision of community and society —one that confidently welcomes and celebrates all possible identity expressions and characteristics, regardless of your own orientation or identity.
When the widely discussed LGBTIQA+ Pride Month begins each June, talk about it. Explain what it is in a positive way. Bring it up with conviction and joy.

Work closely with LGBTIQA+ individuals who may be dealing not only with hostile environments, but also with their own internalized homo-bi-transphobia.

Be knowledgeable about what this means, and understand what coming out truly entails. As mentioned earlier, when appropriate, try to educate others to reframe the perspective—to see coming out as an act of strength and courage. Always, however, with full respect for the emotions and wishes of the LGBTIQA+ person.

Do not label, diagnose, or attribute certain difficulties a person may face—such as low self-esteem, poor academic or job performance, limited social skills, or risk of dropping out—to their sexual orientation or gender identity.

Once again: if identity plays any role at all, the issue lies not within the identity itself, but within the environment—the homophobic or transphobic community—not the person.

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Let’s now look at some of the negative points—a kind of reverse vademecum:

In your educational, counseling, or tutoring work, have you ever let jokes about sexual orientations or gender identities slide?

Do you believe that anything outside of cisgender, heterosexual, and monogamous norms is somehow sinful, something to be punished—or at least something that should be hidden, because at most, it’s a private matter?

Do you think that sexual orientations other than heterosexuality can be traced back to a cause, a triggering factor?

Do you believe that homosexuality, queer sexuality, or polyamory are inherently riskier behaviors than heterosexuality —in essence, deviant?

Do you think relationships between people who don’t form a traditional man/woman couple are more likely to be short-lived or less stable?

Do you assume that bisexual people are simply confused, and that bisexuality is just a phase on the way to homosexuality?
Do you think that non-cis parental figures are unfit to raise children?

Do you believe that being transgender is simply about wearing clothes or accessories of “the opposite sex”?

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If you answered “yes” to one or more of these questions, it’s a clear sign that a deep and ongoing process of re-education in inclusion is needed. Most importantly, it means you are not yet ready to work with or engage meaningfully with LGBTIQA+ individuals—whether in a school, an educational center, a counseling setting, a sports community, or a youth or cultural center for adults.

The risks in such cases are high—and all fall on LGBTIQA+ people: holding onto these beliefs, even unconsciously, can lead to attempts to “fix”, medicalize, or correct someone’s identity, to discriminate, or to worsen the discomfort and distress they may already be experiencing. And this can happen even with the best of intentions—ultimately doing far more harm than good.

However, this is not inherently a failure or something irreversible. The strength of the **cultural competence approach**—which we will explore alongside affirmative education and counseling—is that being affirmative, inclusive, and a true ally to LGBTIQA+ people is something that can and must be learned.

After all, engaging with the LGBTIQA+ world, culture, communities, and individuals is not fundamentally different from engaging with any other social group, community, or background.

Each of these contexts requires specific competencies, broad-based education, and cross-cutting training. It would be quite problematic if clients and users were left with the burden of having to educate those whose role is to support and guide them—explaining, for instance, what a certain word means, what a specific concept refers to, or what a particular identity entails.

On the other hand, it's certainly true that we can't expect everyone involved in counseling, guidance, or facilitation to know everything from the start.

That's why we can outline a few essential steps for learning to become affirmative, keeping in mind that this is a process that will be both gradual and ongoing. It's not something that ever truly "ends," as it requires a constant commitment to growth and self-reflection on the part of counselors and tutors—a process that may include mistakes or setbacks along the way.

First of all, even before engaging with the LGBTIQA+ world, it's important **to reflect on your own sexuality and gender identity**. Only by deeply understanding your own position—one that may have always been taken for granted—can you begin to relate positively to people with different identities, perspectives, and lived experiences. Most importantly, you come to understand that your identity is one among many possible expressions—neither the only one, nor the best one.
In this sense, those engaged in counseling have a responsibility to explore their own identity and to feel comfortable, for example, speaking about it openly. It would be rather hypocritical to speak with LGBTIQA+ individuals about sexual orientations, gender identities, or relationship models while assuming that your own are not only "unproblematic" but also entirely private and off-limits.

Secondly, make your own identity an active and integrated part of the dialogue with LGBTIQA+ people.
How often, in help, guidance, or tutoring contexts, is it assumed that only the client's experiences are the topic of discussion—not the counselor's? Nothing could be further from the spirit of affirmative practice.
Only in a truly open and equal exchange can mutual trust be established—along with a setting that genuinely recognizes, validates, and values diverse identities and experiences. This avoids reinforcing the notion that anything non-cis, non-binary, or non-heterosexual is something to be analyzed, studied, or "talked about," while cisheteronormativity is the silent, unquestioned default.

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Thirdly, be genuinely open to inclusive dialogue and difference. Alongside a solid foundation of cultural knowledge, it's essential to be able to respect and affirm everything that could be described as a "lifestyle": from clothing choices to personal desires, from pronouns to relationship models.
It's entirely possible that, even privately, someone working in counseling may not fully share the "lifestyle" of LGBTIQA+ individuals. For instance, many LGBTIQA+ people are in monogamous, couple-based relationships—but many others are not, and have no interest in that model.
Overcoming internal biases or assumptions is difficult, but a first step might be to ask yourself: **Do the LGBTIQA+ people who turn to me share or appreciate my lifestyle? Do they consider it good, valid, equal to theirs?**

Given the purpose of counseling and guidance work, it's likely that some LGBTIQA+ individuals are specifically looking for support in safely exploring other lifestyles, or different expressions of their identity and emotional life. Those providing counseling should be prepared to offer that kind of guidance—and if they aren't yet ready, they should be able to refer clients to colleagues who may be better equipped in that area.

Finally, don't be ashamed: we've talked at length about feelings of discomfort, shame, and the burden of discrimination and hate—things often experienced by LGBTIQA+ individuals.
But those working in counseling—especially those who are just beginning a journey toward inclusion, cultural competence, and the acquisition of affirmative skills and practices—should not feel ashamed or afraid to admit they're not fully ready yet.
Acknowledging where you are in your own learning process is not a weakness. On the contrary, it's a sign of integrity, openness, and a willingness to grow—all of which are essential qualities for anyone committed to truly affirmative work.

Just as time is needed for individuals to achieve self-actualization, tutors and counselors also need time—to learn, to step out of their comfort zone, and to practice.

Recognizing that there is still a journey ahead, and acknowledging that one may not yet be ready to guide or listen to everyone, is a sign of great competence and a true inclination toward inclusion.

It is far better to refer LGBTIQA+ individuals to other centers or professionals than to attempt to be "affirmative" without having genuinely learned how to celebrate, value, and embrace—as wholly positive and even creative—those identity, sexual, and relational expressions that differ from the norm.
After all, we live in a world where a dominant model is learned and absorbed from an early age: just as in television, cinema, and literature the overwhelming majority of representations are cisgender, monogamous, and heterosexual, **the same is true in our educational and professional training paths**. Topics such as self-development, methods and techniques for personal growth, and models of relational and family mediation are all, by default, built around a heterosexual—and often heterosexist—framework.

Considering that it's only recently, thanks to a long—and still ongoing—struggle for the rights and recognition of LGBTIQA+ people, that alternative models and cultures have started to emerge, it is absolutely normal to give those working in counseling, guidance, and education the time to equip themselves, to learn, and—most importantly—to make mistakes along their own journey of growth and empowerment.

Exercises and Examples

The Affirmative Perspective

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This section is designed to offer practical ideas and models, with the aim of promoting the development of skills related to affirmative education.

For this reason, a series of **exercises and narrative frameworks** have been created to help counselors, educators, psychologists, tutors, and social workers understand—in concrete, real-world terms—what an affirmative perspective is and how it should manifest in practice.

The first two are practical exercises for counselors, educators, and tutors, focusing more on self-analysis and self-discovery. As discussed earlier, these are essential prerequisites for truly becoming allies to LGBTIQA+ individuals. These exercises guide the reader in analyzing their own identity and **positioning** in terms of gender and sexual orientation, and in understanding how these factors influence their work with users, clients, and learners.

Following the two exercises, there are **four communication and affirmative practice models based on real-life situations** and centered on various SOGIESC themes. These aim to illustrate, in a simple and adaptable way, what effective inclusive approaches and perspectives might look like—offering useful tools that can be applied and internalized by counselors, psychologists, tutors, educators, and social workers.

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First Exercise

Title: *Don't Ask, Don't Tell, Don't Say*
Duration: a full day
Materials: Notepad, smartphone for taking notes, or paper and pen
Objectives: to become familiar with heteronormativity and relational norms, to recognize silent and non-verbal forms of discrimination, and to critically reflect on one's own gender or sexual identity.

Notes: This exercise is primarily intended for counselors, tutors, educators, and social workers **who identify as cisgender and heterosexual** and who, possibly, have never deeply questioned or explored their own gender identity or sexual, emotional, or relational orientation.

Instructions and Explanation: At first glance, this exercise may seem a bit long, but it's not your typical workshop. It requires **many small efforts and attentions** spread throughout the day, while still carrying out your usual tasks and responsibilities without interruptions or breaks.
Ideally, this exercise should be done on a regular workday that includes interactions and conversations with other people—friends, colleagues, or family members. In short, **just an ordinary day**.

Counselors and tutors will "simply" take a few notes or jot down some observations, even just using the built-in "Notes" app available on virtually every smartphone or tablet. If that's not available, notes can just as easily be taken on a few post-its or in a notebook.

The important thing, in terms of preparation, is to follow and consciously commit to a few basic rules and guidelines, and to make a genuine effort not to "slip up."

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Exercise:

Get up, gather your things, and get ready for your day—whether you're headed to the office or to any other place where you carry out your work in counseling, education, or guidance.

Let your day unfold as usual. Go about your responsibilities, whether they involve family, friends, clients, users, or colleagues.

The one rule or guideline to keep in mind—starting from the very beginning of your day—is that **you will avoid, at all costs, speaking about your gender identity, your sexual or relational orientation**. This means not saying anything like "my wife is waiting for me," "I have plans with my husband tonight," or "sorry, my son is calling me." It also means not answering or deflecting if a conversation shifts to those topics, and avoiding items like wedding rings.

If you have any photos or objects that might implicitly disclose your relationship status or sexual orientation—even something as simple as a phone wallpaper that someone could glance at—you should remove or hide them. If the person you're in a relationship with calls you, take the call in private.

Throughout the day, **take note not only of how many times this challenge affects you directly**, but also how often those around you make casual or overt references to things, people, or situations that communicate—implicitly or explicitly—their relationship status, sexual orientation, or gender identity.

At the end of the day, count these moments, take stock, and reflect.

Results and Reflections:

The goal of an exercise like this is twofold: it is not only about putting yourself in the shoes of those who are forced to stay silent, to not speak, to avoid sharing anything about their identity, orientation, or relationship status—**it is also about directly experiencing, in an analytical and reflective way, just how implicit and widespread heterosexual culture is**, and therefore how deeply rooted heteronormativity is—and, in some cases, even heterosexism.

At the end of the day, you should ask yourself: how much, and in what ways, did you have to practically change your everyday habits?

Let's go back to the example of having to get up and go into another room just to answer a call from your partner—say, during your lunch break. And most importantly: how many times throughout the day did you see, hear, or notice explicit expressions of heterosexuality around you? Expressions of male/female relationships, cisgender identities, and relational models based solely on couples?

Given that these kinds of precautions are the norm for many LGBTIQA+ people in various contexts—especially if they haven't come out (and even then, it depends: someone may be out to friends and family, but not at work, at school, at university, at the gym, and so on...)—**how do you feel? How does it feel to realize that your behavior and identity require no special care or concealment, that they are taken for granted—while others are not?**

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Second exercise

Title: *Upside-Down World: In Someone Else's Shoes*
Duration: 1 hour
Materials: Notepad, smartphone for taking notes, or paper and pen.
Objectives: to become familiar with heterosexism; to understand the concept of heterosexual privilege; to engage with physical, verbal, and legal forms of discrimination.

Notes: This exercise is also primarily intended for counselors, tutors, educators, and social workers who identify as cisgender and heterosexual—those who may be in a monogamous relationship, in a marital union, and who may have children or are planning to have them.

Instructions and Explanation: Unlike the first exercise—which focuses primarily on becoming familiar with heteronormativity and the concept of silent, often **invisible discrimination**, asking participants to observe and note real-life, everyday situations—this second exercise involves a more targeted and imaginative effort. **That said, what you're being asked to imagine is not a fantasy or something that doesn't exist in real life. On the contrary, it absolutely does exist—just not for heterosexual people.**

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Exercise:

Take a pen and paper and, to begin, imagine yourself living in an “upside-down world.” Everything around you—quietly, without fanfare—is not only **predominantly homosexual** but also significantly inclined toward transgender identities.
Alternative relational models, outside of the monogamous couple, are the norm, not the exception. There are many stable couples with children, but just as many relationships and interpersonal bonds that take different forms. Everyone enjoys full civil and legal protections, regardless of their family structure.
And what about children? In this world, there is a different approach to family and to raising the youngest members of society. The default family model is the same-sex couple with children.
Moreover, **institutions of all kinds openly disapprove of heterosexuality**. The dominant religion considers it, at its core, a sin—something “wrong.” In the most conciliatory version, it’s said that heterosexuality isn’t your fault, but it shouldn’t be acted upon. Cis women who are attracted to cis men—and vice versa—are told: you were born that way, yes, but you shouldn’t live that way. Actually forming heterosexual relationships is seen as a serious moral failing.
In other countries, the attitude is even harsher: being heterosexual can get you imprisoned—or, in extreme cases, executed.
Now, imagine yourself as a cisgender man or woman living in this world. You're heterosexual. You're attracted to the “opposite” gender and would like a stable relationship—maybe even children. You've tried to be “different,” to adapt, but you can’t change who you are. You know, deep down, that your cis identity and your attraction to a different-sex partner are true to who you are.
Given the climate where you work, you do everything you can to avoid coming out. Even though some people seem more inclusive or tolerant toward heterosexuality, it's generally safer not to take the risk.

Lately, you've noticed that in various films and TV series, there are more and more heterosexual characters and storylines. However, whenever this happens, backlash is quick to follow: headlines in newspapers are often hostile, accusing the media of pushing an agenda or **indoctrinating** viewers. There's growing concern about the message being sent to children—who are otherwise peacefully guided toward homosexual, queer, or pansexual identities and behaviors.
The same reaction occurs each year when heterosexual people march to express their pride. Cis men dress in exaggerated ways, emphasizing a certain version of masculinity—with work overalls, tuxedos, beards, and short, militaristic haircuts. Cis women? Even more so. They flaunt their so-called gender identity with towering heels, low-cut tops, and eye-catching evening gowns.
In a world where non-binary dress codes are the norm—almost a rule—this kind of expression is often seen as a **provocation**.

Results and Reflections:

After imagining this scenario, respond in writing to the following questions: in a society or community like this, if you chose not to change your habits or characteristics, **how and to what extent would you be disadvantaged?** In practical terms, in your day-to-day life, how much and what exactly would need to change in order for you to avoid any kind of problem? Still in practical terms, who or what (people, institutions) would represent the biggest challenge or obstacle? And finally—a question as simple as it is important: **how would you feel?** By writing down your answers, you'll be able to reflect and directly engage with some key concepts that are fundamental to developing cultural competence and affirming approaches and methods when working appropriately with LGBTIQA+ individuals and with SOGIESC-related topics (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics). More specifically: heterosexism and the concept of **heterosexual privilege**. Have you ever stopped to consider how, in reality, you are privileged simply because you identify as cis and heterosexual? Have you ever taken the time to think about what it really means to understand internalized homo-, bi-, or transphobia?

Let's now move on to some models and examples of affirmative counseling practice, through a few "cases" or listening situations related to the SOGIESC sphere and involving LGBTIQA+ individuals.

First Example

"I'm a little over twenty. I identify as a woman, cis, heterosexual. Or at least, that's what I thought until recently. All the experiences I've had so far have been with cis men. I've even had a couple of relationships, one of which was fairly serious—it lasted a couple of years.
Recently, though, I met someone else. She also identifies as a girl—in short, a cis woman. Honestly, I don't know if she identifies as a lesbian; we haven't talked about it. Now that I think about it, I haven't come out in any way either. I mean, I didn't exactly say, 'I'm straight and I like guys!'.
We got to know each other little by little, at university. We exchanged some notes, chatted a bit, then started going out together, just the two of us. At first, it all felt pretty, well, normal —just another friend. But as the days went by, I realized I was seeing her a bit differently.
I started noticing things about her that I usually don't notice with my other female friends. I liked her face. I noticed things like her voice, some of the ways she phrased things, the way she talked to other people. Basically, I was noticing cute things about her—the same way I used to notice cute things in the guys I dated. Physically too.

In the end... one night, we kissed. And from there, we started seeing each other more regularly. Thinking about it now, some of those were actual dates. After a few weeks, she very naturally told me that she liked me—a lot, actually. And I said the same.
Almost without realizing it, I liked a woman, I was seeing her, and I felt good with her.
But if someone were to ask me—I still like guys. It's not like my attraction to men suddenly changed or disappeared.
And then... how do I tell people? My family, first of all. Can you imagine if I told my parents, "this is my girlfriend"? They're fairly open-minded, that's true, but I also try to put myself in their shoes. I mean, they met my previous boyfriends, they know I like men. How would they react? It would be a real shock.
And yes, they are open-minded, but when there's some story in the news, or gossip about someone they know... Honestly, I don't know what they'd do if it were about their only daughter.
I won't lie—when I'm with her, like when we go out to the movies or to a pub, I feel really self-conscious doing things like holding hands, touching, or kissing.
Nothing's happened so far, actually—not a single look or any discrimination. It's more something inside me—a kind of embarrassment, a feeling that it's wrong...".

Counselors who adhere to the affirmative approach should...:

First and foremost, listen. Given the story, it's possible that the client is bisexual. Referring to the six-phase model, she would likely be in **Phase 1: Confusion**. According to the "**here and now**" method, however, there's no need to steer the conversation toward why or how she began to feel attraction and affection for someone of the same gender. It's perfectly fine as it is.

In this case, the role of affirmative counseling would be, first and foremost, **to normalize bisexuality—in a direct, calm, and conscious manner**. This means avoiding sensational language or immediately assigning labels like: "So you're bisexual!", "You're discovering that you're bisexual!"—No.

It would be more appropriate to approach the topic in a different way, keeping in mind the client's current confusion. For example: "You know, it's just that we don't really talk about this, because of all the norms and conventions we live in every day. Have you ever thought that, after all, sexuality and emotions are really just part of a larger flow—a continuum, a spectrum? And that there are many possibilities? When you think about it, isn't it a little strange to say, in such an absolute way, that we're only ever attracted to one kind of person, no matter what?"

The goal is to affirm and celebrate bisexuality as a valid orientation—assertively and without hesitation. Avoid using words like "phases", "curiosity", or adjectives such as "temporary" or "just an experience."

Above all, it is not the role of the counseling setting to define or determine whether the client is now attracted to people of the same gender or sex. The focus should remain **on the emotions and experiences the client is currently navigating** with that particular person, in the here and now.

Regarding the concerns about her family and public displays of affection, it would be helpful to introduce key terms and concepts such as internalized homophobia and heteronormativity.

In the case of clients who are feeling a bit lost or disoriented, they may not be familiar with these terms. From there, you can begin a shared journey through the six phases, always guided by the client's willingness and grounded in the principles of confidentiality and respect.

Second example

"I've always felt attracted to boys like me. That I'm gay—I've always known it. And honestly, I've never really felt wrong or out of place because of it. I like boys like me, and I'm gay. Period.
But... my family has always been, for me, a real tragedy. I never told them, of course—it would've been a disaster. And anyway, there's not much communication in my family to begin with.
But when I was around 13 or 14, my mother found out. And not in a very delicate way either: she secretly took my phone and saw that I had been sending messages—let's say, intimate or affectionate ones—to a friend of mine, with whom I had a sort of little teenage fling. First kisses, things like that. We went to school together, saw each other in the afternoons to study or hung out outside. Nothing major.
When my mother found out, as I said, all hell broke loose. She told my father, who at times was even violent. They confiscated my phone, my computer—everything. I wasn't allowed to go out anymore. It was summer, and I was forced to stay home every single day with them.
Eventually, I couldn't take it anymore. Around the beginning of the school year, I told them it was over. That it was just a phase and that, sure, I liked girls. So they stopped.
Oh, and we even went to a psychologist who tried to talk some sense into my parents. I remember what they said: 'Well, starting from the premise that being gay is not a problem, we can work together as a family to learn to accept it.' My parents were offended and we never went back.
Anyway, I don't have a good memory of that psychologist. I was already struggling, and then to hear a stranger use words like problem, accept...

In the end, I grew up, finished university, distanced myself from my parents—whom I now see maybe once a year, for about an hour, during the Christmas holidays. I moved to another city, and I don't think the situation will change—and that's fine.
I also had a civil union with my boyfriend, whom I've been with for many years. My parents weren't there. In fact, they weren't even considered.
All in all, I consider myself happy, and I'm not particularly concerned about the issue anymore—or at least not as much as I used to. But I do realize that even now... I still prefer not to say that I'm gay.
If I can avoid it, I do—especially at work. No one knows I'm gay. Maybe they suspect it, because I never talk about women. Everyone's always saying things like "my wife this," "my husband that." I just keep to myself.
Whether they suspect it or not doesn't really matter to me—it's not like I'm hiding... but, again, if I can avoid it, especially in public and formal settings, generally speaking... I don't say it".

Counselors who adhere to the affirmative approach should...:

First and foremost, be aware of what coming out is. And what outing is. And understand the significant ethical difference between the two terms—words that are often mistaken for synonyms or used interchangeably.
According to affirmative methods and approaches, the focus should be on present facts, experiences, and feelings: your client, a gay man and a cisgender man, says that he is, all in all, happy. Of course, he has a family background that—even using the most conciliatory language—is at the very least traumatic. In fact, this is someone who has, in concrete terms, experienced violence.
Referring once again to the six-phase model, it would seem the client is in **Phase 4**, **possibly Phase 5**—somewhere between **tolerance**, **acceptance**, and perhaps already, in part, **celebration**, although only in certain contexts that are, so to speak, protected and private.

This communicative and situational example helps us clearly understand that the phases are a useful tool for orientation, but they are certainly not separated from one another by rigid, defined, or impassable boundaries.

A first step in this case could be the promotion of coming out as a voluntary, assertive act of agency and empowerment. The client is used to being reserved and, in fact, seems to experience this passivity as his default. He hides because he is used to doing so, because he feels that "it's better this way."

Affirmative counselors should suggest a different way of understanding coming out—as a voluntary choice, shifting the focus toward others rather than toward the self. It is not you, as a gay person, who has to hide—others must prove themselves worthy of receiving information about you.

Secondly, following the guidelines of the affirmative method, it would be appropriate to multiply opportunities for the appreciation and celebration of gay identity: suggest events, activities, and places where your client may feel free to express himself—alone or with others.

Actively and concretely **promote good practices, positive examples of socialization and celebration**. Encourage him to attend an LGBTIQA+ film festival, to visit LGBTIQA+-friendly pubs, to connect with positive, assertive, and empowering LGBTIQA+ identity models.

As for the family issue, follow your client's lead: does he want to talk about it—yes or no?

If not, don't bring it up. If yes—and if you sense your client genuinely wants to explore that matter, moving beyond the here and now—propose a different path.

And don't hesitate to suggest another professional, possibly someone with expertise in SOGIESC topics and family mediation, if you feel you are not yet equipped for that work.

Third Example

"*I go by Francesca and, for example, with some friends, I ask them to use feminine pronouns for me. At the educational center, I feel freer to wear the clothes I prefer... I often use makeup, nail polish, things like that. At home, absolutely not. Every time, I bring a change of clothes, makeup remover, everything. For them—for my parents—but also for the teachers, I'm still Marco. It's something I really don't like, but I can't do anything about it, for now. I'm not independent. In the future, when I can, I hope to change my sex permanently. Yes, change my sex, have all the surgeries. I've always felt like a woman. Always, for as long as I can remember. I know it's called gender dysphoria—that's how the situation of people like me, trans people, is described. I'm telling you this because I'd like to know if at least here I can choose my name, if maybe in your documents you can write Francesca... and not Marco*".

Counselors who follow the affirmative approach should...:

Be assertive and spontaneously define what, in the here and now, could be the goals of counseling. "Hi Francesca, nice to meet you, my name is...". Avoid using phrases or words like "So you prefer" or "Don't worry, I'll always call you what you tell me to...". Even if the intentions are good, the use of these words—and these kinds of dialogue—always implies the idea of choice, of preference, of something that replaces something else. Secondly, since this is a case of expression and manifestation of transgenderism, those practicing affirmative counseling should identify words, terms, and references related to the culture of medicalization. As we've seen, it's not at all uncommon for trans people themselves to use these same terms to refer to their path, to their identities. In such cases, it is absolutely legitimate and preferable for the counselors themselves to suggest and promote other expressions, other words, other notions, as well as a different idea of trans identity.

And in the here and now? All things considered, beyond listening and providing support, there doesn't seem to be much practical to do. The client is not independent, is still in training, and is forced to face numerous obstacles. However, there is one thing that can definitely be done: **make the counseling setting an additional space for your client's self-affirmation**. Multiply the opportunities for your client to act, name herself, and fully, authentically, and calmly self-realize. Expand the spaces and times for self-realization and help build networks, making the place you are in a space where, for example, it is possible to meet other trans people, other allies. If needed, a place where your client can be connected with other professionals who, in the future, may accompany her in transition paths, including anatomical, legal, and so on.

Fourth example

"*My mother is obsessed with relationships. I think the thing she wants most for me is to find a boyfriend, a man, a husband. And to have kids. You have no idea how many times she talks to me about grandchildren, saying she's getting older. My father does it too, and my grandparents. When I've had somewhat longer relationships, they were over the moon. They thought I was about to get married. I'm not saying I don't want that... but ever since I started feeling attraction toward other people, I've never thought I could—or wanted to—be with just one person exclusively. Don't get me wrong... I've truly loved my partners, but I've never closed myself off to the possibility of other relationships at the same time. I mean, even without thinking much about it, I guess I'm polyamorous. Of course, it's not something I can say at home—they wouldn't even know what it means. Or at work, they'd think I'm crazy, or simply weird, unfaithful, perverted".*

Counselors who follow the affirmative approach should...:

Be aware that relationships and dialogues with LGBTIQA+ people and around SOGIESC topics **do not end with gender identity and sexual orientation**. Very often, even somewhat naively, people assume these topics are only about identities, about individuals as isolated persons. Only recently, even within the LGBTIQA+ world, has there been talk about **relational and emotional orientations**. Just as heterosexism oppresses and discriminates against anything that is not heterosexual, and just as gender binarism discriminates against trans and queer traits and expressions, the same happens—if we think about it—to all those who do not identify with, desire, or want "traditional" relationships. **This is a form of double discrimination: polyamorous people, for example, are often discriminated against and excluded even within the LGBTIQA+ community.**

This example also suggests that certain people may have already peacefully moved beyond their phases of self-realization: they are no longer confused, they don't feel wrong, they don't just tolerate their traits—they happily accept them. So then, in these cases, what should or could an affirmative counselor do? The answer is simple: help, as an ally, to celebrate and enhance their identity. Be affirmative and, especially in these situations, make it clear that you understand and are deeply aware of the weight of discrimination, including in the realm of relationships: "Well, of course. If you look around, everything is not only straight, but also in couples. Which, if you think about it, is a cultural convention, a norm, just like heterosexuality or the gender binary." You can be genuinely curious, you can ask questions, as long as the purpose is to affirm the presence of an inclusive setting: "*Can I ask you something? I imagine it must be difficult to find partners who, let's say, share your idea of relationships from the very beginning. Or maybe not? I'm asking because I'm not polyamorous myself, and I've never had a partner who was... as far as I know*".

cultural competence

a methodological deepening

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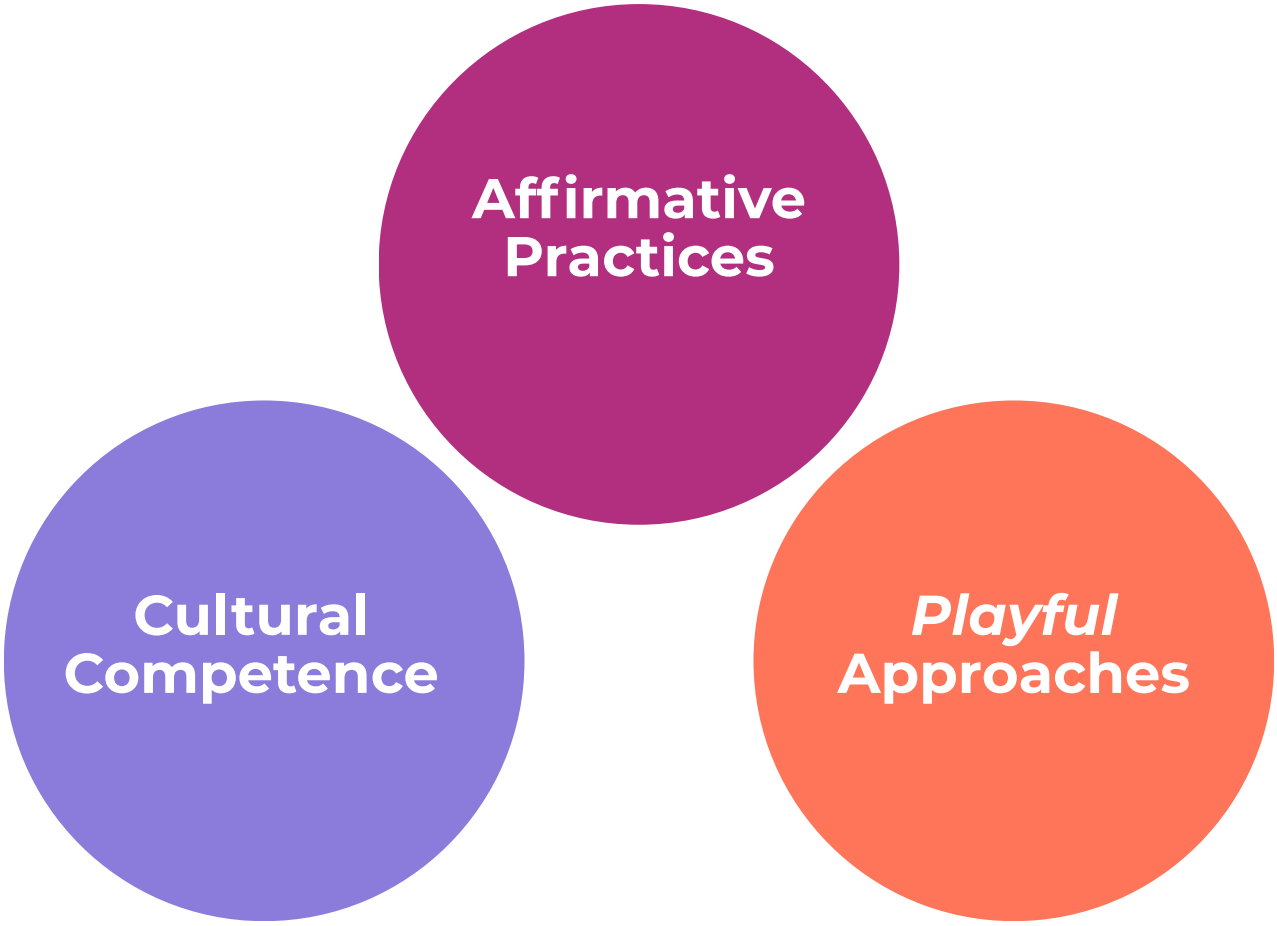
Cultural competence, as a methodology or approach, has already been mentioned frequently in this manual, precisely because, among the various pieces of information and guidelines in **Pitch Perfect**, it can be understood as something like the foundation—indeed, more practical than theoretical—for approaching and gaining familiarity with inclusive counseling and facilitation with and for LGBTIQA+ people.

Is cultural competence a methodology? Yes and no. Even though we've included it in the section dedicated to methodological approaches, in reality, cultural competence is better understood as a tool—**a true toolbox**, constantly evolving—that supports the methodology promoted in **Pitch Perfect**, namely the practice of affirmative counseling, listening, and guidance. The same will apply to the final in-depth section, the one on gaming culture and creativity. These are more like means through which it becomes easier—and more effective—to work affirmatively with LGBTIQA+ people, whether they are clients, users, or otherwise.



In fact, the first part of our manual can be considered a contribution to increasing the cultural competence of our target groups: **overviews and glossaries are an important tool for beginning to familiarize oneself with certain topics, especially when they concern specific categories of people, types of needs, and so on**. But, as we'll see, this is only the first step toward truly speaking of cultural competence in the context of LGBTIQA+ issues. Moreover, it would be a bit reductive to limit this methodological tool to a set of facts or notions to be passively absorbed and acquired. Let's proceed step by step.

The concept of cultural competence referred to in **Pitch Perfect** is a practical approach in the fields of educational facilitation, counseling, guidance, and tutoring, as well as in psychological services, which, in recent years, have been increasingly aligned with affirmative approaches—also known, as we've seen, as user- or person-centered approaches.

Some people believe that cultural competence is essentially a tool, an educational pathway, a set of skills and knowledge that, in a way, serves as a prerequisite for affirmative approaches. Others, instead, see cultural competence as a method in its own right and, so to speak, of equal standing with, for example, affirmative counseling. This debate—which has mainly involved psychologists, researchers, academics, and so on—doesn't concern us much.

What we are interested in, instead, is understanding concretely what is meant by LGBTIQA+ cultural competence: what it is and what it is not, what is sufficient and what is not.

Above all, what is needed to acquire it, and what kind of improvement, growth, and soft skills this cultural competence could offer to those who support, listen to, and guide LGBTIQA+ people.

Compared to affirmative counseling, which—as we've seen—has a somewhat longer and more "distinguished" history, since it is essentially an adaptation of therapeutic approaches and methodologies (the so-called orientations) also applied in social and educational contexts, cultural competence as an approach for those working with others has emerged much more gradually and more recently, not before the 1990s–2000s. More importantly, it's only since around 2010 that this key term has become part of the toolbox of those involved in education, facilitation, guidance, counseling, and psychological support services.
Was cultural competence as a methodology born and developed specifically in reference to and in support of LGBTIQA+ people? The answer is no. Here too, it is mostly a matter of adaptation, of an extension of its original meaning.

The first field that demanded a specific and practical form of cultural competence from social workers (and medical staff) across education, training, guidance, and also physical or mental health sectors, was that of **ethnic diversity**. This need arose precisely from the disparities in treatment experienced—and still experienced—by people with such backgrounds in schools, educational or training centers, personal services, and social and health care systems.

Language, in this case as well, was the starting point. Toward the end of the 1990s, medical staff, tutors, psychologists, and psychiatrists finally acknowledged that language barriers—as well as cultural barriers beyond language—represented the greatest obstacle to delivering adequate services and support that truly met the needs of users and clients with ethnic or migratory backgrounds.

First in the United States, and then in various EU countries, attention to this aspect grew, along with the development of more or less formal (or informal) programs aimed at strengthening the cultural competence of professionals who, in various ways, work with users with diverse needs and backgrounds.

From language to customs or beliefs, and even to certain biometric specificities unique to particular ethnic groups:

Some branches—such as intercultural medicine, transcultural individual counseling, and culturally sensitive psychology—began to recognize that their approaches, protocols, and key concepts were largely based on an idea of the patient, user, or client as white, able-bodied, and we might also say cisgender, with habits (from diet to social behavior) that essentially aligned with **Western cultural traditions**.
Even the pioneers of cultural competence in personal and especially healthcare services—among them Kleinman[23], —acknowledged, particularly as more courses and guidelines began to emerge, the existence of structural limitations, as well as certain risks and entirely negative outcomes that were far removed from the original intention: to provide truly authentic, sensitive, competent, and inclusive person-centered care.

First and foremost, it would be unrealistic to expect that all involved professionals—counselors, psychologists, social and healthcare personnel, tutors, social workers, and so on—gain familiarity, fluency, and competence with the needs and specificities of every possible form of identity, background, or other type of diversity.

23. Kohrt, B. A., & Mendenhall, E. (eds.), Culture, medicine, psychiatry, and wisdom: Honoring Arthur Kleinman, Springer, New York, 2023.

As we've said, cultural competence originally developed as a methodology in response to ethnic and linguistic diversity, and migratory backgrounds—contexts that are, by nature, difficult to generalize. Being competent within one specific cultural perspective does not mean being competent in another. If we then consider that cultural competence has expanded to include, for example, the needs and specificities of Romani people, or of LGBTIQA+ individuals, it's easy to see how challenging it is to "master" all these "differences."

Secondly, there is the risk of stereotyping. Treating clients, users, or patients primarily as "people who have or express cultural difference" may lead to not seeing them as unique individuals with unique needs, but rather as "subjects of difference." This could also result in attributing everything that "isn't working" in a person to specific aspects of their identity: an emotional fragility, for example, might be immediately linked to gender identity or to experiences of discrimination based on ethnic background. Sometimes this may be true—but many other times it may not be; it could stem from family dynamics, or other causes.

Precisely in order to address these issues, the approach to cultural competence has, over the last three to four decades, been simplified and condensed into a few very general guidelines. These guidelines were first applied in healthcare and so-called intercultural medicine[24], and much more recently, in fields closer to ours: counseling, education, social promotion, training, and so on. **Let's summarize these basic principles in a simple way: first of all, respect the way people recognize or manage their own distress, needs, or illnesses**.

24. Fowkes, W. C., A teaching framework for cross-cultural health care—Application in family practice, in The Western Journal of Medicine, vol. 139, n. 6, 1983, pp. 934-938.

In this sense, there are also beliefs, which do not necessarily have to refer to something "mystical" or "magical."

Let's take an example: "*I think I'm gay mainly because I didn't have a strong male figure during my childhood... my father was always away, and then he left. I was raised by my mother and my grandmother.*" An assumption that is as untrue as it is, in reality, widespread. According to the methodology of cultural competence, this belief should be respected—not dismissed or ridiculed.
Secondly, the entire psychosocial context should be taken into account, even when talking about trauma, clear distress, or pathology.
Thirdly, the counselor or professional should clearly explain the path or treatment they believe is most suitable for addressing the user's need, illness, or discomfort—also negotiating it with the user's beliefs.
So, this is essentially **a toolkit of approaches** that is useful yet inherently general, and still heavily influenced by its origins: medicine and hospital-based services, including mental health care.
What remains for all of us, however, is the effort to codify yet another methodology that places—then as now—**the user and their voice at the center**, striving to see problems and distress through their eyes, not through the eyes of the clinic, often entrenched in preconceptions, theoretical frameworks, and "textbook prejudices."

If your client says no, that they don't feel a certain way, that they actually have a different need—don't insist on your own assumptions!

The origin of this approach is also important to understand its specific features: the United States, with its deep and often conflict-laden ethnic diversity, as well as the notion of privilege —which characterizes, for example, counselors, social workers, and medical and hospital staff.

What matters most to us today, especially for LGBTIQA+ people, is that over the past two decades, cultural competence has, in a sense, blended with affirmative counseling approaches—enriching them with many new perspectives, key terms, and guidelines. From a holistic view of the user's sociocultural context to their active involvement, from the importance of communication to the central role of clients in defining who they are, what they want, and what they're struggling with.
Above all, starting roughly in the 1990s and 2000s, cultural competence also began evolving within our EU countries. It started involving more and more groups at risk of discrimination—not just on an ethnic basis (from various forms of (dis)ability to SOGIESC-related topics, for example)—and began to be relevant not only to those working in healthcare strictly speaking, but also to those in community work, social services, education, and training.
Finally, it began to include, within the concept of "culture," not only linguistic, ethnic, or strictly "cultural" diversity, but also the biases, stereotypes, and assumptions that we all, unfortunately, tend to hold toward certain groups of people.

All these efforts were—and still are—necessary because it became clear that being different often means receiving lower quality and less adequate services, support, guidance, care, and attention compared to clients or users who fall more easily "within the norm"—mainly due to a lack of familiarity with difference on the part of those who are supposed to provide that service (whether counseling, education and empowerment, psychological support, etc.).

Let's get a bit more practical.

What does it mean to be, for example, a culturally competent counselor or tutor?

Simply put, it means being people who, aware that they are offering a very important service, know how to:

Value the different and possible forms of diversity.

Value and contextualize one's own culture and one's position within their social system.

Recognize how much cultures and differences matter even in contexts that should already be inclusive and responsive by nature: healthcare, education, schooling.

Develop and acquire soft skills and holistic, cross-cutting competencies in order to see reality through the eyes of those who are different.

And also, they know that:

The quality of the service they offer depends on their foundational competence in inclusion and diversity, as well as on their overall attitude and their familiarity and ease with what is not considered "the norm."

That at the center of any educational, counseling, or facilitation service, and so on, is the user—no one else.

That the effectiveness of the service provided depends on the ability and willingness to engage in a competent and constructive dialogue with users and clients, finding common ground.

Returning to our focus, this overview of what cultural competence is and how the methodology began helps us understand how similar various differences are when it comes to determining the risk of exclusion, marginalization, and discrimination. The need to develop cultural competence originally arose to address the poor quality and limited accessibility of personal services for individuals with ethnic or migratory backgrounds.
Are LGBTIQA+ people, in this regard and even decades later, really that different? Unfortunately, no. As we've written multiple times, this group tends to access services such as counseling, support, or individual guidance less frequently than cisgender and heterosexual people. In addition, dissatisfaction with these same services is significantly higher, with many citing the lack of cultural competence among counselors, psychologists, and tutors as the main reason for abandoning these pathways.[25].

However, always keeping in mind the practical orientation of **Pitch Perfect's** resources, let's explore what cultural competence looks like in relation to SOGIESC topics and LGBTIQA+ people—for counselors and all other project beneficiaries—and how these additional approaches or practical and methodological insights enhance (or differ from) the practice of affirmative counseling, which remains the most established and, in many ways, the most effective tool for providing genuinely participatory and inclusive listening and guidance services in matters of gender identity, sex characteristics, and sexual orientations.

25. Reisner, S. L., Jadwin-Cakmak, L., Hughto, J. M. W., Martinez, M., Salomon, L., & Keuroghlian, A. S., "Characterizing the impact of COVID-19 on the mental health and well-being of transgender and gender diverse people: A community-engaged exploratory study", in LGBT Health, vol. 8, n. 2, 2021, pp. 85-93.
Simeonov, D. R., Steele, L. S., & Ross, L. E., "Perceived barriers to mental health services and supports for LGB people: A community-based research study", in Health & Social Care in the Community, vol. 23, n. 1, 2015, pp. 108-118.

How, then, does the perspective and approach of cultural competence enrich affirmative practice? How does it fill in its gaps?

They increase the level of practicality, reducing the sometimes overly abstract and theoretical nature of pathways focused solely on affirmative counseling.

Some studies, including the one conducted by Graham in 2012[26], have shown that attending classes, courses, webinars, or other trainings on affirmative counseling and LGBTIQA+ topics is not entirely sufficient—due not only to a lack of basic familiarity with these types of differences, but also to the absence of practical, concrete, human, everyday examples.

They offer alternative and complementary empowerment pathways, especially in the form of more participatory, interactive workshops, where LGBTIQA+ culture, its key terms, and its history are explored together—without relying on complex theoretical systems.

They more explicitly involve LGBTIQA+ people themselves—as well as their differences and cultural references—directly in the training of counselors, tutors, psychologists, and social workers, encouraging them to work with, talk to, and learn directly from LGBTIQA+ individuals.

And finally, they recognize the power of small things —everyday gestures.

26. Graham, R., Berkowitz, B., Blum, R., Bockting, W., Garofalo, R., & Saewyc, E., The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding, National Academies Press, Washington, 2012.

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In fact, it is largely thanks to approaches centered on cultural competence that there has been a strong emphasis on alternative ways to be genuinely inclusive toward LGBTIQA+ people—on practical, visual, transversal, truly non-professional and easily accessible skills. Among them, **especially those related to language, communication, and visual signals: posters, flyers, games, cards, and small informational brochures on SOGIESC topics, which often communicate—better than many words or much theory—that the setting is an allied space, capable of inspiring trust.**

The use of inclusive language—words that are deliberately and explicitly neutral, respectful of users' and clients' preferences—has been, above all, a contribution of the cultural competence methodology. It enabled affirmative counseling to respond, more explicitly and in daily practice, to the self-affirmation needs of many LGBTIQA+ people.

Without diminishing the importance of theory, calm, neutral, inclusive communication—as well as ease and openness in discussing certain topics such as queer sexuality, transgender experience in all its nuances and complexity, intersex realities, and relational orientations—is now recognized as the key to truly avoiding discrimination, exclusion, or alienation of LGBTIQA+ people from listening, guidance, and tutoring services, making them feel understood and welcomed without prejudice or stereotype.

These efforts and approaches have recognized the importance of the everyday experiences and skills of those who provide these services. For example, they acknowledge that knowing, engaging with, and spending time in LGBTIQA+ spaces and communities can often do more than professionalizing courses—which can be somewhat sterile—**where inclusion is treated as a subject to be learned, rather than something to be experienced**, felt, and understood in an empathetic and participatory way.

Knowing LGBTIQA+ people, working with them, talking with them often means gaining a real sense of what, for example, coming out actually is—something far more complex than simply "declaring" oneself. Spending time with trans people—friends, family members, or acquaintances—can help one directly grasp the extent of discrimination and exclusion that exists even within LGBTIQA+ communities themselves.

In essence, culturally competent approaches have emphasized the importance of direct exposure in order to build real experiences, skills, emotions, confidence, and familiarity with SOGIESC topics.

These approaches have also helped expand and multiply opportunities for skill-building by offering resources that are much more practical and immediately implementable, without overburdening psychologists, counselors, tutors, and social workers—who are often already at risk of burnout. They recognize that cross-cutting empowerment efforts often take a back seat to strict upskilling and reskilling priorities, even simply due to lack of time.

creativity and gaming culture

an alternative way to be affirmative

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Communication, nonverbal language, visual signs, posters and flyers, but also gadgets, games, symbols, and everyday objects.

Throughout this manual—as well as across all the resources and activities of **Pitch Perfect**—these tools, these elements, have been addressed, discussed, and mentioned in many places. That's because **Pitch Perfect**, like the organizations behind it, strongly believes in the power of daily gestures and attentiveness—things that may seem like accessories at first glance but that, especially in the context of social and cultural inclusion, often have far **greater persuasive and educational power** than theoretical pathways or highly academic focus groups. This is particularly true for counselors, tutors, psychologists, educators, and social workers who often—unfortunately—lack the resources, time, or capacity to undertake such formal training.

This manual also reflects the same methodological structure as Pitch Perfect: an inverted funnel structure, starting with broader, dialogical, workshop-based, and participatory resources and activities for collectively exploring the topics of LGBTIQA+ inclusive communication, and moving toward a more condensed, practical, and tangible method—**our 25 illustrated playing cards**, designed and created by our project partnership.
These 25 cards form a real kit, **inspired by tabletop and role-playing game culture**—the kind that often livens up evenings with friends and family. **Pitch Perfect's** cards depict, as we'll see, key terms and everyday situations related to LGBTIQA+ and SOGIESC themes, from scenes of discrimination to moments of inclusion, self-affirmation, and solidarity. They also include important terms from our LGBTIQA+ glossary—words like queer, gender-fluid, and more—aiming above all for immediacy and the transmission of meaning in a different, colorful, playful way.

So, what is their impact, their relevance? And most importantly, how are they used? Why did we choose to invest so much effort in a playful product? Let's take it step by step:

First of all, this kit was conceived from the beginning as a **creative stimulus** for counselors and tutors, enabling them to engage with clients and users on key concepts and terminology from the LGBTIQA+ and SOGIESC universe in a **transversal and informal way**. During a session, the user may be invited to browse through the kit freely and spontaneously, initiating a possible moment of dialogue and exchange on topics such as gender identity, sexual or relational orientations. This dialogue is intentionally framed as calm and playful, mediated by images and illustrations—that is, by elements that naturally allow such topics to be addressed without falling into rigidity or a frontal approach, which tends to position the "professional" on one side of the desk—detached—and the client as a subject to analyze or study, along with certain topics or keywords, as if they were some kind of case study.

Secondly, **Pitch Perfect's** illustrated card kit was designed and produced to fully belong to the category of visual signs of LGBTIQA+ inclusion—a type of resource we've analyzed extensively in earlier sections, such as those dedicated to the affirmative methodology and, especially, to cultural competence.
Before describing and commenting in detail on the **Pitch Perfect** kit—its content and how to use it (which are included in the Appendix section, along with exercises and practical guidelines for its use in counseling, facilitation, or educational guidance sessions)—we will now take a closer look at what these signs are and what their relevance is. We'll also offer a brief overview of the use of **playful and creative approaches in the field of cultural inclusion**—a methodology that is more practical than theoretical, and which is becoming increasingly widespread in social promotion due to its major advantages: its immediacy, its accessibility, and the fact that it does not initially require any specific or professional skill set.

visual signs
for an explicitly inclusive setting

Some people who work daily with learners or clients in need of guidance and support—whether LGBTIQA+ or not, including help desk users, families, parents or caregivers—**might think that the explicit use and display of visual signs, affirming materials, and inclusive references to SOGIESC topics could have negative effects, ultimately working against their good intentions**.

To give a concrete example: decorating a setting with LGBTIQA+-themed posters, a brief glossary, or flyers addressing bullying and anti-LGBTIQA+ discrimination might be seen as counterproductive for various reasons.

First, such displays might lead some to interpret SOGIESC topics—and LGBTIQA+ people themselves—as a separate category, a different world altogether. If we think about it, this is a criticism often made by parts of the public—both in Europe and globally—about Pride parades, seen as excessive or, above all, as a celebration of a community that, if it truly wanted to be included, shouldn't need to assert or celebrate its difference at all.

Second, these visual signs and such explicit settings could lead to the perception that sexuality and gender are extremely relevant—even when they are not. In other words, they might frame sexuality and gender as a problem, or simply as topics that must be addressed, even when there is no clear reason to do so.

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This kind of criticism is based on the assumption that if sexual orientation, as well as relational and emotional orientation, or gender identities and characteristics, were truly important or relevant to users or clients, then **it should be up to them to bring it up**—feeling safe and accepted even without the use of accessories or supports. In short, **even in the absence of clear signs indicating that they are in an affirmative setting**.
Another underlying assumption—essentially a widespread cliché—is that users and **clients should be accepted and listened to for who they are**, and that a basic understanding of affirmative methodology, along with some level of cultural competence, is more than enough to ensure that the setting is a safe space, and that the counselors, psychologists, or tutors present are more than adequately prepared on these matters.

But is it really so?

Let's take a step back. As we've said multiple times, counseling —as well as tutoring, guidance, or educational facilitation—are, first and foremost, services that, in some cases, border on mental health support, even if not medicalized or strictly professionalized.
We turn to these services when we feel the need to talk to someone, to receive guidance and direction, to seek broader support. In the case of LGBTIQA+ individuals, we also know that, unfortunately, the rate of access to these types of services is significantly lower than that of cisgender and heterosexual people.
There are many barriers and just as many obstacles; in many contexts, it is difficult to get in touch or build networks with professionals who are not only willing to listen but who are also able to address SOGIESC topics in a proper, competent, and affirmative way.

Given all this, is it really a bad thing—something potentially counterproductive—to make one's setting, one's listening space, explicitly and visibly inclusive for LGBTIQA+ people?

A space that can be easily recognized—even from a "distance"—as ready to welcome this kind of user, and that, above all, up close, **normalizes** SOGIESC topics by making them—even implicitly (for example, with a card kit casually placed on the table…)—a possible, if desired, topic of conversation and reflection.

Visual signs—the so-called accessories, so central to cultural competence—can be highly relevant even before a listening, counseling, or guidance process begins. In the often all-too-common experience of disoriented users and clients, these elements can help increase their level of trust, encouraging them, first and foremost, to choose to approach that help desk or setting in the first place.

Visual signs are, above all, to be understood as subtle elements or cues.

In fact, LGBTIQA+ users and clients may not wish to discuss their identity or orientation at all, but rather something else entirely. At the same time, cisgender and heterosexual individuals might want to explore these topics—for a variety of personal reasons: curiosity, doubts, uncertainties.

If sexuality and gender are a spectrum—a daily and subjective negotiation—it would be quite reductive to think this applies only to LGBTIQA+ people!

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These signs serve, in a subtle way, to implicitly yet informally indicate that the person offering the service is not making assumptions—and that the setting itself is not heteronormative, but instead recognizes and validates difference and plurality.
At the end of the day, placing a rainbow flag on your website, including some kind of visual or affirming clue in a shared hall, or putting up a poster about an upcoming SOGIESC- or LGBTIQA+-related event (a conference, film festival, book launch), does far more good than harm. Most importantly, it's a direct and accessible way for the service provider to become familiar with a given topic: **cultural competence is acquired gradually, through everyday practice**—not just through theoretical training.

Choosing to print a flyer on intersex identities, for example, doesn't just mean opting for inclusive communication—it also means becoming more familiar with that topic yourself, especially if it's not something you know in depth.

It also means turning your personal process of acquiring cultural competence into **a gesture that reaches outward**—toward other potential users and clients, including cis people—who, through the effort and care put into the setting by the counselor, may themselves gain cultural awareness.

Lastly, there's the lingering issue of **pathologization**—the idea that a visual sign related to LGBTIQA+ themes might suggest that these individuals are a separate category, in need of special or distinct services, thus reinforcing the perception that they are "different" and that the space is, in a way, "prepared" or "specialized" for dealing with them.

Well, that's exactly the point. Setting aside **pathologization** and separatist logics—which are, in themselves, deeply unproductive and entirely contrary to the European culture of inclusion—it is nonetheless absolutely necessary, in order to address SOGIESC topics and to support, guide, and listen to LGBTIQA+ people in all their complexity, to be competent both culturally and methodologically.
This has been clearly demonstrated throughout this manual, as well as in the series of workshops carried out during **Pitch Perfect**, in close collaboration with beneficiaries and target groups.
A visual sign allows an LGBTIQA+ person to avoid experiencing the stress that is often—and almost always—present in social work, personal service, or mental health contexts. **In essence, the visual sign can make the coming out process—which never truly ends—less traumatic, or even entirely unnecessary, something that is neither required nor expected. Is that really something we should consider insignificant?**

And what are games for?

Let's imagine an ordinary counseling situation—a concrete moment. A parent arrives at a listening and support service, full of doubts. Recently, their nearly adult child has come out as transgender and has started experiencing bullying at school. It's their final year, they're already of legal age, and they can't wait for school to be over. They've asked that people start using their chosen name, not their dead name. Even though they say they're happy, they often feel overwhelmed by anxiety and struggle with sleep. The parent says they're glad the conversation has already taken place at home, but they're unsure how to act and, more specifically, they don't fully understand what transgender identity means. They mix up terms, they're confused—they need guidance, support, direction. Now, imagine that the counselor or tutor, in addition to talking and offering guidance, suggests that the parent go home and spend an hour or so playing a certain game together—something simple, of any kind.

For example, it could be a digital or online game, or a more traditional board game—anything, really. Now imagine that, toward the end of the session, the counselor offers the parent a small tool: a card game, a collection of illustrated stories, or even a couple of film recommendations—perhaps animated films—and encourages them to explore or watch them together at home.
Now picture the expression, the emotions—both from the parent and the child—as they talk about it later at home:

"...they also gave me this, said we could look through it together, no pressure. They even suggested a few activities, some games, just things we might enjoy doing together before the next session."

Even at first glance, this scenario is clearly different from a more standard return home and a simple summary of the counseling session.

Even at first glance, this scenario is clearly different from a more standard return home and a simple summary of the counseling session.
Now let's go a step further: imagine that in this same setting, it's not just the parent present, but the young trans person as well—right from the very first session. Imagine their emotional and cognitive response when they notice **a card kit** on the counselor's desk, along with a few other objects that clearly reference LGBTIQA+ culture and communities.
Imagine that from that first session, the young person is invited to explore some of these items—a moment of pause or play woven into the conversation as they talk about how they're feeling in different situations or contexts (at work, in school, at university, etc.).

The emotional response will surely be different from the one produced by a more traditional counseling session, so to speak—based solely on dialogue, verbal communication, and the empathy that gradually begins (or is supposed to begin) to emerge between counselor and client.

Research and studies in the field have long shown that the use of games—and more broadly, playful interludes—significantly helps **reduce symptoms of anxiety and depression**, greatly facilitating the creation of trust and a calm environment where individuals more easily and more quickly feel welcomed and protected[27].

The use, distribution, and even entirely informal or occasional application of these tools, products, or interludes—as is the case with the **Pitch Perfect's** cards—are not so much a methodology as they are **a daily practice with countless possible applications**.

From digital games, whether commercial or serious, that can be recommended or even played together by counselor and client, to more analog, tabletop, or creative mini-games, the possibilities of playful approaches are broad and potentially endless.

In the case of LGBTIQA+ individuals and an affirming, culturally competent counseling setting, the use, suggestion, and dissemination of this type of material can serve multiple simultaneous functions:

as a visual sign, a cue of cultural competence, on par with any other product that explicitly references LGBTIQA+ topics, language, or communities

as a tool in itself, beyond simple representation (a category that might include themed posters, flyers, or a rainbow flag...)

27. Merry, S. N., Stasiak, K., Shepherd, M., Frampton, C., Fleming, T., & Lucassen, M. F. G., "The effectiveness of SPARX, a computerised self-help intervention for adolescents seeking help for depression: Randomised controlled non-inferiority trial", 2012.

This type of approach, for several decades now, has been referred to as gaming culture or gaming education, although this term should be understood more as an umbrella concept —very broad—that encompasses various possible activities, and should not be confused with **gamification**.
Gamification, in fact, refers primarily to an approach—used also in the workplace—that frames non-playful activities (a team project in a company, a sales campaign...) as if they were games, with rewards and other small incentives. Points, leaderboards, stickers and avatars for employees, and so on. The aim of this approach is, simply put, to make a given activity more engaging, less formal, hopefully more enjoyable—ultimately aiming for a bit of healthy competition and, indirectly, increased productivity.
Gamification, in its original sense—very popular in European and U.S. corporate culture of the 1980s—is, in fact, not of much interest to us, for various reasons.

Gamification, in its original sense—very popular in European and U.S. corporate culture of the 1980s—is, in fact, not of much interest to us, for various reasons. First of all, despite the popularity of the term, even in educational and social promotion contexts, gamification was born as—and essentially remains—**a model, a practice, an activity deeply rooted in the world of business, work, and production**.
Secondly, again contrary to expectations, **actual games have very little to do with gamification!**
It is, rather, a use of the game as a metaphor, a symbol, to say—and to do, or to produce—something else.

In the case of **Pitch Perfect**, as in other pathways aimed at the non-professional empowerment of people who, in various ways, work with others, real games can and are used explicitly —precisely because of their great power to generate empathy, emotional response, engagement, trust, and self-esteem. **It is, in essence, something meaningfully different.**

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The use of games—whether complex or simple, digital or analog, traditional or contemporary—is, methodologically speaking, much closer to **artivism**[28], that is, giving voice, as individuals or communities, to one's protests, demands, and struggles (civil rights for LGBTIQA+ people being a prime example), **not through demonstrations and rallies, but through the arts**—from music to theater, and especially visual arts. This is a form of social art, nowadays often entirely digital and online, that is not meant to be appreciated for its aesthetic value but for its **expressive power**, for the messages it conveys, and for its goals.

Allowing someone to express themselves through art—even improvised and completely amateur—is an approach, an activity, very close to the use of games to gain skills, awareness, or simply positive emotions and sensations. And there is nothing stopping games and a bit of art from coming together, as in the case of our illustrated playing cards.

As can be seen, there are many types not only of games with educational, emotional, and empathy-building purposes, but also various playful approaches—in essence, different ways of engaging with and using this area of educational culture and social promotion.

28. “Artivism,” or “social art,” refers to the use of the arts—of any kind—both to convey a message with social value and impact, and to help people become familiar with certain social issues.
A typical example of artivism is community-based and participatory art, even when spontaneous or improvised, or civic workshops aimed at creating an artistic product with the purpose of social protest or advocacy.

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First of all, as an autonomous activity, relevant in itself—that is, as **content**: in this case, the game, whatever it may be, takes on a central role. It becomes a form of learning by doing, or more precisely, learning by playing. Looking at concrete examples, this could mean a moment in which **Pitch Perfect's** illustrated playing cards are used directly, with counselor and users combining and imagining together a possible story, a scenario, a situation, complete with protagonist(s), settings, and various character traits. Or, the game could be used as a source of information, something from which to extract key terms, topics, and concepts.
Or, it could function as **a clue, accessory, tool**: a much more informal, subtle, transversal form of use—which is no less effective or useful for being so. In this case, the game becomes, as already suggested, **a visual clue**, a material object that suggests that the setting one finds themselves in is of a certain kind, offering many indirect insights into the person across from us.

In one way or another, what all possible uses of these playful tools have in common is that they always imply **an approach that is either non-formal or informal**: they provide the opportunity to acquire information indirectly, they lighten the communicative moment, and they allow complex topics to be addressed through interludes and non-formal sessions presented as fully recreational.

In counseling activities involving LGBTIQA+ individuals—especially at the beginning, when the dialogue between counselor and users is just starting—the presence and use of these interludes offers a chance to increase levels of empathy, closeness, and openness, primarily through non-verbal means, laying a stronger foundation for a more authentic and, hopefully, more effective path of guidance and facilitation in the medium and long term.

appendix

Pitch Perfect's playing cards

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playing cards

Among the main objectives and outcomes of **Pitch Perfect**, the **illustrated playing cards** represent a synthesis of both the workshop-based process carried out during the project and the core educational and working methodologies closest to **Close in the Distance** and **Stichting Art.1**, both within and beyond the project context.

Creativity, narrative approaches, cultural competence, affirmative practices, artivism, and gaming culture have therefore been the main reference points guiding the creation of this tool.

The goal was to collect and translate, in a form as simple, accessible, and concrete as possible, the key content and language related to LGBTIQA+ inclusion, making them available to those working in educational, social, tutoring, and psychological support contexts.

The card deck is titled **Queer Quest** and contains **25 short narrative scenes** in the form of questions, brief scenarios, and open-ended prompts for reflection.

Through a simultaneously narrative and symbolic approach, the cards offer a visual and verbal translation of some of the most central and sensitive themes related to LGBTIQA+ culture —from gender identity to sexual orientation, from inclusive communication practices to the broader issue of discrimination, whether micro or macro.

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Developed mainly through exchanges between the project partnership staff and beneficiaries—especially during three focus groups led by **Stichting Art.1**—all the cards offer a prompt for reflection, an open question, a narrative opportunity, suitable for **both individual and group settings**. It is an invitation to access stories, experiences, and thoughts that often remain implicit, unspoken, or underrepresented in the settings most familiar to us—from tutoring to educational or psychological facilitation.

The strength of this tool lies in its ability to make visible and shareable key concepts related to differences, experiences of exclusion or recognition, and the beauty of plurality and evolving language. The narrative prompts of the illustrated playing cards touch on key themes such as **self-discovery**, **coming out**, storytelling and dialogue, as well as topics like **chosen pronouns**, **microaggressions**, the concept of **chosen family**, and more. The tone is deliberately neutral and direct, in order to offer everyone the possibility to work with the cards in a completely non-invasive way—even on complex topics that may carry strong emotional or personal weight.

Designed above all to be played, the card deck was chosen not only for its already recognized effectiveness in many counseling, continuing education, and tutoring approaches, but also for its value as a **visual cue**: its simple presence, on our desks or in our settings, can help shift perspectives, spark reflection, and foster a sense of recognition and understanding. In this sense, the playing cards are not only a tool for strengthening transversal, foundational, and inclusive skills for counselors, educators, and tutors—they also contribute to the already much-discussed cultural and visual competence that, by the mere fact of being there, can truly make a difference for a multitude of LGBTIQA+ clients, users, and learners.

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To simplify and illustrate more concretely how the cards can be used, during the most recent open workshops of **Pitch Perfect**, we worked together with our beneficiaries to shape **five types of exercises**, easily replicable by new tutors, educators, psychologists, and social workers across Europe and beyond.

First exercise

Title: *Circle Stories*
Type and duration: Group activity (4 or more participants), 1 hour
Cards: 1 per person (drawn at random)
Objectives: development of empathy, self-awareness, and other emotional intelligence skills; strengthening of active listening and the ability to relate to others; reinforcement of emotional safety within the working group; familiarization with elements of cultural competence related to LGBTIQA+ topics.

Description: The facilitator (tutor, educator, psychologist) begins the group sharing session by arranging participants in a circle, in a calm space with an informal, playful atmosphere. It may be helpful to start with a brief introduction and explanation, to clarify the general purpose of the activity—for example, creating an opportunity to share stories, thoughts, and emotions related to identity, or to relationships and the feeling of belonging—or not belonging—to a community.
At the center of the circle, the **Queer Quest** card deck is placed. Taking turns, each participant draws one card at random and reads aloud the question printed on the back. The facilitator may then invite everyone to take a moment for individual reflection on the question or narrative prompt, encouraging them in particular to recall any memories, emotions, or thoughts the card may have evoked.
Those who feel comfortable may then share their response or experience with the group.

Recommended cards:

What are your pronouns? Why is it important to ask and use them?

Can you remember the moment you realized that one word could either embrace you or hurt you?

How would you explain the concept of gender fluidity?

It is not necessary for everyone to speak or to respond in a complete way: what matters most is that the space remains open, welcoming, and non-judgmental, so that each person feels free to share what they feel is appropriate.

Second exercise

Title: *Create Your Own Card*
Type and duration: individual or small group activity, 30 minutes
Cards: 1 per person, freely chosen
Objectives: encourage reflection and association; strengthen expressive and self-narrative abilities; explore and question one's own personal concept of identity; use the illustrated playing card deck as an example of material and visual culture; directly experiment with methods such as spontaneous artivism.

Description: the facilitator will briefly show all participants the illustrated playing card deck, explaining that each card contains a concept or narrative prompt related to identity. The facilitator (including in a one-on-one session) will then invite everyone to imagine—and, if they wish, create—their own personal card. This card could take the form of a simple question or sentence, or even a small drawing, a stylized image, and so on.
The aim is to condense elements from one's own lived experience, doubts, or direct encounters. The facilitator may also suggest reinterpreting an existing card drawn from **Pitch Perfect's** deck.

Recommended cards:

What does "diversity" mean to you? And what about "normality"?

How would you describe the concept of a "chosenfamily"? Why is it so important for the LGBTIQA+ community?

What is the history and significance of Pride celebrations?

Third exercise

Title: *Prejudices and Stereotypes on LGBTIQA+ Topics*
Type and duration: in pairs, small group, 45 minutes
Cards: 1 per pair, drawn by the facilitator
Objectives: promote dialogue and critical awareness among participants; stimulate and strengthen discussion and debate skills; collectively and thoughtfully deconstruct stereotypes, assumptions, and prejudices—especially those related to lesser-known SOGIESC topics.

Description: the facilitator of the small group session will form the pairs or invite participants to choose a partner (the facilitator may also take part in a pair). Then, cards from the deck that most explicitly address common SOGIESC-related stereotypes will be selected and distributed. The facilitator will ask participants to read the card together, aloud. Each pair will discuss the question, and may also jot down notes on a sheet titled “What I know” and “What I’ve learned.”
Finally, participants may share a misunderstanding they’ve had or heard about one of the topics discussed, and the pair may reflect on any differences or discrepancies in thought that emerged during the exchange.

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Recommended cards:

What does "asexual" mean, and how is it different from celibacy?

What does it mean to be non-binary or genderqueer?

What does it mean to be intersex, and why is representation important?

What is deadnaming, and how can you avoid it?

Fourth exercise

Title: *Different Roles: An Empathy Role-Playing Game*
Type and duration: individual or small group, 1 hour
Cards: 1 per participant, drawn by the facilitator
Objectives: train critical thinking, empathy, and the ability to step into real-life contexts; strengthen incoming and outgoing communication skills; improve active listening; gain familiarity with non-formal educational practices; develop perspective-taking skills among participants.

Description: the facilitator will draw certain cards from the deck, preferably from those recommended below. At the same time, each participant (even just one, in an individual session) will be assigned a relevant "role"—for example: tutor, counselor, employer, healthcare provider, and so on.
The facilitator will then hand out a card with an ethical, cultural, or discussion-based prompt, and invite participants to respond from the perspective of the role they've been assigned.
At the end of the exercise, participants will be guided through a collective reflection on common, everyday, or news-related situations, always trying to address the "problem" from the point of view of the originally assigned roles of responsibility.

Recommended cards:

An episode of homobitransphobic bullying, whether it happened to you or to someone else.

Why is using someone's correct name and pronouns an act of respect?

What does it mean when someone experiences "microaggressions"? Can you give an example?

Fifth exercise

Title: *Connect, Listen, Share*
Type and duration: group activity (8–10 participants), 1 hour
Cards: all, chosen by participants
Objectives: strengthen connection and empathy at the group level; encourage recognition of the links between identity, gender, and orientation; stimulate critical thinking, self-reflection, and narrative skills; enhance participants' cultural competence on SOGIESC topics; promote active and equal dialogue.

Description: the facilitator will briefly present **Pitch Perfect's** illustrated card deck, then place all the cards on a table or on the floor, depending on the chosen method. It is recommended to display the narrative side of the more introspective cards, while also leaving a few cards face-up with the illustration side visible to inspire more creative thoughts and associations.
Participants will then be invited to connect different cards and build a short story—either personal or imaginary—to share with the rest of the group. The facilitator will encourage reflection on the type of story created and on possible connections between the different experiences shared.

Can you remember the moment you realized that one word could either embrace you or hurt you?

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Close in the Distance
Palermo, Milano, Online

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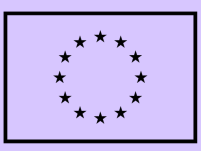

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