

## Episode 1: Final Transcript

### Dr. Dustin Nowaskie 0:07

You're listening to the Pride 365+ podcast from Optum, where we explore how to create equitable, affirming and supportive spaces for LGBTQ+ individuals and communities. During this series, we invite you to do three things: be an active listener, be flexible to change, and be vulnerable. I'm Dr. Dustin Nowaskie, queer non-binary psychiatrist, and my pronouns are he/him they/them. I'm also the founder of OutCare Health, the nation's comprehensive resource for LGBTQ+ health care. Thank you for joining us. Let's get started. Today, we'll be talking about how to create welcoming environments by being thoughtful in the language we choose. I'm joined today by Dr. Jack Drescher, a psychiatrist and psychoanalyst in private practice. He's also a clinical professor of psychiatry at Columbia University, and an adjunct professor at New York University's postdoctoral program in psychotherapy and psychoanalysis. Dr. Drescher has more than 40 years of experience, and we're very excited to hear his perspectives today. Welcome Dr. Drescher.

### Dr. Jack Drescher 1:11

Hi Dustin, thanks for inviting me. It's good to be here.

### Dr. Dustin Nowaskie 1:14

Dr. Drescher, let's start with introductions and telling us a little bit about yourself.

### Dr. Jack Drescher 1:18

Okay, well, to start, I live in New York. I'm, I've been in private practice since 1985, full time private practice since 1993. Prior to that, I've been very involved with a local gay psychiatrists group. And because of my involvement there, when I started going into private practice, people wanted to refer me patients because people were looking for an openly gay psychiatrist. At the time, there were maybe only two or three openly gay psychiatrists in practice in New York City. So I got referrals for people looking for someone who is openly gay, and many of them had been in previous treatments, trying to change their homosexuality, which, by the way, until the 1990s, the field treated as if there was no harm in trying. And then in the 90s, I started seeing transgender patients.

### Dr. Dustin Nowaskie 2:09

Thank you for sharing. Today, we're going to be discussing language and communication and how that impacts the way that we think and behave. Now, I'd like to talk about gendered language and how slight changes to language and the words we use can create more inclusive conversations, and then also make people feel more welcomed and accepted. Can you give some examples of language or words or phrases that people often bring up to you in your conversations and in your clinic visits that they may not realize are exclusionary, or phrases or words that they find very discriminatory?

**Dr. Jack Drescher 2:41**

I start with, you know, where my practice is today is people who come to me pretty much already know where I am. So a little bit different, I think, than the what happens with the average practitioner, you know, or someone working in a clinic or in an emergency room where you're seeing someone for the first time. I think, what happens is that, to use current language, we live in a heteronormative cisnormative society. What does that mean? You know, that means that we presume that everybody is heterosexual unless they declare themselves otherwise. And we assume that everybody is cisgender, unless they declare themselves otherwise. And sometimes that leads to us talking to people, making that assumption about them. And so when we ask people about their relationships, and this happens to me, by the way, all the time, when I'm on the phone, trying to get something done for my spouse. And they start asking me about my wife, and I have to decide whether or not I want to correct them or not because I'm trying to get a service. So consider that from the perspective of a patient who was seeking medical treatment. And the doctor asked them a heteronormative kind of question, you know, "Are you married?" And if you say, "Yes," and they said, you know, "Tell me about your wife." You know, if you're talking to a man who's married to a man, you know, the patients automatically assumes something that, "The doctor doesn't really understand me, the patient," because the doctor has made an assumption about me that really is not, you know, I wasn't expecting this assumption. Now, some people don't mind educating their doctors, but not everybody does. And if you look, there is a literature that shows a lot of LGBT people have had a lot of negative experiences with the healthcare industry. That is, they don't seek out help early enough because it's a hassle to get the help.

**Dr. Dustin Nowaskie 4:29**

I was reflecting on this the other day, and the more and more I think about it, so many words are so binary. And they're used to represent all groups of people, or everyone or anyone, but they use very binary language such as "men" or "man," right? Things like "middleman," "upperclassmen," "manhood," "gentlemen," "ladies and gentlemen." You know, I was in the airport the other day and over the intercom, it was like, "Ladies and gentlemen, please go," you know, "to this area." But that doesn't actually describe everyone in the world. And I think we're pushing against that idea. But that can be very troubling, and also confusing for a lot of people in the world. Do you see this play out whenever you're speaking with patients and clients? Or do you see this in some of the research data that you're looking at?

**Dr. Jack Drescher 5:15**

There are studies, actually, that show that young children learn about everything in a binary way. Through the first four years of life, you know, everything is big and short, black and white, this boy and girl. This is how kids learn, and we never lose that way of thinking. The challenge, in the modern age, is we're discovering that not everybody fits into the binary. And it's not always easy. And I would like to say, for people listening, you shouldn't feel bad that you think this way, because we're raised to think this way.

**Dr. Dustin Nowaskie 5:48**

I completely agree with you. It is, you know, it is very socially driven. And almost like there's this neural network, right, of understanding things in binary ways. And I loved the point that you brought up, you know, it's not to pinpoint or call people out if they are not describing things in affirming ways or if they're describing things in gender binary ways. But, I think it's also just say that we can also broaden and diversify that language and communication to make sure that we're being inclusive of everyone and anyone that we can be.

**Dr. Jack Drescher 6:19**

Yes, I mean, I'm I'm I'm a big believer in inclusion. So two thoughts came to mind. One thing that came to mind is a common occurrence is happening in my practice in the last few years, which is being contacted by the parents, whose child has come out as transgender or some other type of gender identity, neither male nor female. And I'm trying to understand, as they're telling me, you know, "What was the birth assignment of the child? What is the current gender of the child?" but I wind up trying to use gender neutral language entirely. And I just switched to "they." If I learn how to say "they," I don't have to make any assumptions about whether I'm talking about male or female because it applies to both. So that that's one thought that occurred to me. The other thought that occurred to me is from the other side of the patients, because I work with people who can have their feelings hurt. You know, of course, I have long term relationships with patients in long term psychotherapy treatments. But when people are coming out, and their parents aren't getting their pronouns right, I like to point out, "Well, how long did it take you to get to the point where you accepted your gender identity? How long do they have to come around to that?" You have to cut people some slack, even though it's hurtful when people make mistakes, but people are going to make mistakes all the time.

**Dr. Dustin Nowaskie 7:40**

Right? Yeah, and I think that is absolutely the most important point that no one's saying that you can never make a mistake, right? We're all human, we will make mistakes about language, communication, many other things in the world, as time goes on. But, you know, the important point is to really understand why it could be hurtful, and to correct yourself, and to educate yourself. You know, I always say, be an active listener, be flexible to change, but also be very vulnerable, and to admit that perhaps the language you're using could diversify in some way.

**Dr. Jack Drescher 8:11**

I'm very interested in the subject of how to talk to people who are amenable to hearing ideas that they're not comfortable with. One of the problems that may be difficult to getting people to hear alternative ways of thinking is, if you if you treat the people as if there were dumb for not knowing it, which is, or that there's something wrong with them for not knowing it, or to make assumptions about their motivations and when they make mistakes. I think that's real. I mean, there are people who are, of course, you know, deliberately hurtful, and deliberately insulting. I mean, there are people who do that, but not everybody is doing that. And it's, you know, one of the things we try to do in psychotherapy, for example, is to help people get thicker skins, for example. I understand that your feelings are hurt but, you know, all of us deal with hurt feelings all the time. What's most helpful to people is to learn how to manage those kinds of experiences

when it's out of control, which is not to say that we shouldn't all be thinking about how we could be nicer to each other. Although we do live in very difficult times, where not being nice to each other seems to be the new norm.

**Dr. Dustin Nowaskie 9:22**

Yeah, no, I love that you bring up that point because it very much ties into microaggressions. There's many words to describe a microaggression. I see it described as a snub, or an insult or a slur in some fashion, you know. Essentially, it is a form of discrimination that often is offensive or derogatory, negative, or hostile to a particular group. And like you mentioned, many people that participate in microaggressions may not know about it. You know, there are many forms of microaggressions. They can be unintentional or conscious. They definitely can be verbal, but they can also be nonverbal. You know, there's a lot of research that has looked at all these different forms. And there's a lot of the same conclusions that microaggressions over time can cause chronic stress to the body and therefore lead to new mental health conditions like depression, anxiety, substance use and suicidality. And that's why we're talking about it today. You know, what are your thoughts on microaggressions? Are your patients your clients talking about it? Or is this more of a socially-driven concept that's more in the media?

**Dr. Jack Drescher 10:26**

Well there there's a reality to it. We talk about microaggressions as something that people have to live with on a daily basis. That is, if you are a member of a minority group, it's not uncommon and it's not just LGBT, you know, sexual and gender minority groups, it's other minority groups too. There are always things happening all the time that make people feel unsafe, which is, I think, really the concept of microaggressions. They generate anxiety. But an example that comes to mind is a patient transitioning from male to female who is preoccupied about whether or not she passes. She would come to the office and say that somebody "spotted," you know, or she put it, somebody "clocked" her, you know, and this would make her feel worse. You know, somebody's sort of saying, "Well, that's not a woman really," or something like that. And you know, and it's hurtful but of course, part of the work is, does it matter? You know, why does that ruin your day? You know, when everybody else in your personal life, who actually knows you has been accepting, you know. Why is it that the passing glance, this micro aggression from a complete stranger, can be disruptive of you? So that's an important part, you know, individualizing treatment, trying to help people take a look at, you know, where they are getting good sources of self-esteem from versus casual encounters with strangers, which shouldn't matter that much. But sometimes they do.

**Dr. Dustin Nowaskie 11:53**

I think it would be amazing if we lived in a world where everyone was on the same page and everyone was affirming. Are we going to get there? Probably not. And so that is part of the realistic part of care, right? Why does that matter? And if it does matter, then how can we make it better?

**Dr. Jack Drescher** 12:08

Exactly. Those of us in mental health, we can help patients deal with unintentional microaggressions. But ultimately, we have the obligation to help educate people to the point of understanding why this matters. You know, I mean, ideally, we would like every patient we see to feel better when they left and than when they came in. And that's not just for the problem that they came in, but they also feel better because nothing happened between the doctor or the nurse and the patient that made the patient feel hurt, or insulted, or offended in some way. Unintentionally, or otherwise.

**Dr. Dustin Nowaskie** 12:43

You know, I'd like to shift gears because we've talked a lot about how language and communication can be damaging to one's health. We've hit and alluded to a couple examples of, you know, how can we become more inclusive or more affirming? You know, I know that you've mentioned they/them/theirs using that to describe people if you have not asked about their name, or their pronouns. Any other tools or techniques that you use?

**Dr. Jack Drescher** 13:07

Well, a question I often get asked is about pronouns. You know, and I said I said I can't keep track of all the pronouns. And the reality is that not everybody uses pronouns or subjectivities with a gender identities in the same way. So what, I'm a big believer in individualization. So if someone comes in and says, well, young people come in and they announce their pronouns. So that's the new normal, that's not true of older patients, but younger patients will announce their pronouns, and I will make a note and try to remember, you know, in our ongoing sessions. If you're a physician or clinician of any specialty, or any discipline, and you're working with a person who's in distress, what is the harm in accommodating the subjectivity of the person, if it doesn't get in the way of providing them with the treatment that they need?

**Dr. Dustin Nowaskie** 14:00

Yeah, I think what you're describing is, you know, the importance of a more one-on-one interaction versus the particular person and their viewpoints on the world and how much they're pushing back on constructions that are socially driven.

**Dr. Jack Drescher** 14:12

And we are not, as professionals, we're not there to represent gender norms, or sexual norms to our patients. And if we think we are, we're probably in the wrong business.

**Dr. Dustin Nowaskie** 14:24

Mhmm. Yeah, absolutely. You know, I think for providers, for clinicians, or really, for just everyone in the world, if you're interested in and want to be as inclusive and affirming as you want, you know, the first step is obviously to be an active listener. To not assume how people identify, letting them tell you, and really trying to process that information. Be flexible to change, appreciating those differences and perspectives, and then understanding how this information may contribute to your own growth. And then the last step for me, is always and the most difficult one, is to be vulnerable, to allow yourself to admit that you may have room for growth.

And you, just like everyone else, everyone else in the world, must probably change on some level so that we can create safer, welcoming and affirming environments. You know, if there's one thing that you want listeners to take away from this conversation, what would it be?

**Dr. Jack Drescher** 15:19

Don't be afraid to make a mistake. Everybody makes mistakes. We learn from our mistakes. If we've made an error and we want to learn from the error, to seek out the best sources of information to learn from the error.

**Dr. Dustin Nowaskie** 15:33

Well, Dr. Drescher, thank you for your time today. It was wonderful speaking with you. You've given us a lot to think about.

**Dr. Jack Drescher** 15:39

Thank you again for inviting me.

**Dr. Dustin Nowaskie** 15:43

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