Institute for Clinical Social Work

The Experiences of Gender Nonbinary Clients in Psychotherapy

A Qualitative Interpretive Meta-synthesis

A Dissertation Submitted to the Faculty of the

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By

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Abstract

The visibility of gender nonbinary people has increased over the last decade, resulting in an expanding body of qualitative research investigating the challenges and needs unique to gender diverse populations. However, while a number of meta-analyses have been published, to date no qualitative interpretive meta-synthesis focused on psychotherapy experiences has been conducted to integrate and interpret these findings across studies. Using the Qualitative Interpretive Meta-Synthesis (QIMS) method designed by, and for, social work research, sixteen qualitative studies were systematically selected and analyzed to address the research question: What are the lived experiences of gender nonbinary individuals navigating psychotherapy? First-order participant quotes and second-order themes from the sampled qualitative studies were reciprocally translated, compared and synthesized, resulting in the emergence of six new interrelated third-order themes, namely: Access, Gatekeeping, and the Myth of Choice; The Burden of Proof; Epistemic Labor; Hope and Dread; Rupture and Repair; and Relational Recognition. Findings indicated that participants experienced significant structural barriers to accessing affirming care, frequent experiences of invalidation and microaggression, and the ongoing burden of addressing misunderstandings, and lack of knowledge experienced from some mental health professionals. At the same time, participants in some of the studies, selected because of positive psychotherapy experiences, described affirming interactions and therapist competence regarding both intersectionality, and transgender and nonbinary client's lived experiences. These were highly meaningful to clients, and

increased trust, safety, and the establishment of a working therapeutic alliance. Findings from this QIMS highlight the critical importance of therapist training in intersectionality, cultural humility, gender competence, and therapeutic repair of relational ruptures. Meaningful therapeutic experiences were characterized by participant feelings of being recognized as a whole person rather than having gender identity as the sole focus. Findings suggest that effective psychotherapy with nonbinary clients requires attention to both interpersonal and systemic dimensions of care. Implications for clinical social work include the need for improved professional education, greater awareness and knowledge of minority stress, intersectionality, and the impact of settler colonialism and neoliberalism on gender minorities.

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Table of Contents

Page

Abstract iii

Acknowledgements v

List of Tables ix

List of Figures x

Chapter

I. INTRODUCTION 1

General Statement of Purpose

Purpose and Methodological Approach

Significance of the Study for Clinical Social Work Research

Statement of the Problem

Operational Definitions of Major Concepts

Statement of Assumptions

Ontological and Epistemological Stance

Capitalizing Words Indicating Race in Research

Foregrounding and Reflexivity

II. LITERATURE REVIEW 22

Search Methods

Frameworks for Understanding Nonbinary Gender Identities

Theories and Ideas Relevant to Gender Identity

Gender Theory and Psychoanalysis

Theories from Psychoanalysis and Neuroscience

Relational Approaches to Psychotherapy with Trans and Nonbinary Clients

Sociological Research Relevant to Trans and Nonbinary People

Future Research

Summary

III. METHOD 88

Rationale for Qualitative Research Design

Rationale for QIMS

Research design

Table of Contents (continued)

Instrumentation

Formulation of the research question

Data collection and Sampling

Data Analysis.

Issues of trustworthiness

Ethical Considerations

The Role of the Researcher

Summary

IV. RESULTS 104

Sample Selection

Final Sample

Data Analysis 121

Theme extraction and synthesis

Third-order Themes and Subthemes

Theme 1: Access, Gatekeeping, and the Myth of Choice

Subtheme 1a. Ally and Gatekeeper

Subtheme 1b. “Screening” and The Myth of Choice

Theme 2. The Burden of Proof

Theme 3. Epistemic Labor: Educating Therapists is Not Our Job

Subtheme 3a. Trans- and Gender-Competence

Subtheme 3b. Intersectionality Competence and Cultural Humility

Theme 4. Hope and Dread: Moments that Matter

Subtheme 4a. Microaggressions

Subtheme 4b. Microaffirmations

Theme 5. Rupture and Repair

Theme 6. Relational Recognition

Summary

Table of Contents (continued)

V. DISCUSSION 177

Pattern 1. The Unbearable Lightness of Recognition

Pattern 2. The Cisgender Question

Recommendations……206

1.The Therapist's Competence

2. The Therapist's Approach

3. The Therapeutic Alliance

4. Systemic and Structural Barriers

Study Limitations 218

Concluding Thoughts 226

REFERENCES 226

APPENDIX 1: ENTREQ Statement 297

APPENDIX 2: Use of AI 300

List of Tables

Table 1. Title Searches……...……..…109
Table 2. Characteristics of Primary Studies……113
Table 3. Themes and Subthemes from the 16 Studies in the Final Sample……...….115
Table 4. Affective codes applied to Quotes and Themes in Primary Studies…….....127
Table 5. Third-order Constructs Derived from QIMS……...…..129
Table 6. Pattern 1: The Unbearable Lightness of Recognition……....187
Table 7. Pattern 2: The Cisgender Question……197
Table 8. Enhancing Transparency in Reporting the Synthesis of Qualitative……298.

List of Figures

Figure 1. PRISMA Flow Diagram (Page et al., 2021): Sampling Steps……..106

Figure 2. Illustration of Theme Emerging from Theme Hand-Sorted Data……125

Chapter I

Introduction

General Statement of Purpose

The purpose of this qualitative meta-synthesis is to analyze existing qualitative studies focused on the mental health care experiences of gender nonbinary people. The Qualitative Interpretive Meta-Synthesis (Aguirre & Bolton, 2014) or QIMS method was used to explore the following research question: *What are the lived experiences of gender nonbinary individuals navigating psychotherapy?* Two subsidiary questions guiding this investigation are: (1) What do we know about the experiences of gender nonbinary individuals seeking and engaging in mental health care? (2) How can this knowledge help mental health professionals better understand and respond to the mental health care needs of gender nonbinary clients?

The rise in visibility and acceptance of nonbinary gender identities in recent years has been accompanied by an increase in research, both quantitative and qualitative (Boyon, 2021; Charlesworth et al., 2022; Liszewski et al., 2018; Minkin et al., 2021). The aim of this study is to synthesize and interpret a body of primary qualitative research in which the voices of nonbinary participants are preserved.

Many terms are used worldwide to refer to individuals whose gender is outside the gender binary. While "nonbinary" is used primarily in the global north (Coleman et al., 2022, p. S80), the term does not fully capture the experience of gender-diverse individuals from all cultures. "Nonbinary gender" is an overarching term indicating a disidentification (Muñoz, 1999) from rigid binary (male/female) definitions of gender (Bradford et al., 2019), and is used by the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC8) as both a specific gender identity and an "umbrella term" encompassing people who are bigender, agender, polygender, and genderfluid (James et al., 2016; Kuper et al., 2014; Richards et al., 2016; Vincent, 2016, 2019). However, some nonbinary people consider the term transgender to indicate an exclusively binary gender (Garrison, 2018) and therefore reject or are unsure of the word transgender as descriptive of them (Darwin, 2020; Vincent, 2019, as cited in Coleman et al., 2022, p. S80). "Nonbinary" is increasingly used as an adjective (e.g., "Jesse is a nonbinary person") and is preferred over hyphenated forms like "non-binary" (American Psychological Association, 2020).

I use the term gender nonbinary in this study as a contemporary umbrella term, and acknowledge that its primary emphasis is in Western, White contexts (Vincent & Barker, 2021, p. 572). When reporting on specific studies, I use the terms preferred by the researchers or, where possible, the participants themselves (e.g., trans, transgender, genderqueer, genderfluid, gender-diverse).

"Gender binary" refers to a largely discredited view that presumes all human beings can be assigned immutable social roles based on their assigned sex at birth (Coleman et al., 2022, pp. S252-S253; PFLAG, 2023). Yet many people do not view

themselves within these categories. Some identify with the opposite category to their assigned sex at birth and align with a "transgender" identity. Others identify with aspects of both or view their identity as fluid. While also disidentifying from the male/female binary (Bradford et al., 2019), nonbinary individuals use the term in various ways including using the term as a specific identity interchangeable with terms like genderqueer, genderfluid, gender-diverse, or gender-expansive (PFLAG, 2023). The fluidity of terms creates different meanings at different times and places, to different people (Coleman et al., 2022). As a cisgender researcher, I aim to use the most current language chosen by the individuals, communities, and cultures I am referring to. As such the terminology in this study follows the recommendations of PFLAG, Trans Student Educational Resources (TSER), and WPATH (Coleman et al., 2022, pp. S252-S253).

Purpose and Methodological Approach

The goal of the present study is to develop an empathic understanding of the experiences of gender nonbinary individuals as they navigate mental health care. Phenomenological studies that privilege the "lived experience" of participants in mental health settings are prioritized in contrast to quantitative research which traditionally presumes human behavior can be studied objectively by external observers. "Lived experience" is a central principle in qualitative phenomenological research and refers to the differences in individual perceptions of the world, and how individuals make subjective meaning of their worlds (Dieumegard et al., 2021). By focusing on *lived* experience I introduce a holistic view that seeks to understand individuals' inner worlds within their sociocultural context; thereby capturing the complexities of gender nonbinary people's lives.

Significance of the Study for Clinical Social Work Research

Research on gender identity has shifted in the last decade, moving away from questions of causality toward an interest in the meaning and experience of an individual's identity (Copulsky & Hammack, 2023; Doyle, 2022; Galupo et al., 2017; Levitt & Ippolito, 2014). A growing number of qualitative studies now focus specifically on the experiences of nonbinary individuals, distinct from binary transgender people. This proliferation of qualitative findings in both academic journals and doctoral dissertations has created the opportunity for a qualitative meta-synthesis to gain broader knowledge of, and insights into, how nonbinary clients navigate and experience psychotherapy and other mental health settings.

Qualitative meta-syntheses enable us to examine common themes and patterns that recur across multiple primary qualitative studies. A key premise of the present study is that new and useful information can be gained from the enhanced "information power" of a meta-synthesis (Malterud et al., 2021). For example, gaps in research can be identified, evidence for new mental health interventions may become available for advocacy, and the direction of future primary studies become better informed (Tong et al., 2012, as cited in Lachal et al., 2017).

A qualitative meta-synthesis can also explore a topic more broadly and deeply than a single study because themes and patterns across *multiple* primary qualitative studies are being examined and synthesized. Harden and Thomas (2005) and Barnett-Page and Thomas (2009) distinguish between the summarizing results of aggregative syntheses and the conceptually innovative capabilities of interpretative syntheses. Fendt's

(2025) emergent approach further illuminates this distinction by suggesting that patterns are not simply *extracted* from synthesis but are "co-constructed through their relational interplay" (p. 3) across studies.

The growing complexity of global challenges has created a need for approaches to research that are not merely aimed at simplifying problems but are specifically designed to embrace the richness and unpredictability of organizational and social life. Positioning emergence as an actual *core construct* within qualitative meta-analysis can advance the possibilities in methodological synthesis; while at same, contributing to an epistemological shift in knowledge production that increases relationality, adaptivity, and sensitivity (Fendt, 2025). Because complex emergent results tend to generate higher-order insights, research gaps are exposed and can inform advocacy groups, identify further research gaps, improve mental health care for transgender diverse (TGD) populations, and inform further research directions (Tong et al., 2012, as cited in Lachal et al., 2017). In addition, meta-syntheses can refute or lead to the revision of current knowledge broadening the applicability of its findings (Paterson, 2001, 2011).

Pioneered in the 1990s by the nursing profession (Finfgeld, 2003; Paterson, 2001, 2011; Sandelowski et al., 1997), meta-synthesis methods have continued to evolve. One recent evolution is the Qualitative Interpretive Meta-Synthesis (QIMS) method (Aguirre & Bolton, 2014, p. 280). Focused on mental health research and specifically developed by social work academics for social work researchers, QIMS provided an opportunity for the present study to use a method fully aligned with social work values. The authors of QIMS assert:

We conceptualize qualitative interpretive meta-synthesis (QIMS) as a means to synthesize group of studies on a related topic into an enhanced understanding of the topic of study wherein the position of each individual study is changed from an individual pocket of knowledge of a phenomenon into part of a web of knowledge about the topic where a synergy among the studies creates a new, deeper and broader understanding (Aguirre & Bolton, 2014, p. 283).

This current study uses the QIMS method to synthesize and interpret findings from a sample of published qualitative studies that include or focus solely on nonbinary individuals' experiences navigating psychotherapy and mental health settings.

Statement of the Problem

The current situation.

A pronounced rise in the visibility of transgender and gender-diverse people accompanied by a more inclusive language and a greater appreciation of gender diversity has occurred this century, subsequently allowing for greater recognition of nonbinary gender identities (Hammack & Wignall, 2023) who are situated outside the socially constructed male/female binary (dickey, 2020). A 2021 global survey estimated that there are 1.2 million nonbinary adults in the United States (Meerwijk & Sevelius, 2017; Wilson & Meyer, 2021), while a Pew Research Center survey (Geiger & Graf, 2019) found 3% of the United States population between 18-29 identified as nonbinary. When focused only on transgender and gender-diverse (TGD) people, studies indicate that between 25% and 50% of the TGD population identifies as nonbinary, with the higher percentages

found among younger people (Burgwal et al., 2019, 2020; James et al., 2016; Watson, Weldon & Puhl, 2020).

The past decade has shown a significant increase in the number of gender-diverse people seeking mental health care (Chang & Singh, 2018; Matsuno & Budge, 2017). This includes a growing number of nonbinary children and adolescents being seen by clinicians and seeking gender-affirming care (Coleman et al., 2022; Saketopoulou, 2020; Silber, 2019). In response, the eighth edition of the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC8) includes a dedicated chapter on nonbinary care, a significant development that was not present in earlier editions.

At the same time, legislation hostile to gender-diverse people has risen in the United States (Horne et al., 2022; Kidd et al., 2021). A January 2025 executive order requested changes to the federal sex-marker policy, however, after litigation, a November 2025, Supreme Court order ruled to continue allowing enforcement of U.S. passports to reflect only sex assigned at birth.. Unless reversed by future rulings (Lambda Legal, 2026) this policy, alongside a broader political climate, has contributed to a profound sense of marginalization, oppression, and fear for many nonbinary and transgender individuals (Ben Hagai, 2023; Coates, 1990; Hammack & Wignall, 2023; Jaspal, 2022); resulting in the need to relocate to safer U.S. states or other countries (Dodds, 2025). The Movement Advancement Project's (2026) website offers the most current information on policy changes (https://www.mapresearch.org/policy-and-issue-analysis/transgender-people).

The breadth of this social context emphasizes an urgent need to provide appropriate mental health services. Research continues to show that nonbinary

individuals who are multiply marginalized face significant mental health disparities. Stanton et al. (2025) found that the greatest risk for depression and anxiety is faced by Black nonbinary individuals assigned female at birth and Native/Multiracial transgender women. A 2024 analysis revealed a disproportionate increase in mental health distress among transgender and gender-nonconforming adults between the years 2014 and 2021 (Feir & Mann, 2024). Barriers to care include societal discrimination, lack of provider competency, fear of stigma, and limitations (American College of Physicians ACP, 2025; Lucas et al., 2024). The Trevor Project survey from 2024 found that ninety percent of the LGBTQ+ youth reported that recent politics has negatively impacted their well-being (Nath et al., 2024).

The current study not only addresses a gap in synthesized qualitative research, but also examines the systemic issue of minority stress, inequitable access, and worsening societal challenges for nonbinary people. It is increasingly apparent that accessible, effective, and affirming mental health care is necessary. Providing such care requires first an understanding of what is effective and then taking stock of what is missing. Research that seeks to understand the current experiences of nonbinary individuals in psychotherapy is therefore a reasonable place to begin.

The need for more research on gender nonbinary identity.

Until the early 1990s research did not distinguish people in the trans community who saw themselves outside of the binary. Education and knowledge about the experience and needs of nonbinary individuals have increased significantly in the last two decades. At the same time, in the broader public, and among mental health professionals,

there are still significantly harmful misunderstandings and skepticism about gender nonbinary identities.

The experience of invisibility is prevalent in gender nonbinary individuals (Conlin et al., 2019), who may also experience greater stigmatization for falling outside societal norms, and therefore receive less social support (Thorne et al., 2019), even when compared with transgender people who do align with the gender binary. Some of the literature has highlighted specific challenges faced by nonbinary adolescents--including pressure from family, schools, and the broader society to conform to the binary (Keller, 2018). Until very recently, comparatively little research has focused solely on the experiences of gender nonbinary people (Kearns et al., 2021; Monro, 2019).

Research indicates that youth and adults identifying as nonbinary are discouraged by the lack of knowledge mental health providers have about the nonbinary experience (Matsuno & Budge, 2017). This makes it less likely that they will seek counseling. One study found that while 70% of nonbinary people desire counseling related to their gender, only 31% have accessed counseling, as compared to 73% of binary transgender people (Matsuno & Budge, 2017). Research must therefore expand its scope to consider gender nonbinary people as a separate group from transgender people (Matsuno & Budge, 2017), which means seeking demographic information about gender identity that extends beyond male, female and transgender (Matsuno & Budge, 2017). Without this, it becomes impossible to parse out the differing needs of nonbinary people who do not identify as transgender. For example, a study comparing the two groups seeking treatment found that nonbinary people exhibited significantly higher levels of anxiety and depression, and had lower self-esteem, than transgender people, indicating that these groups likely face

mental health challenges and social stresses that are not identical to each other (Thorne et al., 2019).

The need for competent care is paramount, especially among younger cohorts. In a study published this year (Ward et al., 2026), gender nonbinary youth between 16 and 21 years reported having the legitimacy of their genders called into question in both healthcare and educational contexts. Youth described responses of disbelief, belittling, and having their self-knowledge challenged on account of their age. Findings concluded that gender nonbinary youth are rendered "culturally unintelligible" and their gender identities viewed as "unstable and incoherent" (Ward et al., 2026, p. 303).

Psychoanalysts and other mental health clinicians are seeing more youth in their practices who openly challenge the gender binary (Silber, 2019). Psychologist Ken Corbett has urged psychoanalysts to expand their knowledge related to gender identity in youth: "We adults are behind the world in which our children live. They are running ahead. And in failing to catch up, we neglect them" (Corbett, 2016, p. 21). The GLSEN National School Climate Survey (Kosciw et al., 2020) found that 84% of transgender and 69% of nonbinary students experienced a hostile school climate based on their gender identity. Additionally, nonbinary students were more likely than transgender students to feel unsafe based on their sexual orientation. These data, combined with the Trevor Project's 2025 finding (Nath et al., 2026) that TGNB youth unable to access desired hormone therapy were nearly twice as likely to attempt suicide, underscore the need for continued research and affirmative care, as necessities of mental health and well-being.

Gaps in literature.

Literature focused on nonbinary gender identities across all ages highlights several themes and directions for future research. Core struggles in the lives of nonbinary people include invisibility, social exclusion, and the emotional toll of managing their gender identity in a binary world (Conlin et al., 2019; Taylor et al., 2019). Research on the mental health needs of transgender (binary) individuals reveals that support in various spheres of life is critical and often lacking, with nonbinary people receiving insufficient support from their families (Brill & Kenney, 2016; Brill & Pepper, 2008; Krieger, 2018), schools (Kosciw et al., 2020), colleges (Schaffer, 2015; Tejada III, 2016), and workplaces (Huffman et al., 2021).

Quantitative studies on gender nonbinary youth are relatively plentiful compared to qualitative studies yet are not designed to elicit the more nuanced and underlying psychoanalytic processes captured by constructivist-interpretivist approaches. Fortunately, qualitative studies on this population have greatly increased in more recent years (2019-2026) and the possibility of qualitative research that extends beyond individual findings, is increasingly more feasible.

The present study has responded to this opportunity by conducting a meta-synthesis of existing qualitative research focused on the mental health experiences of gender nonbinary individuals. A secondary aim is to provide data that will improve the knowledge and practices of mental health care providers who are contacted by or referred nonbinary adults and younger people.

Operational Definitions of Major Concepts

The following operational definitions can be found in the glossary of terms from the most recent WPATH Standards for Care (Coleman et al., 2022, pp. S252-S253).

Coleman et al. (2022, p. S11) state their use of the terms,

> transgender and gender diverse (TGD) to be as broad and comprehensive as possible in describing members of the many varied communities globally of people with gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth. This includes people who have culturally specific and/or language-specific experiences, identities or expressions, and/or that are not based on or encompassed by Western conceptualizations of gender, or the **language** used to describe it. TGD is used for convenience as a shorthand for transgender and gender diverse" (Coleman et al., 2022, p. S11).

The definitions that follow are directly quoted from their glossary (Coleman et al., 2022, pp. S252-S253):

"CISGENDER refers to people whose current gender identity corresponds to the sex they were assigned at birth.

GENDER: Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and "third" gender, among others; many other genders are recognized around the world.

GENDER-AFFIRMATION refers to being recognized or affirmed in a person's gender identity. It is usually conceptualized as having social, psychological, medical, and legal

dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care).

GENDER-AFFIRMATION SURGERY (GAS) is used to describe surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

GENDER BINARY refers to the idea there are two and only two genders, men and women; the expectation that everyone must be one or the other; and that all men are males, and all women are females.

GENDER DIVERSE is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

GENDER DYSPHORIA describes a state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.

GENDER EXPANSIVE is an adjective often used to describe people who identify or express themselves in ways that broaden the socially and culturally defined behaviors or beliefs associated with a particular sex. Gender creative is also sometimes used. The term gender variant was used in the past and is disappearing from professional usage because of negative connotations now associated with it.

GENDER EXPRESSION refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions as well as mannerisms, speech, behavioral patterns, and names. A person's gender expression may or may not conform to a person's gender identity.

GENDER IDENTITY refers to a person's deeply felt, internal, intrinsic sense of their own gender.

GENDER INCONGRUENCE is a diagnostic term used in the ICD-11 that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex.
INTERSEX refers to people born with sex or reproductive characteristics that do not fit binary definitions of female or male.
MISGENDER/MISGENDERING refers to when language is used that does not correctly reflect the gender with which a person identifies. This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.).
NONBINARY refers to those with gender identities outside the gender binary. People with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman or identify as a gender other than a man or a woman, or as not having a gender at all. Nonbinary people may use the pronouns they/them/theirs instead of he/him/his or she/her/hers. Some nonbinary people consider themselves to be transgender or trans; some do not because they consider transgender to be part of the gender binary. The shorthand NB or "enby" is sometimes used as a descriptor for nonbinary. Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.
SEX ASSIGNED AT BIRTH refers to a person's status as male, female, or intersex based on physical characteristics. Sex is usually assigned at birth based on appearance of the external genitalia. AFAB is an abbreviation for "assigned female at birth." AMAB is an abbreviation for "assigned male at birth."

I use the word ***Youth*** in this study as an overarching description of people under the age of 30, where important to distinguish, I will use the terms, *children, adolescents*, or *young adults,* to provide clarity on the age.

Statement of Assumptions

The study is guided by the following assumptions, grounded in a social constructivist framework that affirms the validity and diversity of nonbinary identities:

1. Social reality is constructed, value-laden, context-specific, subjective, and open to interpretation by researchers.
2. Nonbinary identities have existed throughout history and across a diverse range of cultures and are neither a recent nor a western phenomenon.
3. The terms used to describe nonbinary identities vary over time, culture, and location and can carry different meanings for different people at different times.
4. The number of nonbinary people seeking mental healthcare is increasing, particularly among younger age groups.
5. When mental health providers seek to understand and educate themselves about the lived experience of transgender and nonbinary youth, including their fears and wishes, the quality of care is greatly improved.
6. Relational Psychoanalytic psychotherapy offers a depth of self-understanding that is different from many other therapeutic modalities.
7. A person's understanding of their gender can develop over time without invalidating earlier or later thoughts and experiences.
8. Everyone is affected by neoliberalism and its policies in North America and elsewhere, which favor the interests of corporate wealth accumulation and decision making. This has undermined egalitarianism and democracy, and led to gross inequality, worker distress, and decreasing human and social services including mental health care. For trans and gender diverse people and other

intersectionally marginalized populations, such policies and their ramifications are harmful and at times fatal.

Ontological and Epistemological Stance

Qualitative research is grounded in a philosophical position that is essentially constructivist (Creswell & Creswell, 2017, p. 42), concerning itself with how participants experience, interpret and understand complexity and meaning in a social and cultural world. It is particularly suited for exploring and understanding meaning ascribed to social or human problems through highly contextualized experiences in specific contexts at specific points in time (Creswell & Creswell, 2017). In the present research, my ontological stance is constructivism, and my epistemological stance is interpretivism.

The method chosen (QIMS) is aligned with social constructivist interpretivism, in which reality is viewed as internal, fluid, emerging, and socially constructed. Knowledge is viewed as subjective, indeterminate, value-rich and contextualized (Chowdhury, 2019). Constructivist interpretivist research aims to describe, understand and empathize with the ideas being studied; in other words, to "delve into the essence of the topic" (Bloomberg & Volpe, 2012, p. 40). As a researcher, I am also a participant-interpreter (Chowdhury, 2019) relative to my research participants, who like all individuals, are presumed to seek and make meaning of their worlds. My assumptions are that human experiences and interactions are socially and historically negotiated, and that participants have developed subjective meanings of their experiences which are varied, multiple and complex (Bloomberg & Volpe, 2018), rather than narrowed into a limited number of ideas or categories (Creswell & Creswell, 2017).

From this stance, I conducted a Qualitative Interpretive Meta-Synthesis (QIMS) by synthesizing existing qualitative studies documenting the lived experiences of nonbinary individuals. The QIMS method is outlined in detail in Chapter 3. In contrast to quantitative aggregate methods of meta-synthesis, QIMS is a qualitative interpretive method developed by social work researchers, Aguirre and Bolton (2014). The authors define the QIMS method and clarify the meaning of each word in the QIMS name:

Interpretive means "that we eschew aggregating findings quantitatively;" *meta* refers to "denoting a change of position or condition" and *synthesis* refers to "the combination of ideas to form a theory or system" (Meta, 2011; Synthesis, 2011, as cited in Aguirre & Bolton, 2014, p. 283).

Choosing this methodology reflects both my epistemological preference and my earlier interest in qualitative research. The QIMS method is appealing because it was developed for social workers with the values of social work in mind.

Capitalizing Words Indicating Race in Research

While the American Psychological Association (APA) and most academic and professional organizations require capitalizing Black and White as proper nouns for racial/ethnic groups, the Associated Press (AP) Stylebook capitalizes Black but leaves white lowercase in racial contexts, explaining,

> There is, at this time, less support for capitalizing white . . . we are a global news organization and in much of the world there is considerable disagreement, ambiguity and confusion about whom the term includes . . . capitalizing the term

white, as is done by white supremacists, risks subtly conveying legitimacy to such beliefs" (Meir, 2020).

However, the Center for the Study of Social Policy (Mack & Palfrey, 2020) reminds us that when “White” is not capitalized, the word can appear insignificant, and be allowed to remain invisible and neutral, which it is not. Intentionally capitalizing the word in this study is a constant reminder to keep thinking about being a White person myself, about Whiteness and its harms, and about how Whiteness continues to support systemic racism while avoiding confronting it. It is a reminder to keep challenging it. As a White person, I therefore capitalize the word throughout this study.

Foregrounding and Reflexivity

My interest in qualitative research began at the University of Cape Town (UCT) between 1985 and 1994 (during and after I completed my clinical psychology training). As a student I conducted two research studies: one a feminist discourse analysis and the other a grounded theory study and action research-based study. Thereafter I worked in the UCT psychiatric department as a research assistant. UCT was engaged in many research initiatives designed to document the sociopolitical devastation of apartheid in order to advocate for funding and urgent services to the most underserved communities. Together with three community mental health workers and a social worker, one of our assigned roles was the follow up on families and children in the most underserved areas of Khayetlitsha, who had been noted in a previous epidemiological survey as urgently in-need of assessment and follow up.

Critical Ethical Reflexivity (Rogers & Brown, 2024) provides a framework for cisgender scholars conducting research in trans and nonbinary communities, involving three conjoined modes of reflexivity. In the *critical mode*, the researcher remains alert to normative ideologies and structures. In the *ethical mode*, the researcher reflects on dominant socio-cultural and political beliefs that influence both the research and the research community. The third mode, *epistemic humility*, asks researchers to continuously scrutinize how knowledge from their research is produced (Rogers & Brown, 2024, p. 448).

In terms of my social location, I am a White, cisgender woman born as a fourth-generation descendant of British settler colonialists in South Africa. I benefitted from unearned privilege granting me access to education and eventually to a professional career.

CER requires continued reflection and awareness of how my cisgender identity, professional role, race, ethnicity, and class influence the questions I ask, the literature I choose to read, and how I interpret the data and draw conclusions. Thus, my position relative to CER's three modes of reflexivity is as follows:

1. In the *critical mode,* I acknowledge that the subject of my research includes mental health providers, a group in which I participate. As a clinician reflecting on gender nonbinary clients' experiences in psychotherapy, I reflect on my own assumptions and interpretations acknowledging that quotes were read out of their original context and that I was not part of, nor had full access to the original interviews. Interpretations are therefore my own and are shaped by my own assumptions from which I cannot fully step outside of. Instead, I remained alert and mindful of them throughout the process,

continued to discuss all ideas and findings with additional raters, consultants and scholars for feedback.

2. The *ethical mode*. My cisgender identity shapes my interpretations, and I occupy an outsider position as a researcher. This means I cannot fully know the lived experience of those who are positioned inside the experience. My interest and concern for gender-nonbinary youth's experiences with psychotherapy began when, as a school social worker, I worked closely with middle and high school students, some of whom were questioning their gender and struggling to feel understood by adults in their lives.

Within the current study, while I may synthesize and interpret the words of nonbinary participants, I acknowledge that I do not share their particular lived experiences of gender marginalization. To counter this, I consulted with gender diverse people in my community, including a psychotherapist with whom I discussed the final themes in the study.

3. Epistemic humility was demonstrated through triangulation (see Chapter 4). For example, comparing my initial analysis with that of another rater (Rater C) revealed different habitual tendencies that we each brought to the process of synthesizing information. These differences were experienced as epistemic friction (Sher, 2016), which refers to a productive kind of curiosity that occurs when one data analyst is faced with another's different, yet equally valid, way of thinking about the same data. This experience is illustrated in more detail in Chapter 5. Epistemic humility was also demonstrated by seeking guidance from each of the QIMS authors (Aguirre & Bolton, 2014) for an earlier dissertation proposal which ultimately led to my discarding that idea.

As a qualitative researcher, my epistemic orientation is not a neutral analytic stance. Rather I regard it as data which I strive to remain aware of and continually question. Despite engaging with academic writings and literature, receiving input and discussion with other raters, and ensuring rater triangulation wherever possible, the final themes presented in this meta-synthesis are also my interpretations that are impacted by my history and subjectivity.

Chapter II

Literature Review

The previous chapter introduced the current problem in the United States in which gender nonbinary people are navigating an environment that is largely ignorant and hostile to their needs. The present study synthesizes a sample of existing research, in which nonbinary participants' quotes regarding their experiences in mental health settings provide the data for a Qualitative Interpretive Meta-analysis. The following section reviews literature across domains of study relevant to this topic.

Search Methods

In preparation for the literature review, I used several search engines (ProQuest and Google Search) and databases (PEP, Google Scholar, APA PsycArticles, and APA PsycINFO) to search for journal articles, books, and dissertations. Search terms included the following: [gender nonconform* OR gender nonbinary OR genderfluid OR nonbinary gender OR genderqueer] AND [qualitative study OR case study OR qualitative research OR psychoanaly*]. I searched for those terms in titles only, abstracts only, keywords only, or a combination of titles, abstracts, and keywords. Over a period of two to three years, I downloaded and saved one to two hundred research papers focused primarily on studies of nonbinary and other gender identities, but also on qualitative research methodologies and psychoanalytic theories and case studies on nonbinary gender. The

abstracts and introductory sections of suitable studies were printed and categorized by keywords. I then created a flow chart to visually arrange my conceptualization of the literature review relative to each category.

The review begins with a presentation of the broad conceptual and theoretical frameworks chosen as foundational to my thinking about gender. I then discuss how gender and gender theory have been considered in psychoanalytic traditions since Freud's early writings. I discuss relevant critiques of psychoanalytic thinking and practice regarding gender and gender identity, tracing its evolution, including a formal apology to trans and gender diverse people, to present ideas and practices. Finally, I provide an overview of literature from other disciplines, presenting the experiences, needs, and issues most relevant to nonbinary (and in some places transgender) individuals.

Frameworks for Understanding Nonbinary Gender Identities

This section introduces the conceptual and theoretical frameworks and research methods selected as most appropriate for this study. I begin with an explanation of how and why these frameworks are helpful.

Theoretical and conceptual frameworks.

Scholarly research, in its quest to seek answers in a systematic and disciplined manner, must subject itself to scrutiny and critique. To improve rigor, a research project will include its rationale for choosing specific theories and theoretical frameworks (Chowdhury, 2019). *Theories* express the relationships among a set of related propositions and constructs. They are "abstract description of the relationships between

concepts that help us to understand the world, [offering] explanations of how and why things happen in particular ways, and how similar phenomena may have common explanations" (Kerlinger, 1986, as cited in Varpio et al., 2020, p. 989).

The *theoretical framework* of a study is built on concepts and premises drawn from various theories whose explanations of reality are congruent with one another (Chowdhury, 2019; Varpio et al., 2020). Theoretical frameworks shape how meaning is made from the data gathered and are therefore clearly stated. In this chapter, the concepts and theories that ground the current research are introduced and defined and synthesized into the theoretical framework I use to understand the mental health care experiences of nonbinary clients. My theoretical framework includes relational psychoanalysis and gender theory, which are in turn informed by and connected with intersectionality theory, critical theories, Liberation psychology theories, feminist theory, queer theory, Queer of Color theory, transgender theory, and borderlands theory.

A study's *conceptual framework* provides the rationale and justification for conducting the study and includes the presentation of existing knowledge about the topic, gaps in the research, and the method of study chosen. The conceptual framework therefore clarifies the importance of the study and the contributions it aims to make (Maxwell, 2013, as cited in Varpio et al., 2020). It informs how the problem will be investigated in terms of methodology, scope of literature review, sampling, and the assumptions the researcher brings to the study. As such, it is shaped by the researcher's stance regarding reality (ontology), knowledge (epistemology), values (axiology), and how knowledge is studied, or methodology (Creswell & Creswell, 2017, p. 44).

In summary, theoretical and conceptual frameworks are selected based on how the researcher aims to make meaning of their data (Willis et al., 2007). As both a researcher and a psychotherapist, I am most interested in the multiple ways in which a person experiences themselves, including their gender in all its complexity. My curiosity about this topic aligns less with a view grounded in biological essentialism and more with a constructionist-interpretivist view in which gender is understood as relational, multifaceted, and fluid (Schudson & Morgenroth, 2022). The present study therefore adopts a constructivist interpretivist stance, recognizing that knowledge is contextual, i.e., it is culturally and historically situated, and therefore cannot be disentangled from those contexts (Ward et al., 2015). As such, social reality can be viewed as internal, fluid, emergent, and socially constructed, and knowledge is culturally and contextually situated.

Social constructivist interpretive stance.

Constructivist interpretivists expect knowledge to be subjective, indeterminate, value-rich, and contextualized. They seek understanding through both description and empathy with what is being studied. As such, researchers operating from this stance are participant-interpreters (Chowdhury, 2019, p. 105) who seek to understand their world and develop subjective meanings from experience. They explore the complexity of human experience rather than narrowing their subjects' views into a small number of fixed ideas or categories (Creswell & Creswell, 2017, p. 8). This stance is especially appropriate for exploring and understanding the meanings people ascribe to social or individual problems (Creswell & Creswell, 2017). These kinds of problems typically manifest through diverse, highly contextualized experiences and are therefore not

amenable to quantification or *a priori* operational definitions. From this epistemological approach, I examine and synthesize the clinical findings and theoretical commentary of primary qualitative studies selected for their focus on nonbinary people in mental health care settings.

Qualitative synthesis.

This section introduces qualitative meta-synthesis (also referred to as qualitative synthesis) as a method of study and explains the rationale for using it (as opposed to using direct clinical interviews), in the present study. The term qualitative synthesis (QS) refers to a family of methods developed to systematically review and integrate the findings of multiple qualitative studies (Lachal et al., 2017; Ring et al., 2011). As an approach, QS was pioneered by Statham, Mauksch, and Miller (see Paterson, 2001; Paterson, 2011) to address the criticism that qualitative studies were of limited value for substantiating evidence-based healthcare, because findings from different studies could only be considered in isolation (Evans & Pearson, 2001; Sandelowski et al., 1997).

As single qualitative studies began to proliferate in the 1980s and 1990s, synthesizing findings across multiple studies became the necessary next step (Paterson, 2001, 2011) to ensure against the risk that evidence-based healthcare would default entirely to a rationalist model that privileged systematic reviews of quantitative research (Barnett-Page & Thomas, 2009). Prior approaches to synthesizing qualitative research in social work had relied on methods developed by the nursing profession, with its focus on physical well-being. A method uniquely designed for social work, whose mission is to

enhance mental health and well-being, was seen as a worthwhile endeavor by Aguirre and Bolton (2014), who developed QIMS specifically to meet this need.

In a recent article titled *Embracing Emergence in Qualitative Meta-synthesis: A Guide to Higher-Order Synthesis*, Fendt (2025) makes a compelling case for qualitative meta-synthesis being better suited than positivist methods for researching the kinds of complex problems currently faced by humanity. These include climate disasters, geopolitical instability (such as the conflicts in Ukraine, Gaza, and beyond), and critical technological failures. Positivist methods, she argues, are too constrained to illuminate the "nuanced dynamics of a world in flux" (Fendt, 2025, p. 1). When qualitative data is "aggregated and analyzed systematically through meta-studies," it "holds the potential to uncover emergent patterns, generate higher-order insights, and contribute to the development of robust theories that resonate across contexts" (Fendt, 2025, p. 1).

Despite the value of qualitative research in studying these kinds of problems, qualitative studies are often considered too methodologically diverse and complex to synthesize (Charmaz, 2017). Fendt's argument, however, is that this very diversity in method, philosophical orientation, and context, is precisely what makes qualitative meta-synthesis so rich in its capacity for emergence. This phenomenon has been explored in complexity science, yet in the context of qualitative meta-synthesis remains largely unexamined. When structured around emergence Fendt argues, qualitative meta-analysis "allows for the identification of higher-order patterns, relational dynamics, and conceptual advancements that transcend individual studies" (Fendt, 2025, p. 1).

Theories and Ideas Relevant to Gender Identity

An understanding of the politics of gender theory begins with its roots in intellectual thinking and social activism. Starting in the 1950s and 1960s, various social movements arose and demanded that attention be centered on culturally devalued identities. Early movements included "civil rights, second wave feminism, Black power, gay and lesbian liberation, Act Up (AIDS Coalition to Unleash Power), third wave feminism, and queer and trans movements" (Layton, 2020, p. xxv). Many of these movements also produced critical theoretical frameworks attempting to understand power dynamics, social inequality, and identity; each one having a distinct approach or emphasis. In addition, the activists, and theorists themselves wore many "labels," making it mostly impossible to situate their ideas within one theory. As Audre Lorde (1984) states in her essay, *On Learning from the 60s*, "There is no thing as a single-issue struggle because we do not live single-issue lives" (p.138).

To contextualize gender theory and psychoanalysis historically and socially, as the theoretical framework for this study, the following section provides brief summaries of the political movements that arose to promote social justice in various contexts, while also inspiring some of the ideas related to gender theory.

Critical theory and hegemony.

Critical theory has its origins in the work of Georg Wilhelm Friedrich Hegel (1821, 2025) whose philosophy of freedom was adopted and expanded by Karl Marx (1844). Marx believed that no emancipation was possible without a fundamental and complete transformation of the status quo. Following Marx, and many decades later, a

group of (Western European) Marxist philosophers and social theorists known as the Frankfurt School converged at the Institute for Social Research (founded in 1923) at the Goethe University of Frankfurt, Germany. Their aim was to emancipate the perspectives of normative society by exposing its conflicts and contradictions. Critical theorists in this group included Max Horkheimer (Horkheimer, 1931), Theodor W. Adorno, Herbert Marcuse (Adorno & Marcuse, 1999), Walter Benjamin (W. Benjamin, 2008), and Jürgen Habermas (Habermas, 1984). Continuing in a tradition in which emancipation and reflective engagement (Hegel, 1807, 2025) are central to critique. Critical Theory since the 1930s is at the heart of many social and political movements (see Smith, 1987). Examples include feminism, critical race theory, queer theory, postcolonial/decolonial theory, some psychoanalytic schools of thought (Derrida, 1987; Foucault & Rabinow, 1997), and post-structuralism (Celikates & Flynn, 2023).

Horkheimer (1992) distinguished “critical theory” from “traditional theory” the primary aim of which is to increase knowledge, whereas critical theory actively participates in the constitution of a society aiming to eradicate social injustice. Critical research, therefore, is not apolitical but effectively takes a position on the subject under focus. Since the Frankfurt school in the 1930s, critical theory has expanded its focus from the economic class relations of Marxism, to include theories on gender, race, and sexuality (Weaver-Hightower, 2020).

Antonio Gramsci (2000) further expanded Marxist ideas by exploring how and why people tend to support systems that disadvantage them. His theories, written while imprisoned under Mussolini’s fascism, include the concept, hegemony, an idea arising from his analysis of the ways in which elites are able to maintain power via cultural and

ideological influence rather than by force. In other words, institutional values, beliefs and norms are strategically cultivated, taught, and strengthened within education, the media, and political parties etc. Power is thereby invisible and messages of influence are taken as common sense and internalized by citizens. Socioeconomic inequality appears natural, and inevitable thereby securing consent for continued elite domination (Kollmeyer, 2005).

Hegemonic barriers include systemic obstacles inextricably bound up with dominant norms in which cisgenderism and gender binarism are centered, leading to disparities driven by cisnormativity, institutional gatekeeping, and provider trans-incompetency (Bolstad et al., 2025; Ochani et al., 2025; Venegoni, 2023).

Critical race theory.

Critical Race Theory (CRT) originated in the mid-1970s from the writings of legal scholars, Derrick Bell, Alan Freeman, Kimberlé Crenshaw, Richard Delgado, Cheryl Harris, Charles R. Lawrence III, Mari Matsuda, and Patricia J. Williams. It also draws from works and ideas of Antonio Gramsci, Sojourner Truth, Frederick Douglass, and W. E. B. Du Bois, as well as the Black Power, Chicano, and radical feminist movements from the 1960s and 1970s (Ansell, 2008).

CRT was created as an alternative to critical legal studies because it offered a more nuanced and wider interpretation of the disparities across race in the United States. CRT names five invisibly embedded and related tenets that expose the marginalization and disenfranchisement that prevail in White-dominant society: namely counter-storytelling, the permanence of racism, Whiteness as property, interest convergence, and

the critique of liberalism. Intersectionality was listed as the sixth tenet, to ensure that White privilege continues to be contested and interrogated (Capper, 2015; Gooden, 2012; Ladson-Billings, 1998, as cited in McNeal, 2017, pp. 26-28).

Intersectionality theory.

Gender theory is not distinct from race and sexuality. Kimberlé Crenshaw (1996) introduced intersectionality theory to give language to the cumulative effect of being multiply marginalized by more than one identity (such as gender, race, class, sexuality, and disability). Thus, intersectional analysis recognizes that individuals' experiences cannot be understood solely through one axis of identity but are shaped by the interconnectedness of various forms of social inequality. As a theory, the dynamics of intersectionality can be seen not only as an academic frame but "as a practical intervention in a world characterized by extreme inequalities" (Cho et al., 2013, p. 785). Through an intersectional lens, race, gender, and sexuality are culturally and historically situated and require deconstruction to move beyond binary categories such as White/Black, gay/straight (Belkin, 2021a, 2021b).

Moradi and Grzanka (2017) strongly urge social scientists who reference or use intersectionality theory to be responsible stewards of the theory, as a collective endeavor. This includes but is not limited to acknowledging its roots in U.S. Black feminism and women of color activism (Collins, 1989; Combahee River Collective, 1981, 1983; Davis, 1983; Lorde, 1984; Truth, as cited in Davis, 2024) and reflecting on the historical and continual marginalization of intellectual contributions from women of color (Moradi & Grzanka, 2017).

Within psychoanalysis (Belkin, 2021a, 2021b; Leary, 2000; Saketopoulou, 2011), Intersectionality blends elements of both intersectional inquiry and relational psychoanalysis, and draws from queer studies (Muñoz, 2013), critical race theory, and psychoanalytic gender theory. From this perspective, intersectional psychoanalysts are expected to pursue a collaborative relationship with clients that is both egalitarian and emotionally honest (Altman, 1995; Belkin, 2021a, 2021b; Bromberg, 2006; Cushman, 2015; Dimen & Goldner, 2002; Harris, 2005; Stern, 2017, as cited in Belkin, 2021). Intersectional psychoanalysts strive to recognize the lived experience of clients who are stigmatized, marginalized, and oppressed, while also seeking to understand how oppressive narratives are resisted (see Altman, 1995; Blechner, 2009, 2016; Drescher, 2007; Saketopoulou, 2011; White, 2015, as cited in Belkin, 2012a)

Liberation psychology.

As a movement, liberation psychology was developed by Ignacio Martín-Baró (1994) who drew from both Liberation Theology, and Brazilian educator Paulo Freire's (1972) critical pedagogy. Martín-Baró urged all theories of psychology to "center the experience of the oppressed in its analysis of human behavior" (Gaztambide, 2017, p. 194). Yet, education and training in the fields of clinical psychology and psychiatry are dominated by knowledge derived from Western culture, despite the fact that all healing systems (psychiatry included), are derived from healing methods that enact the rationales or myths of the culture from which they arose (Frank & Frank, 1993).

Indigenous healing concepts and practices within a particular ethnocultural group of people is descriptive of how their particular life predicaments are understood, how

illness experiences are explained, and how adversities are managed. Methods of healing cannot be understood without being situated within their cultural contexts, nor are they automatically transferable to other cultural settings. Most nationalist anti-colonial movements reject cultural generalizability stemming from Western psychological concepts and methodologies when used to address mental health issues outside Western culture (Allwood and Berry, 2006, as cited in Fernando & Moodley, 2018, pp. 265-266).

Indigenous psychologies (IPs).

Indigenous Psychologies offer a set of approaches to understanding human behaviors within the cultural contexts in which they developed and are currently displayed. IPs can also be seen as attempts to root psychological research in the conceptual systems indigenous to a culture, including the philosophical, theological, and scientific ideas that are part of the historical and contemporary lives of people and their institutions (Berry et al., 2011; Berry, 2015, 2016).

Ubuntu Philosophy and Social Work Practice.

The word Ubuntu comes from a group of languages in southern Africa collectively known as Nguni languages. Ubuntu is an African philosophy that privileges human interconnectedness and the collective shared responsibility for the well-being of human networks, Indigenous cultures, and the well-being and survival of the earth that supports us all (Makhanya & Mzinyane, 2025, p. 2; Wiredu, 1998a, 1998b). Research in linguistics notes that expressions of Ubuntu philosophy are slightly varied across African communities and languages, yet all share the belief that “an authentic individual human

being is part of a larger and more significant relational, communal, societal, environmental and spiritual world" (Mugumbate & Chereni, 2019, p. v; Tusasiirwe, 2019, p. 77). In South Africa, five of the twelve official languages are Nguni languages. During the transition to democracy following the abolishment of apartheid, and especially around the Truth and Reconciliation Commission meetings, Ubuntu philosophy was the fundamental ethic steering the country towards reconciliation. Both President Nelson Mandela's and Bishop Desmond Tutu's leadership were rooted in Ubuntu's ideals of forgiveness, responsibility that is shared, and dignity for all (van de Kerkhof, 2024).

The Global Agenda for Social Work and Social Development presented *Ubuntu: Strengthening Social Solidarity and Global Connectedness* as the key theme for 2020 through 2022 (Udah et al., 2025). Ubuntu philosophy is increasingly viewed as an alternative decolonizing framework for social work pedagogy (Tusasiirwe, 2019; Udah et al., 2025). Udah et al. (2025) underscore growing frustrations with the continued Eurocentricity of social work and the marginalization of alternative thought in social work despite increasing numbers of diverse social work students and scholars in Africa, Latin America, the Caribbean, and Asia. Ngubane and Makua (2021, p. 1) propose that Ubuntu pedagogy can reconnect socially diverse students with their own values as well as the values intrinsic to social justice— namely equity, fairness, and recognition.

Critical-Liberation Psychotherapy (CLP).

CLP is a model pioneered by and Morrill and Comas-Díaz (2025). Critical-Liberation Psychotherapy is both a practice of psychotherapy and a critique of the mental health profession's standards of care (SOC), including SOC's relationship with

hegemonic power (which as stated earlier, concerns the specific beliefs, values, and practices that dominate and are upheld within a culture (Yuval-Davis, 2011). Morrill and Comas-Díaz (2025, p. 577) argue that “emancipatory change processes and outcomes in psychotherapy risk being obstructed when dynamics of hegemonic power are emulated, such as when psychotherapy approaches, aims, and in-session practices are constructed around values that reflect neoliberal capitalism, White supremacy, coloniality, and cis-hetero patriarchy" (p. 577).

Critical thinkers regard mainstream psychotherapy, when embedded in biased moral, historical, and sociopolitical contexts, to be functioning as a form of psychotherapeutic imperialism (Morrill & Comas-Díaz, 2025, p. 576). To support liberation, individual clinical practice that occurs at the intersection of ideological, interpersonal, and sociostructural power systems must be critically examined (Morrill & Comas-Díaz, 2025, p. 577). As such, Morrill and Comas-Díaz (2025) identify seven hegemonic values that, when overapplied in practice, can obstruct liberatory clinical practices and thereby serve coloniality and hegemony. These values are objectivism, hyperindividualism, quantity over quality, power-over, categories and polarities, productivity, and solution-focused outcomes (Morrill & Comas-Díaz, 2025, p. 579).

Liberation in CLP is ideally centered within case formulations (see Clauss-Ehlers et al., 2019). Centering liberation can be demonstrated by connecting a client’s personal experience with collective events thereby contextualizing the effects of intersecting systems of power (Morrill & Comas-Díaz, 2025, p. 581). Both authors regard CLP as having emerged from their experiences of *Nepantla,* Gloria Anzaldúa’s (2004) term for the cultural borderlands or in-between spaces. Such spaces, Morrill and Comas-Díaz

(2025) explain, are derived from "the weaving together of ideas within, outside of, and in-between psychology" (p. 578) to create a border culture practice.

Borderlands theory.

Gloria Anzaldúa's Borderlands theory is primarily an anti-colonial theory grounded in the experiences of Mexican Americans living along the US-Mexico border. Belonging to two groups perceived as mutually exclusive, Mexican Americans may share a commonality with others whose identities emerge from a double consciousness that is then rejected by dominant culture (Castro Lingl et al., 2025). In a broader sense, a borderland represents a place of ambiguity. Anzaldúa defines herself as a border woman residing in a "place of ambiguity ... where the command to choose a side and to compromise her loyalty to a group is already rejected" (Orozco-Mendoza, 2008., p. 1).

Castro Lingl et al. (2025) suggest that Anzaldúa's purposeful redefinition of the borderland as the transcendence of physical borders enables us to challenge other kinds of borders, allowing for the inclusion of new identity categories. Nonbinary identities, for example, exist outside the discrete gender binary, and a genderfluid identity suggests a fluidity of movement between categories once thought of as fixed (Castro Lingl et al., 2025, p. 3). Humanities scholars have applied Borderlands theory to other identities including biracial identity (Gaither, 2018; Kang & Bodenhausen, 2015), bisexuality (Callis, 2014; Gaither, 2018), and nonbinary gender (Ladwig, 2023). "Borderlands theory is intended as a theory of processes, that is, it involves a series of actions or operations conducive to an end; a continuous operation aimed at a particular goal" (Orozco-Mendoza, 2008, p. 42). Anzaldúa's greatest hope was to reverse the colonization passed

on through cultural practices and the construction of myths operating in everyday discourse.

Polyvagal theory, safety and neuroception.

The human's experience of safety was described by psychologist and philosopher Eugene Gendlin (1968) as a physical *felt sense*. This idea was further developed by neuroscientist, Stephen Porges as Polyvagal Theory (Porges et al., 1994), framed as the "science of safety" (Porges, 2022). The theory has received scrutiny, criticism and has been refuted by other scientists (Doody et al., 2023; Grossman, 2023). Nevertheless, it continues to be applied in psychotherapy as a way of helping clients learn to attend to their body's signals of safety and danger. The polyvagal institute suggests distinguishing "between the theory's foundational science (concerned with neuroanatomy, physiology, and regulatory mechanisms) and applied language that uses metaphors and models more accessible to people without neuroscience backgrounds" (Polyvagal Institute, 2025). Polyvagal theory (Porges, 2004, 2011, 2022) teaches that humans scan their environments for signs of safety or danger, and also that through mutual coregulation we may be calmed by a therapist who provides cues of safety.

Porges' (2022) theory has implications for understanding symptoms of post-traumatic stress in which the consequences of adversity, both physical and mental, are hypothesized to be the result of a "retuned autonomic nervous system locked into states of defense" (p. 2). This in turn limits access to pathways that mediate calmness via ventral vagal signals associated with sociality (Williamson et al., 2013, 2015; Kolacz et al., 2020b, as cited in Porges, 2022, p. 2).

Intergenerational trauma names the phenomenon of trauma symptoms manifesting in those without direct experience of trauma, but whose ancestors have experienced severe forms of trauma (Danieli, 1988; van Ijzendoorn et al., 2003, as cited in Ginot, 2015). Ginot examines how trauma and unregulated implicit memories are passed down through *unconscious enactments* that occur between children and parents (Bromberg, 1998; 2006, as cited by Ginot, 2015, p. 191); theorized as occurring because parents and children may share a relationship that is undifferentiated between them (Aron, 1996; Benjamin, 2004 as cited in Ginot, 2015).

Shame theory.

DeYoung (2015) describes shame as “most essentially a non-cognitive, disintegrating-in-relationship experience" that is viscerally affective and global in its reach (p. 41). It is characterized by Schore (2009) as “an implosion of the implicit self and a rupture of self-continuity" (p. 39). DeYoung (2022) proposes a definition of shame that is entirely relational in which she describes shame as “the experience of one’s felt sense of self disintegrating in relation to a dysregulating other (p.21). With this definition, DeYoung is striving to grasp the most essential relational experience of the self as it disintegrates before any meaning can be ascribed to it (p.21). In DeYoung’s understanding, shame is not wounded pride, or damaged self-respect; it is a feeling of total unlovableness in relation to another. The experience is further described as profoundly visceral, meaning its effects and affective experience are felt by the autonomic nervous system as well as within one’s psychic structure or sense of self. The visceral experience may feel like one is being vaporized, or falling apart, or blanking out

(p.22). Subjectively, shame is experienced as the rupturing of one's sense of self, and as a threat of psychological annihilation or disintegration.

Healing from chronic shame requires a neurobiological approach focused on affect attunement that fosters affect tolerance as well as affect regulation (Cozolino, 2012) as well the expression of a narrative that encourages neural network integration (Siegel, 1999). Schore describes shame as a "sudden shock-induced deflation of positive affect that supports grandiose omnipotence" (Schore (2012, p. 97) and therefore requires an integrative approach that includes shame theory with affect regulation theory.

Feminist theory.

Feminism (de Beauvoir, 1949; hooks, 1984a, 1984b; Lorde, 1984; Lorde & Hall, 2004), with its multiple uses, meanings, and waves, is impossible to summarize without oversimplification. As an intellectual commitment as well as a political movement, Feminism strives to expose, challenge, and reject gender-based oppression. Feminist inquiry views cultural, economic, social, and political phenomena from a wide range of perspectives, critically evaluating the ways societal norms use gender both to uphold patriarchal traditions and to marginalize, oppress, and exclude people with female bodies (de Beauvoir, 1949; hooks, 1984; McAfee et al., 2023). Feminist theory began with White women's experience as its focus and has been rightly criticized for excluding the interests of Black women and people of color (Davis, 1981; hooks, 1981; Lorde, 1984). Feminism can be distinguished from gender theory, which has a broader focus: gender theory examines masculinity and femininity not as manifestations of biology, but as modes of performing one's identity (Butler, 1988; Jule, 2021).

Queer theory and queer of color critique.

Queer theory (Halberstam, 1998; Muñoz, 1999, 2009; Sedgwick, 1985, 1990, 1993) emerged from Lesbian, Gay, and Women's Studies in the 1990s, arising to challenge the normative discourses of sex, gender, and sexuality within those ideologies. Queer theory views fixed gender identity and sexual orientation categories as problematic and challenges any basis for identity politics as a unitary undertaking, claiming instead that identity is fluid and constantly forming. Queer theory further holds that nobody is exempt from this: i.e., that no one can assume their own identity to be fixed and stable by default (Piantato, 2016).

Central to Queer theory is the work of José Esteban Muñoz (1999, 2009) whose intersectional analyses centered the complexities of queer experience. Muñoz was influenced by his background in performance and cultural studies, as well as by critical philosophers associated with the Frankfurt School, also wrestling with utopian ideas, such as Adorno, Walter Benjamin, Marcuse, and Bloch. "Disidentification" is the term Muñoz (1999) uses to describe the ways that marginalized individuals and communities negotiate and subvert dominant norms and identities, creating alternative modes of being and belonging, and thereby opening spaces for radical resistance and self-expression. Muñoz uses cultural performance arts to engage with issues of race, ethnicity, and class, which has been compared to Audre Lorde's use of poetry.

Transgender theory.

Contemporary transgender theory asserts the validity of all trans and gender diverse people, centering gender fluidity over biology and viewing each person as an

expert on their own gender, without pathologizing anyone (Breaux & Thyer, 2021). Transgender theory provides a basis for reconciling feminist and queer theoretical scholarship with advocacy for transgender rights. Concerning itself with the unique lived experience of nonbinary and transgender people, transgender theory centers the body and physical embodiment as an intrinsic part of gender identity. It embraces both the fluidly embodied and the socially and self-constructed aspects of a social identity that interacts dynamically within an integrated narrative of lived experience (Nagoshi & Brzuzy, 2010, pp. 431–432).

Cisnormativity refers the ideological assumption that cisgenderism is a universal norm. Relative to nonbinary identities, cisgender identities are viewed as "natural and unquestioned" while nonbinary people are treated as "unstable and incoherent" (Ward et al., 2026, p. 303). Cisnormativity exerts a powerful pressure that shapes all interpersonal encounters, and beyond that, is further supported by structural forces that sanction cisnormativity as the final arbiter of "what is considered a legitimate gendered subject" (Ward et al., 2026, p. 303).

Gender Theory and Psychoanalysis

Introduction and History.

The previous section introduced some of the key political and social movements and theories that intersect with gender theory. Next, I trace the relationship between psychoanalysis, gender as both word and concept, and gender theory. I'll begin with an outline of the development of gender theory in fields peripheral to, but not unrelated to

psychoanalysis before tracing a more detailed history of gender starting with Freud's earliest allusions to the concept.

Gender theory and discourse analysis.

The conviction that gender attributes in humans are inextricably tied to sex and biology (i.e., essentialism) was significantly challenged in the post-structural climate of the 1980s and 1990s. An understanding of gender influenced by Foucault's (1995) ideas on "regulative discourses," emerged as a critique of biological essentialism, the belief that human traits, behaviors, and social roles are innately determined by biological rather than social or cultural factors. An important contributor to this shift in thinking was Judith Butler (1988, 1990, 2004b), whose work examined gender identities (especially femininity and masculinity) as modes of social performance, or performativity. Butler's work was influenced by Discourse Analysis (DA), an interdisciplinary methodology developed by linguists to "make explicit the tacit system of rules or conventions that all language users share" (Matsuhashi & Quinn, 1984, p. 308). DA exposes how knowledge and power as encoded ideologies, are made invisible in language contexts. Feminist DA exposes the way ideologies such as patriarchy, racism, sexism, homophobia, heteronormativity etc. are invisibly reproduced in language. By revealing that all social life is invisibly gendered to some degree, DA also reveals that the regulation, inclusion and exclusion of various identities and practices is masked and therefore goes unnoticed or unspoken (Fairclough, 1995, 2010, 2013; Hollway, 1984; Tilley, 2018; Weatherall, 2005, 2016).

From 2000 to 2010, gender theory's critical lens was far reaching, focusing on racial marginalization, disability, being transgender, and cultural diversity along with global perspectives on transgender rights, queer theory, and the experiences of LGBTQ+ people. Gender theorists have continued to focus on gender identity, nonbinary and fluid gender expressions, as well as the rights of transgender individuals. In addition, gender theory examines the impact of decolonization on Indigenous peoples and their perspectives, examining the impact of imperialism on gender norms (Picq, 2020).

Although much of the scholarly study of gender developed in fields outside psychoanalysis, Freud's ideas have had a profound influence on thinking about human experience in relationship to sex and gender. The first psychoanalytic journal focused solely on gender study, *Gender and Psychoanalysis*, was introduced in 1996. Elizabeth Young-Bruehl's (1996) introductory essay in this journal provides a useful summary of psychoanalysis' early awakenings to gender as an important topic of inquiry and explicates its roots in some of Freud's earliest work. While the term 'gender' appears in neither the standard edition of the complete psychological works of Sigmund Freud (Freud, 1964), nor Laplanche and Pontalis' (1973) conceptual lexicon of psychoanalytic terms and ideas, an allusion to the concept as we know it today is detectable in Freud's earliest work. In *Three Essays on the Theory of Sexuality,* Freud (1905) foreshadowed questions about gender as distinct from sex, although he pursued these questions in directions that differed from later gender scholars. According to Young-Bruehl (1996), Freud used and understood the terms *masculinity* and *femininity* as complex and composite terms, alluding to the rich interplay of various biological, psychosexual, and sociological dimensions of both masculinity and femininity (Freud, 1905, 1915, 1925,

1930, 1933). His contention that “drive, aim, and object are linked only loosely” (Dimen, 2014, p. 807) has left many to conclude that he was approaching a realization of the concept of gender as we know the term today (Heller, 2022, p. 37). Freud (1905, 1915) observed that

> . . . in human beings, pure masculinity or femininity is not to be found in either a psychological or a biological sense. Every individual on the contrary displays a mixture of character traits belonging to his own or to the opposite sex; and he shows a combination of activity and passivity whether or not the last characteristics tally with his biological ones (Freud, 1905, footnote added in 1915, p. 220; echoed in Freud, 1930, pp. 105-107; 1933, pp. 114-117).

Despite this nuanced appreciation of the complex interplay of biological and psychic aspects of gender, Freud’s chief interest lay in exploring the psychic consequences of people’s anatomies, specifically, the presence or absence of a penis (Freud, 1908, 1920, 1937). This approach elicited dissent even from some of Freud’s contemporaries. The psychoanalytic feminist Karen Horney, who was present in the 1920s in Berlin (with Freud and colleagues) as psychoanalysis was unfolding, voiced her disagreement with Freud’s phallocentric view of female development in nine publications between 1922 and 1933 (Horney, 1922, 1924, 1926a, 1926b, 1930, 1931, 1932, 1933; Symonds, 1991). Debates ensued regarding the Oedipal stage in women (see Jones, 1935), penis envy (Horney, 1924), and how female sexuality was constructed (Klein, 1928). Horney’s objections were later echoed by Simone de Beauvoir’s (1949/1974) argument that Freud essentially conceptualized women as mutilated men. By the end of the mid 1930s, the debates subsided with Freud’s classic Oedipal position remaining

widely accepted (Harris, 1991) and criticisms lying mostly dormant until the 1960s (Greenacre, 1952; Jacobson, 1964; Reich, 1953).

The next section outlines two separate ideas connected to psychoanalysis that eventually led to the concept of gender as it is currently understood (Young-Bruehl, 1996).

Gender as both concept and term.

Gender as a concept distinct from the word itself, was first articulated by Simone de Beauvoir (1949/1974, p. 42), who distinguished the body-object (described by biologists) from the body as lived by the subject. Her statement, "one is not born, but rather becomes, a woman" (de Beauvoir, 1949/1989, p. 267) established an anti-essentialist stance later taken up by post-structural feminists (Butler, 1990; Fuss, 1989). This stance rejects claims to power that were based on biological and historical foundations of sexuality and gender (Benjamin, 1996).

Research focused on binary transgender identities has a long and problematic history beginning with the study, *Sex and Gender: The transsexual experiment* (Stoller, 1975, as cited in Turban, 2021). Stoller is credited with the modern usage of the word, gender, which appeared as a term in the psychoanalytic studies of Robert Stoller (1968, 1973, 1975). Stoller's work was informed by Money's (1965) empirical studies of intersex children who were assigned male or female at birth. In keeping with the standards of the time, it was deemed both necessary and appropriate, to give intersex children (then referred to as hermaphroditic) a binary sex assignment at birth, often via surgery. This introduced the need to describe a subjective sense of maleness or

femaleness. Money (1965, p. 15) coined the term gender identity to denote the "private experience of gender role," and gender role to denote the "public expression of gender identity" (Young-Bruehl, 1996, p. 12). This was followed by an intense critique and reframing of the psychoanalytic understanding of gender experience by scholars from the 1970s onward (Benjamin, 1988; Chodorow, 1976; Dinnerstein, 1976; Harris, 1991; Mitchell, 1975).

Harris (1991, p. 244) identified four schools of thought contributing to a psychoanalytic theory of gender. Two of these schools originated in Europe. The Paris psychoanalytic school emphasized the preoedipal mother's influence in the child's fantasy and psychic life (Chasseguet-Smirgel, 1966; MacDougall, 1980; Torok, 1966), directing criticism at Freud's concept of "phallic monism" (Chasseguet-Smirgel, 1970, 1986). This criticism challenged the premise that an organ present in only one sex should be the key to psychosexual development in both. Chasseguet-Smirgel (1966) further critiqued the Freudian account of female desire as derivative of phallic monism. In opposition to the Paris school, the second European school, represented by Lacan (1970) and his followers, avoided essentialism altogether and conceptualized gender in relation to the symbolic order of language (via linguistics, intersubjectivity, ideology, and law). This position was later criticized for its failure to address hierarchy, sexual difference, or patriarchal readings of the phallus (Gallop, 1985; Irigaray, 1985).

Two additional schools of thought originated in North America; one offered two influential explanations of gender based on object-relations theory. Chodorow's (1976) object-relations has a feminist perspective, and Dinnerstein's (1976) was infused with Marcuse and Brown's critical writings on Freudian theory (Greenham, 2001). The second

North American school focused on gender-identity theorists who have contributed significantly to the discourse over the past two decades. Fliegel (1973) offered a newer contemporary perspective on past debates from the 1930s. Person (1980) delved into cultural influences on gender formations, while Fast (1984) focused on core aspects of gender development. Benjamin (1988) extended Mahler's separation-individuation model (Mahler et al., 1975) to reformulate gender development, and Coates (1990) attributed "gender-identity disorder" in boys to severe childhood trauma occurring in the separation-anxiety developmental phase.

In summary, these historical changes in psychoanalytic positions on female sexuality can be divided into premodern, modern, and postmodern eras (Gediman, 2005). In the premodern position (A. Freud 1922; S. Freud 1905, 1925, 1931) female sexuality is positioned relative to male sexual development, and femininity is conflated with passivity and masochism. The modern position revokes premodern assertions, advancing not a reactive female sexuality, but one that is primary (Horney, 1924, 1926a, 1933; Jones, 1927, 1935; Riviere, 2018). These views, introduced in a 1976 Journal of the American Psychoanalytic Association supplement, evolved ultimately into the postmodern position of the 1990s in which psychoanalytic theorists (Benjamin, 1996; Butler 1990; Dimen 1991; Harris, 1991; Kristeva 1986) approach female psychology and gender from a deconstructionist position (Gediman, 2005).

Thus far, Chapter 2 has provided an overview of the theoretical framework (gender and psychoanalysis) adopted for this study followed by various theories and ideas relevant to the study of gender and gender identity. I introduced theories from political philosophy, and critical thinking that resonate with the fundamental premise of this

dissertation which is to privilege and respect the subjectivity and humanness of all, with an emphasis of those residing within the borderlands (Anzaldúa, 1999, 2021) where one's identity may be experienced by others as unintelligible and therefore regarded as "wrong."

Theories from Psychoanalysis and Neuroscience

This section begins by introducing applicable theories from psychoanalysis and neuroscience with an emphasis on relational psychoanalysis, followed by a discussion on specific psychoanalytic ideas that provide a theoretical framework from which to approach data analysis and theme generation in the last two chapters.

Self-Psychology.

The classical self-psychology theory of Heinz Kohut (1971, 1977, 1984) has undergone developments in a number of directions since the 1960s. Fosshage (2003) emphasizes the many self psychological contributions to paradigmatic movements such as objectivism, constructivism, both drive and intrapsychic theory, and relational field theory (Fosshage, 2003, p. 443, as cited in Magid et al., 2021, pp. 3–4). For the purposes of this study, I briefly introduce self psychology and then present those concepts useful to understanding the experiences of gender nonbinary clients in psychotherapy, namely the mirroring and twinship selfobject experiences.

Departing from the Freud's (1923, 1926) concepts of id, ego, and superego, Kohut (1971) placed his concept of the self as central to his psychoanalytic work. Kohut viewed the self phenomenologically until about 1975 (Strozier, 2001, p. 266), and then later

described it as the unknowable "center of the individual's psychological universe" consisting of data on physical reality, perceived by senses, and data on psychological reality perceived via introspection and empathy (Kohut, 1977, p. 311).

Kohut's (1984, p. 99) concept, "the self," was a dimensional construct ranging from *cohesiveness,* in which one experiences a felt sense of wholeness, vigor, aliveness, initiative, and cohesion through space with continuity over time; to *fragmentation* in which one's sense of self feels weakened and disharmonious (p. 70). His most widely used definition describes the self as "an independent center of initiative" and "recipient of impressions" (Kohut & Wolf, 1978, p. 414). Kohut introduced the concept of the *selfobject* to refer to any person or experience that might "evoke, maintain and give cohesion to the self" (Wolf, 1988, p. 63).

The past 30 years have seen the continued development and transformation of self psychology to include the influences of various other theories: intersubjectivity theory (Stolorow et al., 1987), relational self psychology (see Magid et al., 2021), motivational systems theory (Lichtenberg, 1989; Lichtenberg, et al., 1992). For example, the idea of the self has evolved, and previous classical self psychologists have modified their understandings to include recent ideas. Estelle Shane (2018, p. 689) describes her experience of the concept: "Kohut's focus on the centrality of subjective self experience is honored, assuming for me major importance, but his concept of self is reconceptualized by me in systems terms, as a fluid, ever-changing set of capacities for affect, awareness, and attachment rather than my retaining a concept of self as inherent design, as Kohut had formulated" (Shane, 2018, p. 689).

Shane's (2018) paper goes on to highlight the clinical relevance of later changes to Kohut's original formulations that constitute an expansion of self psychology which include relationality.

Kohut was originally interested in why a healthy (cohesive) self is either developmentally preserved or derailed within an individual. In healthy young children, he was struck by a vital, exuberant, expansive, and creative expression of self that was often absent in adulthood, when "infantile vitality and robust self-regard" seemed to disappear in some individuals (Mitchell & Black, 1995, p. 159). Kohut (1977, 1984) theorized that a healthy self develops within the context of specific selfobject experiences, which are provided by selfobjects. His concept of the "selfobject" refers to an internal, subjective experience of a function that is provided by others, who are experienced as part of the self' (Gardner, 1991, p. 478). Kohut and Wolf (1978) note that it is the quality of those interactions occurring in childhood between the self and its selfobjects that will greatly influence how the self emerges in adulthood. Developmental problems of the self occur when there has been a "significant failure to achieve cohesion, vigor, or harmony" or when there has been a "significant loss of these qualities after they had been tentatively established" (p. 414). Kohut used the term "disorder of the self" (p. 414) to categorize these developmental derailments.

Kohut's three primary selfobjects include:

1. Mirroring selfobjects that "respond to and confirm the child's innate sense of vigor, greatness and perfection." (Gardner, 1991, p. 478). They convey joy and approval for the child, and support for his "expansive states of mind." Kohut theorized that when mirroring is optimal, the normal and healthy grandiosity of the child is transformed into

“healthy self-esteem, assertiveness, ambition, a healthy enjoyment of successes, and a pleasure in the pursuit of interests and activities'' (Gardner, 1991, p. 478; Richardson, 1997)

2. Idealizing selfobjects are looked up to by the child, who can merge with them as images of calmness, infallibility, and omnipotence (Kohut & Wolf, 1978, p. 414). Transformation of the reliable “idealized parent *imago*” develops the capacity for self-soothing, self-comfort, and self-regulation, particularly regarding affects and tension states” (Gardner, 1991, p. 478).

3. Twinship selfobjects evoke a sense of essential likeness between the child and their essential others (Mitchell & Black, 1995, p. 159; Richardson, 1995). A sense of “finding oneself in another” is fundamental to the experience of twinship (Togashi & Kottler, 2012, 2015), which some argue is a definition implicitly suggestive of Kohut’s later leanings toward a two-person psychology (Togashi, 2012) that would include reciprocity and mutuality of the twinship experience between people in the intersubjective context (Togashi, 2008). In his final book, Kohut defined twinship as “confirmation of the feeling that one is a human being among other human beings” (Kohut, 1984, p. 200). His twinship ideas were incomplete when he died and have since been reworked by various theorists to include additional experience-near formulations of twinship. Togashi and Kottler (2015) formulate twinship as feeling at home in [oneself] and in the contexts in which [one lives].

Togashi (2012, p. 364) wrote:

> In his final discussion on the existential anxiety caused by the lack of a fundamental empathic environment, Kohut exemplifies the experiences of the

astronauts when their space capsule lost power in outer space and describes their yearning as the "ultimate deepest desire the wish to be symbolically reunited with the earth: the symbol of human meaning, human warmth, human contact, human experience" (Kohut, 1981, p. 545).

Togashi and Kottler (2012, p. 331) argue that Kohut's change in the way he defined twinship represents a fundamental shift in his theory as well as part of a personal and theoretical transformation that was taking place for him. The change they interpret was Kohut's "shift from the psychology of the self to what we refer to as the psychology of being human" (Togashi & Kottler, 2012, p. 331).

Relational psychoanalysis.

Relational psychoanalysis as a tradition began to take shape in the 1980s, as psychoanalytic thinkers from various related schools of thought (Eagle, 1984; Mitchell, 1988) converged to formulate theories of the self that were more relational and able to capture the interactive essence of the human mind (Benjamin, 1990a), thus moving psychoanalytic practice from a one- to a two-person treatment.

The development of these ideas began with intersubjective theorists, George Atwood and Robert Stolorow (1984), and Donna Orange (1995) who conceptualized the psychoanalytic process as occurring in the field between two intersecting subjectivities, rather than solely within an individual psyche as conceived by Freud (Stolorow, Brandchaft, & Atwood, 1987; Stolorow, 1995; Stolorow & Atwood, 1984, 1992, 1996). The intersubjective premise formed the foundation of relational psychoanalysis, in which

there are two subjects or subjectivities in the consulting room instead of one (Benjamin, 1995a).

Stephen Mitchell (1988, 1993, 1997, 2000) produced many essays and books outlining the concepts that led to relational psychoanalytic theory (Harris, 2011), which can be characterized in the following ways: (a) a theoretical orientation that emerged in the 1980s as a response to the limitations of classical psychoanalysis (Aron & Harris, 2005), (b) an evolving paradigm emphasizing the importance of the interactive field created by both members of the therapeutic dyad, therapist, and patient, in shaping and determining psychological experience (Mitchell & Greenberg, 1988), and (c) a psychoanalytic approach that focuses on the intersubjective space between therapist and patient, recognizing the mutual influence, co-construction of meaning, and transformational potential within the therapeutic relationship (Benjamin, 2018a).

Relational psychoanalytic ideas originated in the late 1980s and early 1990s, when psychoanalysts from various traditions (Eagle, 1984; Mitchell, 1988, cited in Benjamin, 1990b, p. 184) began to formulate theories of the self that were more relational and better at capturing the interactive essence of human minds (Benjamin, 1990a). While earlier psychoanalytic traditions theorized psychoanalytic processes as occurring *within* the individual psyche, intersubjective theorists, Stolorow and Atwood (1984) and Mitchell (1988) hypothesized psychoanalytic processes as occurring in the field *between two* intersecting subjectivities (Benjamin, 1995a). Based on detailed observations and microanalyses of infants with their parents (Beebe, 2006; Sander, 1975; Schwaber, 1983; Trevarthen, 2019), intersubjective theory (Stolorow et al., 1978; Atwood, 1984; Atwood

& Stolorow, 1984) was developed, eventually becoming foundational to relational psychoanalysis.

Intersubjectivity theory, however, revealed a problem that first required solving; the problem being that in forwarding the premise that two subjects (instead of one subject and one object) were now present in the therapy room, intersubjectivity found itself directly challenging both Kleinian and object-relations traditions in which the "object" was viewed *only* as an intrapsychic concept referring to the self's internalized representation of others it had interacted with (Benjamin, 1995a, p. 185). This raised a second problem concerning the need to distinguish *real* subjects from previous *representations* of subjects, imagined as objects in the mind of the real subject. From within this paradoxical complexity (Mitchell & Aron, 1999) the idea of "recognition" as a psychoanalytic concept was formulated (Benjamin, 1990a, p. 34). Along with recognition, the idea of intersubjective vulnerability was introduced, which concerned moments of being *mis*recognized, or of *not* being recognized, affirmed and responded to — both of which are felt as hurtful and harmful experiences (Benjamin, 2018b).

Benjamin's theorizing offers a different interpretation of the classical and object relations understanding of the word *subject;* hitherto understood as the one who "knows and transforms the *object*" (Benjamin, 1990b, p. 201). Instead, the subject theorized in recognition theory is one who communicates with other *subjects* thereby making it possible for two *subjects* to see and recognize each other simultaneously; each as an individual subject with an equivalent center of experience (Benjamin, 1990a; Mitchell & Aron, 1999, p. 181). As a developmental achievement (p. 201) recognition concerns the capacity of the human self to experience its own subjectivity fully – provided it has

developed the capacity to recognize another self as a subject, rather than an object (p. 186). The intersubjective premise therefore advanced the idea of mutual recognition ". . . in which each person experiences the other as a 'like subject,' another mind that can be 'felt with,' yet has a distinct, separate center of feeling and perception" (Benjamin, 2004, p. 5). From these principles and ideas Benjamin developed several concepts introduced and defined next.

Recognition: Benjamin (2018b, pp. 2–4) conceived recognition as being organized by two positions: a psychic position and a process, or action, of relational responsiveness. In the psychic sense recognition concerns the ways we come to know the mind of another person as "an equal source of intention and agency" able to affect another and be affected by another. As a dynamic process, recognition is the action of responsiveness and expressiveness. It constitutes the "basic building block of connection and the primary form of linking between two persons." Consciously or unconsciously, recognition is "going on all the time" (Benjamin, 2018b, p. 4):

> Acts of recognition confirm that I am seen, known, my intentions have been understood, I have had an impact on you, and this must also mean that I matter to you; and reciprocally, that I see and know you, I understand your intentions, your actions affect me and you matter to me. Further, we share feelings, reflect each other's knowing, so we also have shared awareness. This is recognition (Benjamin, 2018b, p. 4).

The Third: The space of the Third is like Winnicott's (1971a, 1971b) potential space in which we implicitly experience ourselves recognizing the other as being a subject like we are, a being who also has a mind, yet it is not the same as our mind. In this space, the tension between sameness and difference can be held: the other is separate

from us, yet at the same time is “an equivalent center of initiative and consciousness” with whom we can share feelings and intentions (p. 4). In this space of the Third, mutual recognition can occur.

‘Doer and done to’ complementarity: Breakdowns of the recognition position are common and pervasive. The dynamic tension of sameness-difference or congruence-incongruence, when no longer sustained by the Third, breaks down and collapses into two-ness as the Third vanishes. This is the space of complementarity, in which the other appears as an object, or an objectifying, unresponsive, injuring other who is threatening to erase another’s subjectivity or be erased by that person. Both are split as “doer” and “done-to”, or any other extreme set of positions: e.g., accuser-accused, helpless-coercive, victim-perpetrator (Benjamin, 2018b, p. 4). In this straight-line relationship or locked structure one person appears as the subject who does something (the doer), and the other person appears as the object to whom something is done (the done-to). Movement is restricted to see-sawing back and forth, as positions are limited to reversals between doer and done-to positions. Both become reactive rather than capable of thinking freely and with intention. Each feels coerced, unrecognized, controlled. “The reversibility of this power dynamic, the simultaneous identification with both parts, . . . is emblematic of what I call the split complementarity” (Benjamin, 2006, p. 122).

Splitting: Splitting refers to developmental (Klein, 1946, 1957) or defensive (Fairbairn, 1952) unconscious mechanisms of psychically separating parts or attributes of the self into good and bad or love and hate. Splitting serves to prevent being contaminated by one’s own bad undesirable part of the self, which is then projected onto someone else. Splitting is also enabled by other mechanisms of the psyche, for example,

dissociating oneself from another person's humanity supports the continual splitting of the 'discarded' from the 'deserving' in a society (Benjamin, 2018b, p. 231).

The moral third: This term refers to the mental position and intersubjective process that enables breakdowns to be repaired and lawfulness to be attained through dialogue and mutual understanding. In this space, the truth of violations can be acknowledged regardless of whether they can be undone. The tension of what *did happen* and what *ought to be* can both exist. What is lawful can now be affirmed even when it is impossible or absent. The moral third transcends the binaries of weak/strong, vulnerable/protected, discarded/dignified, helpless/powerful. It is present in the witnessing of dehumanization and the assertion of common humanity. The moral third insists upon the recognition of every individual's dignity, eschewing the projection of one's own shame and vulnerability onto others (Benjamin, 2018a, 2018b).

'Only one can live' is a declaration representing the breaking down of the Moral Third into a life and death struggle in which only one side is allowed to survive. Dualisms are split and arranged as victim-perpetrator-bystander relations. Collectively, 'only one can live' manifests as a dominant structure unable to extricate itself from the binary alternatives of 'kill or be killed.' To make sense of this level of splitting into good and bad, Benjamin (2018b) invokes Klein's original paranoid position to explain extreme versions of doer and done-to constellations that split the world into "those who may live and those who must die" (Benjamin (2018b, p. 229). An even more extreme version of this kind of complementarity is the belief that 'only one can live' which arises in the absence of a 'lawful Third' when the injunction that "all deserve to live" has vanished (Benjamin, 2018b, p. 229).

Related to this is a fear that to acknowledge one has harmed is to indicate that 'I' may also not deserve to live. Overcoming this fearful fantasy requires the Third space in which the vision of a lawful world is able to include *both* self and other where both can be recognized.

Thirdness represents the way out of complementarity, the opening of the two-dimensional space, as if a line with two points becomes a triangle. In Thirdness freedom of movement and mutual influence become possible, replacing the coercion of complementarity. Thirdness is built on recognizing that each person is a subject, and not an object of control. Each partner can think again, independently and without the push-pull of complementarity. Thirdness represents a vantage point from which the two-way directionality of complementarity can now be viewed and perhaps repaired (Benjamin, 2018b).

As Benjamin (2006) wrote, "In the space of thirdness we are not submitting to the Other when we respect her agency; rather, we are surrendering to the third, as when we are able to let go of the absolute position of self-assertion to take in the other's point of view or reality without abnegating our own. Surrender implies the freedom from any intent to control or coerce" (p. 116). Benjamin's theories and ideas will be referenced in Chapter 4 and further illustrated in Chapter 5.

Relational Approaches to Psychotherapy with Trans and GNB Clients

In the next section, I review some of the useful approaches, ideas and recommendations obtained from case studies and theoretical works authored by relational psychoanalysts whose work with trans people has guided my own clinical work. I draw

from concepts and ideas that I believe will enhance the extraction and elaboration of the themes drawn from the final sample of original qualitative studies, which concern gender nonbinary people's experiences in mental healthcare.

Acknowledgement of historical psychoanalytic harms.

Unfortunately, psychoanalysis and psychology have a long history of pathologizing non-normative genders and sexualities (Gherovici, 2011, p. 3; Mitchell, 1978) based on a gender-normative and heteronormative stance (Saketopoulou, 2020). From these normative stances, certain sexual and gender presentations were labeled deviant and perverse. Viewing same-gender attraction as a pathological neurosis harkens back to Freud's original understanding of neurosis as an ongoing libidinal fixation (Mitchell, 1988, p. 256). Aiming toward a theory of gender variance, Stoller's (1973, p. 215) influential hypothesis on the etiology of transgender females held the mother's "endless embrace" (p. 205) of her child (assigned male at birth) as being responsible. For transgender males, Stoller's etiological theory concerned an overly dominant father coupled with an absent mother (Stoller, 1968, p. 205). Another harmful and incorrect position concerned Catherine Millot's (1990) hypothesis that characterized transgender people as having no capacity to symbolize their experiences (Millon, 2018) of gender dysphoria.

In addition, self-narratives that can feel pathologizing, have historically been required from trans people to make a case compelling enough to the gatekeepers of gender-affirming medical care. The "wrong body narrative" (WBN) implies that care will only be authorized if one has been "born in the wrong body and wanting to make it right"

(Hughes, 2018, p. 181). Practices like this have led to psychological harm, neglect, and abuse of both sexual and gender diverse people (Millon, 2018).

Both the American Psychoanalytic Association (APsaA) as well as Division 39 of the American Psychological Association (APA) have since made formal and public apologies to all LGBTQ+ individuals for these harms. Division 39's (2018) apology states:

> APA Division 39 and the field of psychoanalysis need to apologize to gay men, to lesbians, to bisexual people, to transgender individuals, to those who are gender Psychology, we apologize for adopting theories that discriminate against, pathologize, and marginalize gay men, lesbians, bisexual, queer, asexual, intersex, transgender, gender expansive, and gender queer people, whether those individuals are clients, students, therapists, researchers, educators. We apologize for personal biases and prejudice that have often been couched in theoretical rationalizations used to justify conscious and unconscious discrimination and hate in interpersonal spaces and systemic attitudes and behavior. With this formal apology comes a real recognition of the harms done and a delineation of meaningful steps forward (https://div39members.wildapricot.org/LGBTQ-Apology).

The avoidance of further harm requires continuing education and self-reflection. Gender, as a psychic process, is both complex and culturally mediated—responsive to intrapsychic as well as social influences. Clinicians can benefit from the study of gender identity as well as discourses (e.g., feminism, queer theory, transgender theory etc.) that view gender, the body, and culture as interrelated and intersecting

(Saketopoulou, 2020). In addition, listening to the patient is essential. For example, while the "wrong body narrative" is not seen as a helpful formulation for analysts to subscribe to, and most do not (Saketopoulou, 2020), the self-narratives of trans patients are to be respected. For some trans patients, there are political as well as psychodynamic reasons to use the WBN explanation (Saketopoulou, 2020) that mental health professionals need to respect. Continuing education is essential for many reasons, one being that educated clinicians can better discern prevailing ideas and journal publications that are not as neutral or informed as they claim to be.

A move away from etiology towards development.

Questions that demand a reason for someone's gender or sexual diversity harken back to a problematic preoccupation with causality. Saketopoulou (2014, p. 775) notes that questions concerning etiology seldom arise when someone is cisgender, yet when the body's "material surfaces" (Saketopoulou, 2014, p. 775) do not align with sexuality or gender, etiology is foregrounded; and the legitimacy of a person's gender is called into question as if the origins of a person's sexual and gender identity are more important than one's lived experience. In agreement, Ken Corbett (1997) describes clients as less interested in *why* they are gay or gender nonbinary, and more focused on the day-to-day business of being gay or transgender nonbinary. The *why* question is reminiscent of asking parents *why* their child is gay, reminiscent of the historically dominant discourses in psychoanalysis first of parent-blaming (Corbett, 1997) and second as seeing same-gender attraction as something blameworthy. In writing about the "unthinkable anxieties" of transphobic countertransference, Hansbury (2017) echoing both Saketopoulou and

Corbett and strongly advises clinicians that the etiological questions about trans be replaced by an interest and curiosity on the lived experience of being a trans person.

Psychotherapists too can benefit from shifting the focus away from pathology and the search for causation (Saketopoulou, 2020) and engaging in a more developmental trajectory (Harris, 2005; Saketopoulou, 2020) to understand clients. Halberstam (2018) notes that trans developmental narratives are both complex and many and there is no "master trans narrative" (Bradford et al., 2019; Saketopoulou, 2020), nor a one-size-fits-all developmental path that is followed by all trans people. Development is ongoing and nonlinear, allowing for growth and change (at varying and uneven rates) throughout life (Harris, 2005).

A recognition of normative pressures.

Relational psychoanalysts have come to identify and write about the intense social pressure that pushes back against gender or sexual variance, known as regulatory *anxiety* (Corbett, 2009a, p. 356). Normative binary gender functions as a social force mediated by taboos and punishments that create internal anxiety, fear, and shame when normative lines are crossed. Judith Butler (1988, p. 528) alluded to this when she wrote: "Performing one's gender wrong initiates a set of punishments both obvious and indirect, and performing it well provides the reassurance that there is an essentialism of gender identity after all." Butler (2004a) also notes that when pathologization is aimed at the feminine boy, their mental freedom (to express their gender difference) is both curbed and disturbed by pain (Butler, 2004a, as cited in Corbett, 2009a, p. 360).

Lynne Layton (2020) uses the concept “normative unconscious processes” to understand what happens when the “desires and agentic strivings” (p. xxix) of a child who is gender variant are met with punishment and shaming (which is a narcissistic injury). Such responses are in sharp contrast to the recognition and approval that would meet a cisgender child. These normative unconscious processes serve to maintain a kind of psychic equilibrium in the face of challenges to one’s world view. Behind these processes are the prevalent cultural norms and ideals (often exemplified by a child’s parents) that prescribe which human capacities are feminine and which are masculine. Layton asserts that the constant negotiation of those two modes of relational experience by the child is influential in gender development. Normative unconscious processes also intersect with other identity categories like gender, race, class, and sexuality (Layton, 2020, pp xxviii-xxix). Consequently, throughout their gender development the child is continually negotiating the experience of positive *recognition* of (see Benjamin, 1990a, 1990b, 1995) and acceptance of one’s authentic self with the narcissistic injury (see Kohut, 1972; Kohut & Wolf, 1978) of being shamed and rejected.

To insist that gender identity has only two options is not merely valueless but is a “destructive illusion that diminishes and ruins lives that do not conform to these socially constructed, powerful beliefs” (Schiller, 2018, p. 258).

Gender as a refuge for other issues.

In *Gender as Soft Assembly*, Harris (2005) notes that gender can also be one of many sites in which disavowed affects take refuge. Drawing on Bromberg’s (1991) hypotheses on dissociation as disavowed affect, Silber (2019) explores the idea that

pathways of unformulated experience (ruptures) in a child may be "encrypted in gender" (p.136). Meaning that when sameness and difference within a relational matrix and within the self cannot be managed by the child without losing their emotional connection to the parent (Silber, 2019, p. 136) what can happen is that something else of importance to the child is relinquished (Bromberg, 1991; Silber, 2019); this implies that gender can be dissociated from the self and "recruited to manage other dynamics or feelings" (Saketopoulou, 2020, p. 1027). For example, a child or adolescent might unconsciously funnel their distress about something that cannot be thought about, or talked about in the family (e.g., a parent's terminal illness or a divorce) through gender. While this may happen on occasion, Silber (2019) is not offering this as any kind of general explanation of gender variance in children.

The point is that the theoretical space in relational psychoanalysis can hold both complexities and paradoxes within and between humans and therefore opens many possibilities for understanding (Mitchell & Aron, 1999, p. 182; Benjamin, 2012) the mysteries, and entanglements of the intersubjective space. In Volume 1 of the first psychoanalytic journal dedicated to gender, Benjamin (1996) encouraged a broader view of gender that would "transcend the simple, oedipal logic of opposites" and "recognize the multiplicity of sexual life" (p. 27). In *Two-Way Streets,* Benjamin (2006) comments on the relational critique's capacity to view truth and its construction as a "shareable intersubjective process" with many possible narratives (pp. 139-140). To listen to gender, asserts Corbett (2008, p. 851) requires a "position equidistant from the physiological, the psychological, the cultural, the political, and a reckoning as well with the impossibility of that perplexed position" (p. 851).

Sociological Research Relevant to Trans and Nonbinary People

In this final section of Chapter II, I present research, theories and findings relevant to understanding the lived experiences as well as the pressing issues facing gender diverse people over the last decade, especially in the United States, where the sociopolitical climate has become increasingly hostile to gender diverse people.

Language, labels, and pronouns.

Those less familiar with gender diversity tend to seek fixed definitions of labels and pronouns used by gender nonbinary individuals, yet such universal definitions are not possible. Language and terminology change, and meanings vary across individuals and communities. Definitions, labels, and language can also be contentious and restrictive, sometimes reducing any understanding of trans communities to linguistic debates (Dolan & Garvey, 2024, p. 3). Many nonbinary people also identify as trans, but not all do. For this reason, as noted earlier, I use trans or gender nonbinary (TGNB) as umbrella terms to include all transgender, nonbinary, and gender-diverse identities, and I use the word nonbinary for those who disidentify with the gender binary. I generally use Vincent and Barker's (2021, p. 572) phrase "nonbinary genders" as a "shorthand phrase to reference genders outside of the binary paradigm of man or male and woman or female," and, like Bradford et al. (2019), I understand the overarching commonality of the term nonbinary gender to be a "disidentification" (Muñoz, 1999) from rigid binary definitions of gender. *Where possible, when reporting specific research, I use the nonbinary term preferred by the researcher.*

"Gender identity" refers to "the internal sense of one's own gender, as it is privately experienced in one's self-awareness of being along/outside a gender continuum" (Matsuno & Budge, 2017, p. 117; Singh & dickey, 2017a, 2017b). Nonbinary individuals express their gender identities in highly diverse ways (Schudson & Morgenroth, 2022). "Nonbinary" has many forms of embodiment: static, muted, vivid (Vincent & Barker, 2021, p. 572), complex, fluid, and fragmented (Brubaker, 2016). By disidentifying from binary transgender people, nonbinary individuals may choose neither to assimilate into the gender binary nor entirely oppose it (Muñoz, 1999). What *is* being opposed is the use of gender as a fixed assignment used for the ordering of society (Muñoz, 1999).

Research on nonbinary identities from 1990 onwards, much of it written by researchers who are themselves nonbinary, supports the varied, time-bound, and regional nature of terms and labels. The term "genderqueer" was first used in print in 1995 by Riki Wilchins (in the newsletter, *Your Face: Political Activism against Gender Oppression*) to refer to transgender identities that were "not always male or female" or might be a "mixture of male and female" (Monro, 2005, p. 13; see also Vincent & Barker, 2021; Whittle, 1996).

Wilchins (1995, p. 5) wrote:

> The fight against gender oppression has existed for centuries, perhaps millennia. What's new today is that it's moving into the arena of open political activism. And nope, this is not just one more civil rights struggle for one more narrowly defined minority. It's about all of us who are genderqueer . . . and those of us whose gender expressions are so complex they haven't even been named yet.

> More than that, it's about the gender oppression which affects everyone: the college sweetheart who develops life-threatening anorexia nervosa trying to look "feminine," the Joe Sixpack dead at 45 from cirrhosis of the liver because "real men" are hard drinkers. But maybe we genderqueers feel it most keenly because it hits us each time we walk out the front door openly and proudly. And that's why these pages are only going to grow. We're not invisible anymore. We're not well behaved. And we're not going away. Political activism is here to stay.

The term nonbinary emerged in 2000 (Haynes & McKenna, 2001), about five years after Wilchins published this newsletter. In their literature review, Matsuno and Budge (2017, p. 116) found that the term "nonbinary" was not yet well understood or widely accepted in Western cultures, and nor was the broad spectrum of nonbinary and genderqueer identities that existed at that time reflected. Bradford et al. (2019) concluded that no umbrella term would perfectly capture the multiplicity of identifying terms, while a systematic review by Thorne et al. (2019) found that the term "gender diverse" was most preferred by respondents because it was specific enough to convey meaning while remaining broad enough for individuals to choose a more specific identifier for themselves. However, by 2024 the term "gender diverse" was less commonly used than "nonbinary" or "gender nonconforming."

In their 2022 review, "Non-binary gender/sex identities," Schudson and Morgenroth (2022, p. 1) describe nonbinary identities as gender and/or sex identities (Hyde et al., 2019; van Anders, 2015) that are not exclusively female or male (Matsuno et al., 2024; Monro, 2019; Richards, 2016) and can be comprised of elements of femaleness and/or maleness or exist outside of female and male. Some non-binary identities (e.g.,

agender) might involve not having a gender identity at all or rejecting aspects of gender/sex as a social category more broadly (Pulice-Farrow et al., 2020). Non-binary identities are sometimes conceptualized as falling under a broader transgender umbrella, which encompasses gender/sex identities that diverge from the gender associated with a person's assigned sex at birth. However, non-binary people's ways of conceptualizing their own identities are highly diverse, and some non-binary people do not identify as transgender, identify as cisgender to some degree, and/or describe themselves as neither transgender nor cisgender (Beischel et al., 2022). In addition, not all people who locate their identity outside of the gender/sex binary use the term *non-binary* specifically to describe themselves and might use other terms such as genderqueer or gender diverse (Thorne et al., 2019).

Pronouns are important, and for many nonbinary people, having their pronouns honored and used correctly can be lifesaving. The most recent Publication Manual of the American Psychiatric Association (2022) includes a section on gender and pronoun usage, instructing writers to use the term identified pronouns rather than preferred pronouns, and to use they/them/their as singular pronouns when gender is unknown, avoiding binary pronouns such as he or she. The Trevor Project's (2023) national survey on the mental health of 28,000 LGBTQ+ youth aged 13 to 24 across the United States (with a racially and ethnically diverse sample including 14% Hispanic/Latinx, 50% White, 5% Black, 1% Native/Indigenous, 6% Asian American/Pacific Islander, 1% Middle Eastern/North African, and 23% multiracial respondents) found that 36% of respondents identified as nonbinary, bigender, genderqueer, or genderfluid. Most reported using they/them pronouns or neopronouns such as xe/xem (Hekanaho, 2020).

Thirty-three percent used they/them exclusively, 3% used only he/him, and 29% used only she/her. They/them pronouns were commonly combined with she/her (20%) or he/him (16%), and 21% reported other combinations. Five percent used pronouns other than he, she, or they exclusively, the most common being xe/xem.

The same survey found that 50% of respondents said none of the people they lived with respected their pronouns, and of those respondents, 21% had attempted suicide in the past year. Of the 27% whose pronouns were respected by everyone they lived with, 12% had attempted suicide in the past year. Of the 23% whose pronouns were respected by some people they lived with, 20% had attempted suicide. These figures suggest that when those living in the same home as the nonbinary person are respectful of their pronouns and make an effort to use them, a significant positive impact on the nonbinary person's safety and well-being is noted.

Indigenous communities and colonialism.

Western awareness of people who identify outside the binary is relatively recent (Rushton et al., 2019), emerging in the last two decades of the twentieth century. Yet gender-variant people have existed across many cultures throughout history (Herdt, 1993; Schudson & Morgenroth, 2022) yet have garnered attention in Western culture only in the last fifty years (Losty & O'Connor, 2018), and increasingly so in recent decades (Monro, 2019; Motmans et al., 2019). Evidence suggests that multiple gender identities have been present since humans first began recording oral and written history (Epple, 1998; Stryker et al., 2008; Robinson, 2017, as cited in Matsuno & Budge, 2017).

Gender-variant Indigenous people inhabited the lands now known as the United States, Canada, and Australia, long before European colonizers. When settler colonists encountered gender norms outside their own experience (Slater, 2011), they characterized them as deviant, baffling, and disgusting, as well as titillating (Elnaiem, 2021; Slater, 2011). Biblical ideas about sodomy and transvestitism were used to justify brutal colonial responses; violent conquests and displacement of Indigenous peoples and their lands was widespread (Gilley, 2006). Genocidal violence was used in colonial California by Spanish soldiers against Two-Spirit people, the *joyas* (Miranda, 2010).

Similarly, in regions of Africa, Indigenous peoples were being culturally and physically annihilated. Between 1904 and 1907, the German Empire colonized a region they named "German Southwest Africa" (now Namibia). German settler colonists attempted to exterminate the Indigenous Herero and Nama peoples (Steinmetz, 2005), and much of the knowledge about gender-diversity in Indigenous peoples of this region has not survived history. Available sources describe communities in which gender identity was fluid, sometimes changing many times across a person's lifetime. In Arctic regions of North America, some children were given more than one gendered name and raised with "mixed- or cross-gender identities" that could later be adapted (Eichert, 2022; Roscoe, 1998). "The *muxes* in Juchitán are described as a Zapotec gender hybridization; the Hawaiian *māhū* embrace both feminine and masculine" (Eichert, 2022, pp. 580–582). Current, ongoing violence against Two-Spirit people continues to contribute to erasure. Violence against gender-nonconforming people in Indigenous communities is heavily underreported, with most murders unsolved (GenderGP, 2023).

Gender binary pressures.

As discussed in the relational psychoanalytic section above, there are tremendous societal pressures to conform to the gender binary (Keller, 2018). This section expands on that discussion with research from outside the psychoanalytic literature. The societal consequences of a binary sex assignment at birth can create difficulties for nonbinary adolescents (Matsuno & Budge, 2017, p. 117), who feel pressure from media, family, and society to accept a binary heteronormativity regarding their gender. This leads some to choose to remain closeted or less open in certain settings (Matsuno & Budge, 2017) resulting in some gender-questioning youth feeling pressured to "resolve" their nonbinary status by "switching genders" from the one assigned at birth (Jessen & Roen, 2019). Both transgender and nonbinary people are subject to prejudice and discrimination. Prejudice toward non-cisgender people (cissexism) is often grounded in essentialist claims about the ontology of gender/sex as biologically binary and immutable (Schudson & Morgenroth, 2022), determined by biological features such as genitals and chromosomes (Howansky et al., 2021; Morgenroth & Ryan, 2021; Schudson & van Anders, 2022).

Microaggressions against nonbinary people frequently aim to invalidate their gender identity by claiming it is fake, invented, or existing only online, e.g., "something invented on *Tumblr*" (Pulice-Farrow et al., 2020). Yet from the standpoint of social constructionism (Butler, 1990), the ontology of gender/sex is multifaceted and fluid. Qualitative research has identified recurring themes in the experiences of nonbinary individuals, namely invisibility, social exclusion, gender dysphoria, the emotional toll of managing identity by avoiding binary language and situations, and the pursuit of different

ways of being nonbinary, including seeking medical gender-affirming interventions (Conlin et al., 2019; Taylor et al., 2019).

Diamond and Alley (2022) proposed that in addition to minority stress (Meyer, 2013), the lack of social safety experienced by gender minorities is the primary cause of health inequalities. Social safety is defined as "reliable social connection, social belongingness, social inclusion, social recognition and social protection, which are essential human needs at all stages of life" (Diamond & Alley, 2022, p. 1) and is also the fundamental organizing principle in human behavior (Slavich, 2020), as well as being one that is routinely withdrawn from stigmatized people, who therefore left to fend for themselves (Ellis & Fox, 2001; Gabriel & Banse, 2006, as cited in Diamond & Alley, 2022, p. 2). As such, the issue of social safety needs to become a "key target for intervention" (Diamond & Alley, 2022, p. 1). A study by Austin et al. (2020) on the use of online spaces by transgender and nonbinary youth found that these spaces allowed youth to "engage meaningfully with others as their authentic selves, often for the first time" (p. 33), resulting in a stigma-free sense of belonging, confidence, hope, and healing.

Minority stress, invalidation, and binary genderism.

The minority stress framework has been used to understand the stressors encountered by minority groups that impact mental health beyond the general stressors encountered by all people (Brooks, 1981; Herek, 2016; Meyer, 2013; Testa et al., 2015, as cited in Puckett et al., 2023, p. 341). Meyer (2013) explains how minority stress, which arises from psychological factors such as stigma and structural factors such as

marginalization, leads to mental health inequalities in sexual minority populations (Frost & Meyer, 2023, p. 1). Unlike general stress, minority stress originates specifically from prejudice and stigma.

Minority stressors experienced by gender-nonconforming people are both "distal" and "proximal." Distal factors arise from a hostile environment or specific targeting actions external to the person being targeted, for example discriminatory policies and laws, violence, job loss, and microaggressions (Frost & LeBlanc, 2014; Frost et al., 2019; Hatzenbuehler, 2016; Meyer et al., 2021a). Proximal stressors stem from internalized stigma carried by minority group members (Puckett et al., 2023).

A decade after its introduction, the minority stress model was adapted for nonbinary communities to account for gender-related discrimination (Jones et al., 2022). Hendricks and Testa (2012) examined adverse experiences related to gender identity and expression that resulted in expectations of future victimization or rejection, and internalized transphobia, developing what became known as the Gender Minority Stress and Resilience (GMSR) model. This model also examines how resilience against the psychological effects of these kinds of adverse experiences may also develop (Hendricks & Testa, 2012, p. 460).

Criticism and expansion of the minority stress model.

Frost and Meyer (2023) discuss several criticisms of the minority stress model. One is that it operates from a deficit-based approach, with insufficient attention to resilience and positive well-being outcomes (Vaughan & Rodriguez, 2014). In response,

Meyer (2014) cautions researchers against over-emphasizing individual strengths at the expense of investing in institutions that should be supportive to individuals (p. 349).

Over the past two decades, minority stress research has identified additional factors, including invalidation and posttraumatic growth, which help clarify the impact of stress on marginalized populations.

Invalidation is the "refusal to accept one's identity as real or true" (Johnson et al., 2020a, p. 222) and is conceptually different to non-affirmation, which already is an established minority stressor. Few studies have focused solely on nonbinary individuals in this regard, but one by Johnson et al. (2020a) examined fourteen ethnically diverse nonbinary adolescents aged 16 to 20, presenting them with a "novel construct of invalidation" (p. 222). The study found that the nonbinary adolescents experienced negative affect and cognitive processes including confusion, self-doubt, rumination, and internalized shame, which are all associated with poor mental health outcomes (Johnson et al., 2020a, p. 222).

Invalidation and misgendering in nonbinary adolescents have been examined by other researchers, including Johnson et al. (2020a) and Matsuno et al. (2024). Hatzenbuehler (2009) examined the psychological mediation processes by which stigma is internalized. In a longitudinal study, Sarno et al. (2020) examined how the effect of minority stressors on depression can be mediated by rumination (Frost & Meyer, 2023, p. 2). Frost et al. (2019) and Flentje et al. (2020) have examined physiological stress pathways that influence physical health, with mixed results, suggesting that further theoretical refinement of the stress-health relationship is warranted (Frost & Meyer, 2023). LeBlanc and Frost (2020) and Rostosky and Riggle (2017) have begun examining

how minority stress expands and can become contagious within couples (Frost & Meyer, 2023). In a later study of 302 adults, Johnson et al. (2023) found that nonbinary adults experienced invalidation at significantly higher levels than binary-trans adults, and that invalidation is also a significant factor in poor mental health outcomes. The authors call for further research into invalidation, noting that it remains largely unexamined in the existing literature (Johnson et al., 2023, p. 1).

Posttraumatic growth (PTG) refers to the positive psychological changes that can emerge from struggling with challenging life circumstances (Tedeschi & Calhoun, 2004, as cited in Jones et al., 2022). A study of 292 individuals by Jones et al. (2022) supported the interacting nature of distal stressors, proximal stressors, and resilience factors in determining posttraumatic growth in the transgender and nonbinary community. Among the findings is that resilience factors were related to PTG independently of distal and proximal stressors, and nondisclosure of identity is not necessarily correlated with stress. As Beam (2008, as cited in Green, 2017) notes, for marginalized and oppressed groups invisibility can be advantageous at times, but ultimately visibility is necessary for survival.

Gender Diversity and Intelligibility.

Research by Nicholas (2019) emphasizes efforts to increase diversity-literacy and empathy for difference by bringing attention to the distinction between the meaning of "binary genderism" and the term, "transphobia." Nicholas highlights binary genderism as a significant contributor to negative social responses toward genderqueer people (Nicholas, 2019, p. 169) and proposes a "norm-critical approach" to deconstructing

gender norms that can be applied in organizations, institutions, and by those who interact with and provide services to nonbinary individuals.

Ward et al. (2026) has also focused on the extent to which nonbinary youth's gender identities are dismissed and marginalized, even relative to transgender (binary) people. Ward et al. (2026) underscore the distinctive vulnerabilities that face nonbinary youth as a result of how their gender nonbinary identities disrupt all binary discourses (i.e., both transgender binary discourses). As a result, their precarity is further exacerbated; first, by institutions such as schools, healthcare, and social care, which are structured around binary genders. And second, by how poorly understood gender nonbinary people are. Too often dismissed as unintelligible, nonbinary people receive less access to gender-affirming care and support, as well as other resources. Intelligibility is discussed by Ward et al. (2026, p. 292) who focuses on the paradoxical experiences of recognizability reported by nonbinary people who on the one hand experience feeling too visible in a culture that is cisnormative and heteronormative, and yet on the other hand they are rendered culturally unintelligible because their gender is not binary (Goldberg and Kuvalanka, 2018, as cited in Ward et al., 2026, p. 292). Ward et al. (2026) describes the terrain nonbinary youth encounter as a:

> fraught discursive terrain within which young people seek to etch out their gendered sense of self. Their nonbinary identity is rendered invisible by hegemonic cis-normativity, whilst the dominant developmental narrative of identity formation challenges their very capacity to know themselves (Lennon & Mistler, 2014; Worthen, 2021) make competent decisions about their own (gender-affirming or other) healthcare, or their own right to be protected from

conversion therapies. Such panics can be understood as reinforcing cisgenderism, which is "an ideology that delegitimizes people's own understandings of their genders and bodies" (Riggs et al., 2019, p. 6).

Many nonbinary people report complex and paradoxical experiences of recognizability, as their supposed differences feel highly noticeable in a cisnormative and heteronormative culture, whilst that normative culture's reliance on a gender binary renders them simultaneously culturally unintelligible. Regarding the dismissal of and apparent unwillingness to regard gender nonbinary people as intelligible or to be taken seriously, Nicholas (2019, p. 173) explains: "

Most useful for understanding hostility to non-binary and genderqueerness, however, is the concept of bigenderism (Gilbert, 2009), that I call binary genderism here, which describes the impossibility of non-binary genders to exist in the minds of many due to the compulsarity [sic] and naturalizing of the two gender system. Using these concepts, I propose that the problem is a lack of cultural resources or discourses outside of binary gender due to its ostensible neutrality and naturalness that make non-binary and other genderqueer people a social impossibility, or 'unintelligible' in broader heteronormative contexts (Butler, 1999).

Education and work contexts.

Places of work and education significantly impact psychological well-being, given the performance-related stressors and anxieties that nonbinary people may experience in interactions with colleagues, peers, supervisors, and teachers. For gender-nonconforming people, these environments are often sites of marginalization and

microaggression, with little social support available (Bullard, 2020; Hamilton, 2019; Matsuno et al., 2024). Miller's (2018) research focused on ways to mitigate the negative effects of these environments, for example, through professional development about gender identity for staff and students across all K-12 schools, colleges, and universities, and by ensuring that diverse gender identities are represented in course content, curricula, and pedagogy (GLSEN, 2013; Kosciw et al., 2010; Miller, 2016; Quinn & Meiners, 2011, as cited in Miller, 2018). Increasing positive and supportive interactions with peers and staff can encourage nonbinary students to voice concerns about gender-related challenges they are facing (Bragg et al., 2018; Miller, 2018). Encouragingly, five years after Miller's study, a 2023 Trevor Project survey found that approximately half of transgender and nonbinary respondents experienced their school as gender-affirming, and those same respondents reported lower rates of suicide attempts (The Trevor Project, 2023). Much of this progress has been placed in jeopardy since the 2024 US election, which brought an administration that has dismantled many protections for gender-nonconforming people. Because many of these changes were enacted through executive orders, their long-term impact remains uncertain (KFF & The Washington Post, 2022).

In the afterword to a collection of studies focused on higher education, Green (2017) highlights the importance of creating spaces that adequately support transgender and nonbinary students (see Allen et al., 2022; Goldberg et al., 2019), as well as "making room for the intellectual work of transgender and gender non-conforming scholars to be leaders in understanding the multiple intersecting oppressions that structure unequal distributions of power and access along the lines of race, gender, sexuality, and class" (p. 320). Green emphasizes collaboration, community, and a collective intention toward

greater freedom, rather than a specific identity, as necessary to prevent a reproduction of "the siloed academy that we have been born into" (p. 321).

Kinship, family, romance, and sex.

Research consistently shows that the mental health challenges faced by gender-nonconforming children and adolescents are greatly influenced by the support given or withheld by their parents and families (Johnson et al., 2020a; Katz-Wise et al., 2017; Seager van Dyk et al., 2024). Johnson et al. (2020a) explored the kinds of parental behaviors that convey support and those that convey rejection or a mixture of both, finding that lack of support was associated with depression and suicidal ideation, while positive parental attitudes were associated with more positive mental health outcomes. Seager van Dyk et al. (2024) found that parental attitudes (negative, supportive, or mixed) toward their gender-nonconforming children were associated with parental preferences for different modalities of support intervention (e.g., intensive family therapy versus online or self-paced tools). This underscores the importance of attending to the broader context of family dynamics.

Other interpersonal relationships may also strongly influence the psychosocial well-being of transgender or nonbinary people. Romantic relationships can be profoundly significant, especially when one partner undergoes transition after a relationship has begun (Galupo et al., 2019; Marshall et al., 2020). Mental health outcomes are generally more positive when partners affirm and seek to understand the challenges facing gender nonconforming people. Finally, parents who are themselves transgender or nonbinary face not only the challenges experienced by all nonbinary people, but they are also

marginalized within research and clinical attention (Fischer, 2020; Hafford-Letchfield et al., 2020).

Religion.

Religion, particularly fundamentalist or evangelical beliefs within the Abrahamic traditions (Islam, Christianity, and Judaism) can be associated with prejudice toward transgender and nonbinary people. Gabriele-Black and Goldberg (2021) found that LGBTQ+ students at evangelical Christian colleges often remain closeted or at least do not display active support for LGBTQ+ people. This is frequently due to the difficulty of finding a like-minded community. A systematic review by Campbell et al. (2019) found consistent support for an association between religious belief and transphobia. Studies that asked participants to identify as either "religious" or "nonreligious" consistently found that self-identified religious people expressed more transphobic attitudes. Studies measuring strength of religious belief, particularly fundamentalist religiosity, found a strong association between religiosity and the intensity of transphobia (Campbell et al., 2019; Kanamori & Xu, 2022; Morris, 2018). Consistent tendencies toward transphobic attitudes were found among those with fundamentalist beliefs and biblical literalism, as well as more frequent church attendance. In contrast, Alie (2012), in a broad survey of factors influencing parental acceptance of gender nonconformity in children, found that religiosity was not a significant predictor of acceptance. Parents who were politically more liberal were found to be significantly more accepting, though the study did not examine whether interactions between political orientation and religiosity might be associated with higher acceptance.

Healthcare.

Medical services.

A study by Taylor et al. (2019) focused on gender nonbinary individuals seeking gender affirming medical support. Their study highlighted the difficulties nonbinary individuals face when attempting to communicate their surgical or medical needs, as well as how their needs might differ from those of binary transgender patients in similar clinical settings. Some of the participants reported feelings of being misunderstood, not taken seriously, and erasure (Taylor et al., 2019). The study recommends that young clients and their families be supported in settings where treatment is more focused on physical than psychological issues (Jessen et al., 2025). Future research might usefully further explore nonbinary people's needs for medical services, as well as their experiences of emotional care and support within those settings (Keller, 2018).

Medical health challenges unrelated to gender tend to be undertreated and underdiagnosed in all marginalized people who lack adequate access to healthcare. For nonbinary people, avoidance of healthcare may result from the discomfort of being misunderstood and misgendered by practitioners and administrative staff (Carlile et al., 2021; Clark et al., 2020; & Galupo, 2014; Johnson et al., 2020b; Vincent, 2016, 2019). In a survey by Burgwal et al. (2020), nonbinary individuals overall reported poorer health than binary transgender people. This was correlated with greater marginalization, disparities in accessing education, and higher economic stress. On the other hand, a

systematic review by Scandurra et al. (2019) found no consistent differences in health and wellbeing between nonbinary and cisgender people across most studies.

Shabalala and Campbell (2023) investigated the difficulties faced by trans women accessing public healthcare in South Africa. A gender equity and intersectionality framework for trans inclusive healthcare was used, and findings underscored the importance of gender diversity inclusiveness in health systems. The study also emphasized policy level intervention targeted at reducing medical genderism (i.e., the systemic inequality prevalent in research, diagnosis, and treatment of different genders (Shabalala & Campbell, 2023). Access to gender-affirming medical care remains one of the most pressing healthcare concerns for many nonbinary people. Access varies regionally (Poquiz et al., 2021) and according to socioeconomic status and marginalization based on factors other than gender identification (Kearns et al., 2021). In the United States, difficulties surrounding access to gender affirming medical care are increasing under the current administration. For example, fourteen states explicitly exclude gender-affirming care from their state employee health benefits (Movement Advancement Project, Accessed 2026).

Mental health services.

People identifying as transgender or nonbinary experience significant mental health challenges, including suicidality. As noted in Chapter 1, Wilson et al. (2017) found that rates of suicide attempts, suicidal ideation, and severe psychological distress were 1.5 to 2.5 times greater among gender-nonconforming youth in California compared to their gender-conforming peers. The Trevor Project (2022, 2023) found comparable

results, i.e., higher rates of suicidal behavior and ideation among gender-nonconforming youth than among cisgender youth, with outcomes worsening significantly when affirming social environments are absent. Mental health challenges are highest among Native/Indigenous and Middle Eastern/North African gender-nonconforming people, a finding that further underscores the importance of an intersectional approach to care.

These cross-sectional data strongly suggest that affirming a person's gender identity through recognition of chosen names and pronouns, and access to gender-affirming spaces can improve mental health outcomes.

Given the intensity of societal pressures on nonbinary youth, it is imperative to understand how to help them navigate these pressures effectively (Keller, 2018). Research must seek to understand what makes an experience with a mental health professional positive or negative. Research must include a better understanding of the complex developmental pathways nonbinary people follow regarding gender dysphoria and mental health symptomatology, with ongoing discussion of how to support nonbinary people (Jessen et al., 2025).

Research on identity development of nonbinary individuals remains insufficient (Taylor et al., 2019), especially regarding understanding the role that trans normativity plays in shaping nonbinary identity formation (Bradford et al., 2019, p. 157). The "master narrative" framework (McLean & Syed, 2015) was expanded by Bradford et al. (2019) to develop an alternative narrative framework describing the challenges marginalized groups face in constructing identities outside dominant narratives. Their study characterized the phenomenological experiences of a sample of genderqueer individuals, explored the main and alternative narratives present in their discourse, and documented

strategies employed by the participants when navigating these narrative constraints (Bradford et al., 2019, p. 157).

More recently, Dolan and Garvey (2024) proposed an emergent model for nonbinary identity development, anchored in queer theory, intersectionality, and queer of Color theory. The model synthesizes existing literature and consists of six aspects of life active in nonbinary identity development, each foregrounded and backgrounded according to individual experience. These six factors are: “embracing fluidity and ambiguity, exploring transition, navigating disclosure, witnessing and mirroring, developing kinship networks, and worldmaking” (Dolan & Garvey, 2024, p. 1).

In their guide to gender-affirming care for mental health clinicians, Chang and Singh (2018) underscore the importance of challenging binary gender categories and adopting a view of gender that is inclusive and nonbinary (p. 2). Clinicians are urged to integrate a framework that is global, multicultural, sex-positive, trauma-informed, resilience-based, developmental, and grounded in social justice (Toporek et al., 2006), feminist (Brown, 2010), and intersectional (Crenshaw, 1991) theoretical foundations.
Psychotherapy.

Newhook et al. (2018) highlight theoretical concerns that could be addressed by a more thorough understanding of gender diversity in children. The most critical area of application may be clinical practice, specifically improving how children whose gender identity is developing can be supported by paying closer attention to the child’s own needs and wishes. In other words, focusing on the child’s current point of view rather than on the perspective of the future adult or the norms of society (Newhook et al., 2018).

Their findings support other studies that call for a better understanding of nonbinary identities in children and youth, not as a stage toward transition, but as a valid and complete experience. This includes focusing on nonbinary people across all developmental stages and ages (Jessen & Roen, 2019; Jessen et al., 2025; Keller, 2018) as well as considering affirmative models that ask *how* children can be supported as their gender identities develop, rather than how their gender identities *should* develop (Newhook et al., 2018).

Future Research

As emphasized by Matsuno and Budge (2017), future research needs to address the normative pressures experienced by nonbinary people to conform (Keller, 2018) and expand its scope to consider nonbinary people as a distinct group from binary transgender people. Research on gender-diverse populations must seek demographic information about gender identity that extends beyond male, female, and transgender (Matsuno & Budge, 2017). The experience of invisibility is prevalent among nonbinary individuals (Conlin et al., 2019), who may also experience greater stigmatization for falling outside societal norms and therefore receive less social support (Thorne et al., 2019).

Taylor et al. (2019) identified a lack of literature regarding the experiences and needs of nonbinary people, especially in relation to psychological wellbeing and social exclusion. These authors recommend an affirmative approach that offers space able to safely hold complexity and nuance, so that nonbinary individuals can share their lived experiences, hopes and fears, and speak freely and safely as they explore and come to accept and value their identity. Research suggests that “binary-identified cisgender

people's prejudice toward non-binary people is common, damaging, and strongly rooted in gender/sex essentialism" (Schudson & Morgenroth, 2022, p. 4). Future research related to gender/sex must account for the reality of the nonbinary nature of gender/sex and continue working toward reducing obstacles to nonbinary people's flourishing (Schudson & Morgenroth, 2022).

Much of the most significant research on gender diversity in the twenty-first century has adopted a documentary rather than a causative approach to gender development (Hammack et al., 2019). Scholars recognize the historical situatedness of any discourse of identity, and many reject the essentialist thinking dominant in the previous century. Identity is seen as less categorical and binary, and more nonbinary and multidimensional, embracing terms like diverse, flexible, and fluid when describing both gender and sexual orientations (Hammack & Wignall, 2023, p. 1). Intimate relational identities like asexuality, polyamory, and kink are no longer treated as deviant or pathological (Fish & Russell, 2022) by scholars. However, while embraced by scholars, these attitudes are not yet reflected in dominant ideology. Marginalization and oppression therefore continue (Hammack & Wignall, 2023, p. 2), and individual expressions of gender, sexual, and relational identities outside of safer and protected social groups remain stigmatized and vulnerable to minority stress, microaggressions, and other forms of violence and victimization.

Continued research must seek to understand, make visible, oppose, and resist the stigmatization, stress, violence, microaggressions, and hostile legislation directed at transgender and nonbinary individuals across the world.

Summary

In preparation for analyzing the data obtained from existing studies, Chapter 2 provides a comprehensive history of how psychoanalysis has engaged with gender; and introduces relational psychoanalytic theory as a practice that privileges the subjectivity of the patient as well as the intersubjective nature of the therapeutic relationship. Additionally, Chapter 2 has provided an overview of some of the experiences, needs, and social problems gender nonbinary youth and adults have faced over the past decade, with a focus on gaps in mental health care.

Chapter III

Method

The purpose of this qualitative meta-synthesis was to analyze existing (primary) qualitative studies focused on the mental health care experiences of gender nonbinary people. The qualitative interpretive meta-synthesis (Aguirre & Bolton, 2014) method is used to investigate the following question: Wh*at are the lived experiences of gender nonbinary individuals navigating psychotherapy*?

The visibility and acceptance of nonbinary gender identities in the USA have risen in recent years (LGBT+ Pride 2021 Global Survey, 2021; Charlesworth et al., 2022; Minkin et al., 2021; Liszewski et al., 2018). This has been accompanied by an increase in research, both quantitative and qualitative. The aim of this study is to synthesize and interpret a sampled body of primary qualitative research in which the voices of gender nonbinary participants are preserved.

Rationale for Qualitative Research Design

Qualitative research is grounded in a philosophical position that is essentially constructivist (Creswell & Creswell, 2017). In other words, it concerns itself with how participants experience, interpret, and understand complexity and meaning in a social and cultural world. It is therefore appropriate for exploring and understanding meaning

ascribed to social or human problems through highly contextualized experiences in specific contexts at specific points in time (Creswell & Creswell, 2017). Qualitative studies can provide insights that would not be captured by a quantitative approach applying a common metric to the diverse subjective experiences of different people.

When compared with quantitative research methods, qualitative studies may be criticized for being inherently subjective and therefore potentially more difficult to replicate and validate. To improve rigor in this kind of study, the researcher must make known the theories and theoretical frameworks chosen. A theory will explain how and why things happen in a particular way and how similar phenomena may have common explanations. A theoretical framework will synthesize different theories that are congruent in their explanations of reality (Chowdhury, 2019, p. 103). In turn, the researcher's theoretical framework will impact how meaning and sense is made of the data. The theoretical framework in the present study is aligned with psychoanalytic theories of gender.

A conceptual framework, on the other hand, informs how the problem will be investigated; the methodology chosen, the scope of the literature review, the sampling, and the assumptions the researcher brings to the study. It contains the concepts and principles informing and guiding the study and is influenced and guided by the researcher's stance vis-a-vis reality (ontology), knowledge (epistemology), values (axiology), and how knowledge is studied or methodology (Creswell & Creswell, 2017, p. 44). The conceptual framework provides the foundation for understanding the research problem, which in the present study, is to gain an understanding of the lived experience of GNB individuals seeking mental health care.

My assumptions are that human experiences and interactions are socially and historically negotiated, and that participants have developed subjective meanings of their experiences which are varied, multiple and complex (Bloomberg & Volpe, 2018, p. 40), and therefore should not be narrowed into a limited number of ideas or categories (Creswell & Creswell, 2017).

Rationale for QIMS

In the present research, the researcher's ontological stance is constructivism, and epistemological stance is interpretivism. The chosen methodology (QIMS) is aligned with social constructivist interpretivism in which reality is viewed as internal, fluid, emerging, and socially constructed. Knowledge is viewed as subjective, indeterminate, value-rich and contextualized (Chowdhury, 2019). The aim is to describe, understand and empathize with the ideas being studied; to "delve into the essence of the topic" (Bloomberg & Volpe, 2018, p. 40). The researcher is a participant-interpreter (Chowdhury, 2019) in the research, and like all individuals, is expected to seek and make meaning of their world. In addition to being qualitative, the present study is also a synthesis. The rationale for a synthesis in the present study is clarified by a brief overview of the qualitative synthesis (QS) method. QS refers to a number of methods that were developed to systematically review and integrate the findings of qualitative studies (Lachal et al., 2017; Ring et al., 2011). QS as an approach was pioneered by Statham et al. (1988) as a way of addressing the criticism that qualitative studies were of reduced value for substantiating evidence-based healthcare because claims from different studies could be considered only in isolation (Evans & Pearson, 2001; Sandelowski et al., 1997).

As single (isolated) qualitative studies began to proliferate in the 1980s and 1990s, the inevitable next step needed was to synthesize the findings of these single studies (Paterson, 2001, 2011); or else face the risk that evidence-based healthcare would rely solely on a rationalist model or research that favored the evidence of systematic reviews of quantitative research (Barnett-Page & Thomas, 2009).

The quest to synthesize extant qualitative research spawned a wide range of QS methods with common features and key differences (Barnett-Page & Thomas, 2009). The main QS methods include meta-ethnography (Noblit & Hare, 1988), thematic synthesis (Thomas & Harden, 2008), critical interpretive synthesis (Dixon-Woods et al., 2006), narrative synthesis (Britten et al., 2002), and meta-study (Edwards et al., 2009; Thorne et al., 2002; Timminen & Holt, 2010.

Meta-ethnography was one of the first methods developed, and therefore its terminology and concepts have not only influenced later methods (e.g., thematic analysis and critical interpretive synthesis) but have also been extended and adapted over time (Tong et al., 2012). QS studies can draw and "pull together data across different contexts, generate new theoretical or conceptual models, identify research gaps, and provide evidence for the development, implementation and evaluation of health interventions" (Tong et al., 2012, abstract). The result is that the increasing volume of qualitative research can be captured, and the results made more accessible for the task of improving healthcare standards (Hannes et al., 2013; Lachal et al., 2017; Toye et al., 2014).

Qualitative Interpretive Meta-synthesis (QIMS) is an innovative research method designed to fill a gap identified by its pioneers, Aguirre and Bolton (2014), social work professors who noted the absence of a qualitative synthesis method *specifically oriented*

to social work (Aguirre & Bolton, 2013). The power of a meta-synthesis lies in its ability to identify research gaps, provide evidence for new health interventions, and also inform future primary studies (Tong et al., 2012 as cited in Lachal et al., 2017). While individual qualitative research papers by social workers are plentiful, approaches to synthesizing these findings have relied upon the methods developed by the nursing profession with its focus on enhancing physical well-being. A method uniquely designed for social work whose mission is to enhance mental health well-being was deemed a worthwhile endeavor by Aguirre and Bolton (2014, p. 280). QIMS (in contrast to quantitative aggregate methods of meta-synthesis) is a qualitative interpretive method that was introduced to social work in 2014 by two social work professors (Aguirre & Bolton, 2014). In the following quote, Aguirre and Bolton (2014, p. 283) explicate what they mean by each word in the name QIMS:

"Interpretive" meaning that we eschew aggregating findings quantitatively; *meta* ''denoting a change of position or condition'' and *synthesis* being ''the combination of ideas to form a theory or system'' (Meta, 2011; Synthesis, 2011, as cited in Aguirre & Bolton, 2014, p. 283).

The present study conducted a qualitative interpretive meta-synthesis (QIMS) to synthesize existing qualitative studies documenting the experiences of GNB individuals within mental healthcare. QIMS was chosen as the methodology for this research because it was designed for the social work profession and therefore rests on its values and goals (Watkins-Kagebein et al., 2019). Like other meta-syntheses a QIMS study may contribute to an enhanced understanding of social issues in vulnerable populations without requiring further participant involvement. And because of its interpretive and

emergent power, QIMS can take existing data, and yield new insights that may prove useful in informing future policies (Highfill & Chen, 2022). Finally, QIMS offers a specific set of steps to be followed that can be helpful to those new to qualitative research.

Research design

The steps in QIMS outlined by Aguirre and Bolton (2014) include: (1) Formulation of the research question, (2) Sample selection, (3) Theme extraction (4) Data analysis (4a) Theme synthesis, (4b) Triangulation: Synergistic understanding vs. entropy, (4c) Description of synergistic understanding, (5) Credibility reporting (pp: 284—290).

Instrumentation

As in most qualitative studies, the researcher is the chief instrument through whose interpretations of the data a deeper phenomenological understanding can emerge (Creswell, 2007). It is therefore important for the researcher to acknowledge personal experience, bias, or anything else that may impact the study's findings (Patton, 1999, 2002a, 2002b).

Freedom from bias, also known as bracketing (Husserl, 1970), while never perfectly attained (Moustakas, 1994) is nonetheless important to strive for. Risks of introducing bias in the current study lie in the articles selected, and how they are synthesized and interpreted (J. Ridings, personal communication). As both researcher and author, I selected the studies, analyzed, and synthesized the data, thereby serving as the primary instrument, along with three other raters who were recruited at various stages to

verify the sample selection and data interpretations through comparison and discussion. My credibility in conducting this research and my personal experience with nonbinary individuals and mental health was outlined in a foregrounding statement at the end of chapter 1.

Formulation of the research question

The research question, formulated and presented in Chapter 1, asked: What are the lived experiences of gender nonbinary individuals navigating psychotherapy? Two subsidiary questions guiding the inquiry asked: (1) What do we know about the experiences of gender nonbinary individuals seeking and engaging in mental health care? (2) How can this knowledge help mental health professionals better understand and respond to the mental health care needs of gender nonbinary clients?

Data collection and Sampling

A sample of qualitative studies focusing on the experiences of gender nonbinary clients in mental healthcare was collected over a period of time. The sampling process was both purposive and theoretical.

Purposive sampling is used widely in singular qualitative research studies to identify and select information-rich cases (Patton, 2002a, 2002b). Each case or participant is generally selected on the basis of their pertinence to the phenomenon of interest (Creswell & Plano Clark, 2011), as well as on the ability of research subjects "to communicate experiences and opinions in an articulate, expressive, and reflective manner" (Bernard, 2002; Spradley, 1979, as cited in Palinkas et al., 2015, p. 534).

Criterion sampling is a form of purposive sampling that ensures that participants contain the criterion or phenomenon that is being studied (Creswell, 1998*)*. *Theoretical sampling* is an approach to sampling that involves deliberately adding studies to the sample based on whether they "test, add and elaborate on the emerging analysis'' (Aguirre & Bolton, 2014, p. 284).

With regard to meta-syntheses, Dixon-Woods et al. (2006) expand on this point by emphasize that in theoretical sampling the focus "is on the development of concepts and theory rather than on exhaustive summary of all data." Theoretical sampling therefore involves "a constant dialectic process conducted concurrently with theory generation" (Dixon Woods et al., 2006, pp. 3–4). Both criterion and purposive sampling were used in the current QIMS.

Following Aguirre and Bolton (2014), I conducted an exhaustive search for relevant qualitative studies, which included gray literature, published studies, book chapters, and books. Studies from differing philosophical (e.g. phenomenological) and methodological (e.g. autoethnographies) traditions were included to provide differing cultural and lived experiences of the same phenomenon, thereby adding to the goal of improving "client-centered policy, advocacy, theory, and services" (Aguirre & Bolton, 2014, p. 285).

Title and abstract searches were conducted first using the following databases: EBSCO Academic Search Complete, PEP-Web, ProQuest, PubMed, Google Scholar, and OpenAI. Search terms were discussed with my committee, and were as follows:

abstract("qualitative study" OR "qualitative research" OR "qualitative method*" OR "interview" OR phenomenolog* OR grounded theory OR "Qualitative

Synthesis" OR "meta-synthesis" OR meta-ethnograph* OR "thematic synthesis" OR "narrative synthesis") AND abstract(Nonbinary OR "gender expansive" OR "gender nonbinary" OR genderfluid OR genderqueer OR "non-binary" OR trans OR "nonbinary gender identit*") AND abstract("group therapy" OR counseling OR psychotherap* OR psychoanaly* OR "mental health" OR "mental health care" OR psychiatr* OR "emotional health" OR "mental healthcare").

Inclusion criteria required the study focus to be on mental health care experiences, the studies to be in English or translated into English and published after 2010. Studies needed to be qualitative studies or mixed methods studies with qualitative sections; and all studies were required to include gender nonbinary participants. If transgender participants were present in the studies, the demographics of the gender nonbinary participants needed to be distinguishable.

Once identified, the list of studies was narrowed in accordance with Aguirre and Bolton's (2014, pp. 284-286) directions. Sampled abstracts were checked for topic relevance relative to the following checklist they provide: Did the study include qualitative data that preserves the individual experiences of research subjects? Did the study include gender nonbinary participants? Did the study focus on the mental health care experiences of gender nonbinary people?

Papers showing no topic relevance in the abstract were discarded. Papers remaining in the sample were reviewed in parallel by me and a second rater (rater B), and outcomes compared in order to discuss any discrepancies and reach agreement about which papers were to be included in the final sample (see Aguirre & Bolton, 2013). The bibliographies of papers in the final sample were scanned for additional relevant studies

which were treated as above. To train Rater B in this process, I provided a brief summary of the research goals, key terms used, and concepts being considered in this dissertation and then discussed these elements of the study with Rater B.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses i.e., the PRISMA (Page et al., 2021) flow chart was created to diagrammatically represent the steps involved in collecting, reviewing, eliminating, and including the data, and thereby improving rigor and precision. The PRISMA instrument was created to ensure full documentation and transparency in systematic reviews, so that readers are able to assess the study's strengths and weaknesses. This ensures transparent reporting of key information thereby preserving the potential usefulness of the study.

In their QIMS guidelines, Aguirre and Bolton (2014, pp. 284-286) devote considerable attention to the decisions for keeping or discarding items from the sample. Their recommendations were applied to this study using their list of dos and don'ts:

Do include papers from multiple qualitative traditions to enrich the understanding of the phenomenon by seeing it from multiple vantage points. Don't include papers focusing on studying gender nonbinary people in contexts other than mental healthcare. Do limit searches temporally to increase transferability. In this case searches were limited to publications from between from January 1, 2010, until December 31, 2025). Don't include studies with "fatal flaws" such as those with obvious hostility towards LGBTQ+ and TGNB people. Don't automatically exclude "sub-par" studies (i.e., those badly written, poorly organized, and /or superficial in analysis). The data contained in such studies may still be well-preserved and contain valid information in participants' description of their experiences. Do include negative cases (studies that have findings

vastly different from all other studies) because they add to both the quality (we can gain useful insights from negative studies) and trustworthiness of QIMS studies.

Once a final sample of papers was agreed upon by the raters, a table was created for listing and identifying the characteristics (demographics, methods, etc.) of the studies and their participants.

Data Analysis

Theme Extraction.

A QIMS analysis begins by extracting those themes presented in the sampled primary studies using the same language the original authors used to represent the themes, thereby maintaining the integrity of each original researcher's interpretations. The themes identified by the original researcher of each paper were tabulated and, after extracting the key concepts, the themes were categorized and organized in preparation for synthesis.

Translation and Synergy.

The next three steps represent those designed to facilitate the synergistic understanding that emerged from the meta-synthesis.

Identification of overarching themes.

In this step, Aguirre and Bolton (2013) recommend that researchers spend time with the data to review the extracted themes with their participant quotes, with the aim of enhancing the development of overarching themes. Once themes are identified, data

synthesis may follow by identifying and translating themes across each primary study, per the process outlined by Noblit and Hare (1988). Each study in the sample is read many times in the meta-ethnographic tradition of Noblit and Hare (1988), allowing metaphors, concepts, terms, and/or phrases to emerge.

A key principle of synthesis is to preserve the integrity of themes from each individual study, while also enabling translation and generalization of insights between studies. Thus, even if the terms used differ from one primary study to another, similar themes can still be identified across the studies, resulting in what Aguirre and Bolton (2014) refer to as a "collage of comparable themes" (p. 286). Immersing oneself in the data by reviewing both the extracted themes and the supporting participant quotes facilitates the development of overarching themes, which may then generate a "synergistic understanding of the phenomenon" (Bolton et al., p. 173) leading to further emergent (Fendt, 2025) third-order constructs or themes.

The next two steps in QIMS are Triangulation followed by Translation, both introduced below and discussed in more detail along with the study findings presented in Chapter 4.

Triangulation.

Triangulation is a method for achieving credibility or trustworthiness in qualitative research (Aguirre & Bolton, 2014). In QIMS, all four types of triangulations identified by Patton (1999, 2002a) played key roles in current study:

> (1) checking out the consistency of findings generated by different data collection methods, that is, methods triangulation; (2) examining the consistency of different

> data sources within the same method, that is, triangulation of sources; (3) using multiple analysts to review findings, that is, analyst triangulation; and (4) using multiple perspectives or theories to interpret the data, that is, theory/perspective triangulation. By combining multiple observers, theories, methods, and data sources, researchers can make substantial strides in overcoming the skepticism that greets singular methods, lone analysts, and single-perspective theories or models (Patton, 1999, p. 1193).

Translation.

QIMS adopts Noblit and Hare's (1988) definition of translation by emphasizing the importance of maintaining central concepts and metaphors within each account, first-order construct (narrative text), and second order construct (theme generated by primary study authors. Translation allows researchers "to unveil emergent pathways, thus completing the fourth step in the cycles to synergy process model" (Bolton et al., 2016, p. 174).

Issues of trustworthiness

In qualitative research, there are four criteria used to enhance trustworthiness. These four constructs outlined by Guba's (1981) correspond to the criteria used in positivistic studies as follows: credibility (corresponds to internal validity), transferability (corresponds to external validity/generalizability); dependability (corresponds to reliability); and confirmability (corresponds to objectivity). Lincoln and Guba (1985) uphold credibility as vital for establishing trustworthiness in qualitative studies.

Credibility is achieved through “extended involvement, persistent observation, and triangulation; transferability, achieved through comprehensive and detailed explanations; dependability, achieved through rigorous documentation and the creation of an audit trail; and confirmability, achieved through peer debriefing, member checking, and reflexive journaling” (Ahmed, 2024, p. 1).

Credibility.

Jensen and Allen (1996, as cited in Aguirre & Bolton, 2014, p. 288) state that a meta-synthesis ‘‘is credible when it represents such faithful descriptions or interpretations of human experience that the people having that experience would immediately recognize it from those descriptions or interpretations as their own.’’ Trustworthiness is decreased when the integrity of the primary studies is not maintained. The inclusion of original participant quotes from primary research is an important way to limit the loss of integrity.

An extensive body of literature provides systematic ways to improve the quality of meta-syntheses regarding selecting the primary studies, improving the reproducibility of the final synthesis, and best practices for reporting the studies. What can be confusing for newer researchers (Barnet-Page & Thomas, 2009, Dixon-Woods, 2011) is that many different terms are used to describe various qualitative synthesis methods (Tong et al., 2012). To add to this confusion, the terms used to describe key stages of synthesis are inconsistent and varied (Atkins et al., 2008).

Nonetheless, one can identify a core set of techniques that are common to many qualitative syntheses. Like the reporting guidelines used to make quantitative research credible (Tong et al., 2007), there now exist published guidelines for how to report the

synthesis of qualitative research. Examples of these guidelines are the Enhancing Transparency In Reporting The Synthesis Of Qualitative Research ENTREQ (Tong et al., 2012), The Confidence in Evidence from Reviews of Qualitative research GRADE-Cerqual protocol (Lewin et al., 2015), the Preferred Reporting Items for Systematic Reviews and Meta-Analyses PRISMA, (Page et al., 2021), the Consolidated criteria for Reporting Qualitative Research COREQ (Tong et al., 2007), and lastly, the Cochrane or EVIDENT works (Booth, 2016; Noyes et al., 2018). The Cochrane Collaboration consists of an international network of researchers who produce systematic reviews that are "recognized worldwide as the highest standard in evidence-based healthcare" mainly because the reviews "follow a common and specific methodology to limit bias and random error" (Cipriani et al., 2011, p. 231). This study uses the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Page et al., 2021).

Ethical Considerations

No human subjects were directly used in this study; the study used previously published research and did not recruit or interact with human participants, therefore informed consent from participants was not required. Data were derived from previously published works in which the original researcher followed appropriate ethical guidelines. Beyond these considerations, it has been my ethical responsibility to write about and represent the voices of the participants people with integrity, faithfulness, and respect and to fulfill this in all steps taken and words written.

The Role of the Researcher

QIMS guidelines require researchers to describe their roles in the study, as well as their personal and professional backgrounds to mitigate bias. My background was described at the end of the first chapter, and my role has been to conduct all aspects of the study including the recruitment of additional raters to enhance validity through triangulation.

Summary

Chapter 3 discussed the value of qualitative research and focused on the QIMS method for exploring complex phenomena, including meaning and insights extrapolated from human experiences, behaviors, and social processes. The rationale for conducting a QIMS study was explained, followed by the steps and procedures used. The chapter concluded with an outline of the how trustworthiness in qualitative methods is enhanced and evaluated.

Chapter IV

Results

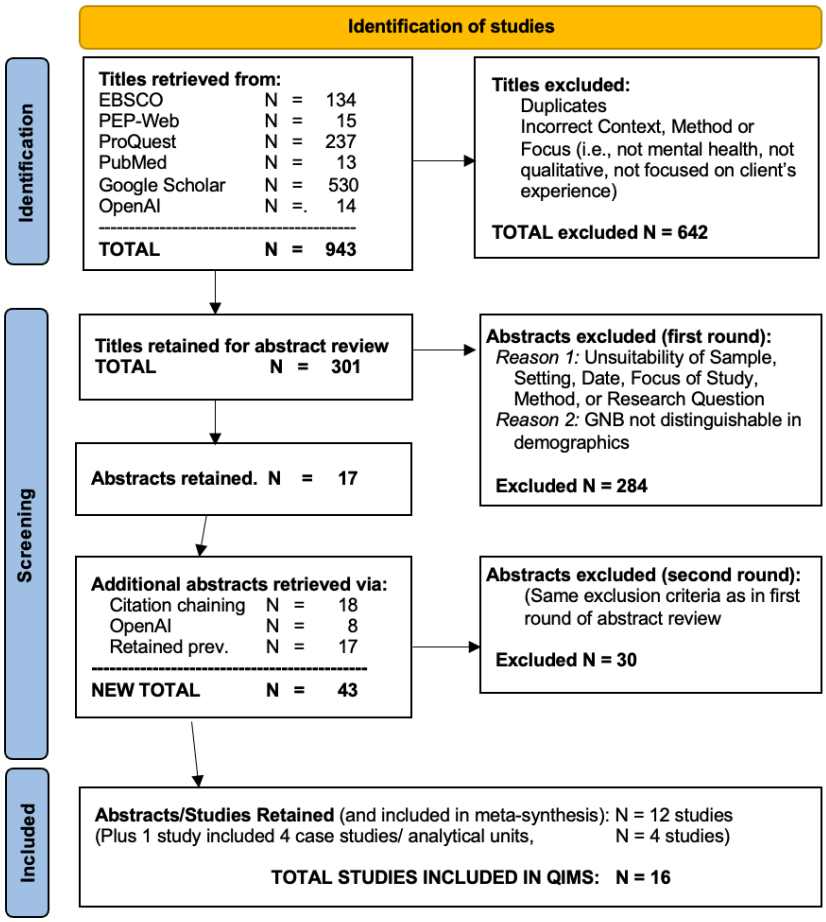
The purpose of this qualitative interpretive meta-synthesis (QIMS) was to analyze existing primary qualitative studies exploring the mental health care experiences of gender nonbinary (GNB) people, to answer the central question: *What are the lived experiences of gender nonbinary individuals navigating psychotherapy?* Additionally, two subsidiary questions were investigated, namely, (1) What do we know about the experiences of gender nonbinary individuals seeking and engaging in mental health care? (2) How can this knowledge help mental health professionals better understand and respond to the mental health care needs of gender nonbinary clients?

Following the steps outlined in the QIMS method (Aguirre & Bolton, 2014, pp. 284–290) presented in Chapter 3, I retained thirteen original primary studies, one of which was treated as four separate study-level analytical units. This brought the total to sixteen studies which were synthesized and interpreted. The first half of Chapter 4 describes the sampling and extraction process in more detail and, the second half of Chapter 4 will present the third order constructs (themes) that emerged from this process.

Sample Selection

Sampling followed the data collection plan and search terms described in Chapter 3. Qualitative studies, as well as mixed-methods studies with qualitative components focused on the experiences of gender nonbinary participants receiving mental health care, were selected. Studies that included transgender participants were retained if the voices and demographic data of the nonbinary participants were distinguishable from those of binary gendered participants. Following Aguirre and Bolton's (2014) guidelines for transparency and rigor, a Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow diagram (Page et al., 2021) was created to document the identification, screening, eligibility, and inclusion of studies. The PRISMA flow diagram is presented in Figure 1.

Figure 1 *PRISMA Flow Diagram (Page et al., 2021) of steps in sampling*



Rater triangulation.

To enhance analytic rigor, the triangulation of searches and the analytic decisions made, were made in consultation with a second rater (Rater B), who holds a doctoral degree in Biology, and has extensive training in empirical research and pattern analysis. Rater B was asked to read the original method paper by Aguirre and Bolton (2014) as well as two published QIMS studies. Thereafter, research goals, key terms, and concepts central to this dissertation were discussed with Rater B, and all questions were answered and clarified. While not a content expert in mental health or gender studies, Rater B's

role was to audit analytic coherence rather than contribute subject-matter interpretation. As the author of this dissertation, I served as Rater A and retained final responsibility for all analytic decisions.

Search details.

Using the search terms and data bases outlined in Chapter 3, a thorough search was conducted and can be viewed in Table 1. Where possible, search terms were replicated consistently across all databases and search engines; however, some search engines not equipped for strict Boolean logic (PEP-Web and Google Scholar, for example) required modifying. All searches were conducted separately within each database, and any duplicates identified within a single database were removed prior to transferring results to a central spreadsheet housing all retrieved titles.

EBSCO Academic Search Complete was searched first for academic journals, e-books, books, and dissertations published from January 1, 2010, through March 3, 2025. Following within-database duplicate removal, 134 studies met initial criteria. Title screening eliminated 86 studies, leaving 48 for abstract review. The database of psychoanalytic literature (PEP-Web) produced 15 studies, all of which were retained for further review. A ProQuest search for full-text studies published between December 31, 2009, and March 1, 2025, yielded 237 results of which 88 were retained, and 149 eliminated on the basis of title irrelevance. A PubMed search produced 13 studies; one was eliminated based on title relevance, and 12 were retained.

Two purposive Google Scholar searches were conducted in March and April 2025. Because Google Scholar does not support the Boolean syntax used in EBSCO, I

entered natural-language queries directly into the search box: "*qualitative study of nonbinary or genderqueer people's experiences in counseling or psychotherapy*" (March search) and "*qualitative study of the mental health experiences of gender nonbinary patients in psychotherapy or counseling*" (April search). Results for both searches were set to sort by relevance (i.e., the most relevant studies were displayed first), and publication dates had been set to limit searching to occur no earlier than January 1, 2010, and no later than December 31, 2025. The searches discussed here took place between March 5, 2025, and April 7, 2025. Combined, the two searches yielded approximately 17,300 results. Because the citations had been set to display in order of relevance to the search criteria, I selected the first 10 pages of each study which amounted to 530 potential studies for inclusion. Thirty-three duplicates were eliminated across the two searches which were then scanned for title relevance. This resulted in 133 studies retained for abstract review.

Next, in order to determine whether an AI tool would find studies not found in the earlier database searches, I conducted two exploratory searches using OpenAI (2025). Fourteen studies were produced, 9 of which were duplicate studies identified in earlier searches using library databases. The duplicates were discarded leaving five studies for further review. The search results are summarized in Table 1.

Table 1 *Title Searches*

Research Platform	Search Date	Titles transferred to Spreadsheet*	Titles Eliminated from Spreadsheet	No. of Titles Retained for Abstract Review
EBSCO	April 5, 2025	134	86	48
PEP-Web	August 31, 2025	15	0	15
ProQuest	March 3, 2025	237	149	88
PubMed	April 6, 2025	13	1	12
Google Scholar	March 3, 2025 April 7, 2025	530	397	133
OpenAI	August 31, 2025 October 27, 2025	14	9	5
Total		943	642	301

Note. Titles transferred to spreadsheet* refers to those retained after the removal of irrelevant titles or easily detected title duplicates in the search results page

Screening and selection based on titles.

Titles across each of the search platforms that appeared to meet the search criteria were immediately reviewed while still displayed as results. Duplicates and irrelevant studies were deleted immediately, and remaining citations (N = 943) were transferred into a central spreadsheet and again examined for relevance. Titles were discarded if they did not appear to contain any of the search terms or were easily noted to be duplicates across databases; 642 titles were discarded and 301 studies were retained based on title relevance to search terms, language, and potential for use in the meta-synthesis (see Table 1).

Screening and selection by abstract relevance.

Data from the 301 retained studies were charted in a second spreadsheet. Columns for extracted data included: author names, title of study, abstract, citation, and database. Missing abstracts were retrieved from the appropriate database and added to the spreadsheet in preparation for the next round of screening (for abstract relevance).

Between September 1, 2025, and October 27, 2025, Raters A and B independently reviewed all the 301 abstracts belonging to the retained studies. Based on the following inclusion and exclusion criteria, Raters A and B independently categorized each abstract as “Keep," “Discard," or “Maybe." Discrepancies and ambiguous ratings were resolved through discussion until consensus was reached, yielding a retained sample of 17 studies: 15 primary studies and two systematic reviews.

Reasons for excluding studies were based on the following criteria:

Sample issues*:* Studies in which gender nonbinary participants were absent, or their data were not distinguishable from those of binary transgender participants.

Method issues*:* Purely quantitative studies or systematic reviews (unless specifically retained for citation chaining).

Study focus issues*:* These concerned studies whose foci were irrelevant to the meta-synthesis, or were too narrow in scope; focused on general health care experiences rather than mental health care; focused on the therapist’s experience rather than the client’s experience; focused on general mental health challenges faced by clients rather than on their experiences with mental health care itself; and/or the study focused on recommendations about appropriate mental health care treatments, rather than on the clients’ experiences.

Duplicate issues*:* Studies previously overlooked during initial duplicate screening.

Examining the systematic reviews.

Next, the primary studies cited within the two systematic reviews (Compton & Morgan, 2022; Mezzalira et al., 2025) were examined. Primary studies were identified by

the asterisks marking them in each review's reference list. Mezzalira et al. (2025) included 20 primary studies, and Compton and Morgan (2022) included 10. I identified and removed 16 duplicate studies from the initial retained sample and the two meta-syntheses. Thirty-one studies remained in the potential sample.

Citation chaining.

Citation chaining refers to the researcher's examination of reference lists and in-text citations in research papers that are encountered during the literature gathering process. Citation chaining identified 18 possible candidates for the meta-synthesis.

Finalizing the sample.

All 43 additional studies identified by the procedures described above were further examined by Raters A and B, and 13 were retained for the final QIMS sample. Three previously retained studies were subsequently excluded during the later theme extraction phase, primarily due to the inability to distinguish between the experiences of transgender binary and gender nonbinary participants with respect to the demographic data tables or quotations. (Four study authors were contacted to obtain further clarification regarding the participants; obtaining sufficient clarification to retain one of those four studies, in the final sample of studies for the QIMS.)

As a final form of triangulation, on October 27, 2025, I prompted OpenAI (2025) to replicate my initial university library search using the same search terms described above. OpenAI produced eight studies, seven of which had already been identified in previous searches; the remaining study was irrelevant and was discarded. Therefore, no

novel studies were yielded in this OpenAI search, which indicated sufficient saturation. No further searches were conducted.

Case study decision.

One of the 13 retained studies, Slayton's (2023) dissertation, employed a descriptive case study methodology and presented themes and quotations separately for each of the five case studies, thus requiring a decision about what constituted the unit of study for Slayton's work. I explored my dilemma further in an online search finding some support in discussion groups (e.g., researchgate.net) to treat the studies separately. A discussion with Rater B ensued, and while Slayton did note and described similarities across the cases, no across-case themes were generated by the author. Therefore, treating Slayton's individual case studies as units of study comparable to the other 12 studies in my sample made the most sense given the level at which the author reported them. This seemed consistent with the principles of Qualitative Interpretive Meta-Synthesis. Rater B concurred, agreeing that four of Slayton's five case studies met the inclusion criteria and were therefore included to the final sample and treated as separate analytical units in the meta-synthesis, bringing the final total of studies to 16.

Final Sample

The final sample selection is shown in Table 2 and followed by a description of the sample.

Table 2. *Characteristics of the Included Studies*

Study ID	Qualitative Tradition	Data Collection/ Location	Theoretical Orientation	Research Question	Participants	
					Total	GNB
Applegarth &Nuttall (2016).	IPA	Semi- structured interviews (UK)	Trans-affirmative Therapy (Raj, 2002).	To investigate the lived experience of transgender clients in talking therapies, and how experiences shape their relationship with therapists and perceptions of gender-affirming care.	6	2
Ferragamo (2021).	Constructivist Grounded Theory	Semi- structured interviews (USA)	Grounded theory	To explore the experiences of NB individuals in psychotherapy.	25	25
Graham (2024).	IPA	Semi-structured interviews (USA)	Intersectionality theory (Crenshaw, 1993)	To determine how transgender survivors of sexual assault derive meaning from positive experiences in counseling.	8	6
Hall & Delaney (2021).	Thematic coding	Open-ended self-reported responses (USA)	Trauma-informed care (TIC) framework	To explore community support needs and positive beliefs about mental health providers in trans- gender and gender-expansive (TGE) individuals.	100	32
Halliday & Caltabiano (2020).	IPA	Interviews (Australia)	None stated	To examine the experiences of therapy for transgender Australians.	6	6
Jumarali (2022).	Thematic analysis	Semi-structured interviews (USA)	Intersectionality theory	To examine how identity-based matching between LGBTQ+ people of color (POC) clients and therapists influences the psychotherapy relationship and client experiences of safety, trust, and engagement.	25	12
Mackie et al. (2023).	IPA	Semi-structured interviews (Australia)	Minority stress theory, Queer theory	To Investigate how transgender and gender diverse (TGD) students experience school counseling, focusing on identity affirmation, safety, and counselor relationships in educational settings.	11	1
McCullough et al.(2017).	IPA	Semi-structured interviews (USA)	Critical theory	To explore the counseling experiences of TGNC individuals.	13	4
Price et al. (2022).	Thematic coding	Interviews (USA)	None stated	To explore the therapy experiences of TGD adolescents and their caregivers seeking gender affirming care.	49	6
Rosati et al. (2022).	Codebook Thematic Analysis	Semi-structured interviews (Italy)	None stated	To provide data on nonbinary clients' positive and negative experiences within therapeutic relationships.	25	25
Sandoval (2021).	IPA	Semi-structured interviews (USA)	Intersectionality theory, Minority stress theory	To examine the psychotherapy experiences of TG and gender-variant people of color (TGV POC), and how racism, transphobia, and intersectional identities shape experiences & therapy outcomes.	27	16
Slayton (2018) A,B,C,D.	Case study methodology	Semi-structured interviews (USA)	Social constructionism	To explore what makes individual therapy with trans clients effective, from the clients' perspective.	5	4
Wrightson (2019)	IPA	Semi-structured interviews (CA)	Sociocultural theory	To investigate the counselling experiences of sexual minority adults; also, the sociocultural mediators for counselling with sexual minority adults.	11	5
Total number of participants in the studies, followed by total no. of gender. nonbinary participants					**297**	**144**

The final sample consisted of sixteen qualitative studies, which formed the data corpus for the next analytic phase of the study. Across all included studies, 84 themes and 135 subthemes were identified, along with 264 quotations representing the available verbatim quotes retrieved from at least 125 of the 144 gender nonbinary participants (out of 297 total participants). One study's (Ferragamo, 2021) themes were organized into five domains. All studies included gender-nonbinary participants in mental health care contexts, two of which had slightly narrower foci: One study (Price et al., 2022) focused on a high-school population in Australia. Another study (Jumarali, 2022) examined how identity-based matching between LGBTQ+ clients of color and their therapists might influence clients' experiences of safety, trust, and engagement. While other studies had previously been excluded because the focus of study was too narrow, raters agreed that this was not relevant to these two studies.

Extracted themes and subthemes.

Themes and subthemes extracted from the 16 primary studies appears in Table 3. Each theme / subtheme name carries with it, the identification system I describe under the subheading "Coding strategy and card sorting." For example, "AN1a" indicates the authors, Applegarth and Nuttall, theme 1, and subtheme a. Similarly, "Fer9a" indicates the author, Ferragamo, theme 9, and subtheme a.

Table 3 *Themes and Subthemes Extracted from the Sample of 16 Primary Studies*

Applegarth & Nuttall (2016)
AN1. A fearful time
AN1a. Being held back by fears
AN1b. Fear of the future
AN2. Importance of the relationship with the therapist
AN2a. Connection with the therapist
AN2b. Complex relationship
AN3. Becoming comfortable with their personal gender
AN3a. Rethinking gender labels
AN3b. Therapist reaction to personal gender
AN3c. Linking gender concerns to life experiences
AN4. Moving beyond therapy
AN4a. Reaching and facing an endpoint
AN4b. Long-term impact of therapy
Ferragamo (2021)
FerA. Contextual Factors
FerA1. Reasons for Seeking Help
FerA1a. Seeking care for complex trauma
FerA1b. Seeking help for depression and anxiety
FerA1c. Seeking help for assessment
FerA2. Access to Services
FerA2a. Insurance and Managed Care
FerA2b. Premature Termination
FerA2c. Geographical limitations
FerA3. Seeking a therapist with knowledge
FerA3a. Clinical Education
FerA3b. Lived Experience and “the context of your existence”
FerB. Treatment Environment
FerB4. Physical Environment
FerB5. Interpersonal Space
FerB5a. Boundaries
FerB5b. Spaciousness
FerB5bi. Having a space
FerB5bii. Lack of Space
FerC. Course of Therapy
FerC6. The Therapeutic Relationship
FerC6a. Vulnerability
FerC6ai. Feeling Safe
FerC6aii. Vulnerability without safety
FerC6b. Feeling Seen and Understood

FerC6c. Misses
FerC7. When to focus on gender?
FerD. Ruptures and Inappropriate Therapist Behaviors
FerD8. Rejection and betrayal
FerD9. Problematic reenactment and retraumatization
FerD9a. Inappropriate self-disclosure (Subtle and Overt) and Boundary Degradation.
FerD9b. Other retraumatizing behaviors
FerD10. Education burdening
FerD11. Terminating after the initial consult
FerE. Effects of Therapy
FerE12. Positive Effects
E12a. Presenting Problem Adequately Addressed; Remittance of Symptoms.
FerE12b. Insight
FerE12c. Resources / Access
FerE13. Negative Effects
FerE13a. Exacerbation of symptoms
FerE13b. Seeking psychological help from nonprofessional sources
FerE13c. Developing a skeptical attitude towards therapy
Graham (2024)
Gra1. Appreciation of active allyship and affirming counseling spaces
Gra1a. Autonomy and respectful therapeutic dynamics
Gra2. Accessing affordable and consistent counseling services
Gra3. Promoting importance of professional competence
Gra3a. Lessening client burden (Promoting importance of professional competence)
Gra4. Experiencing healing through trauma-informed practices
Gra4a. Self-awareness and healing through somatic approaches (Exp healing through trauma-informed practices)
Gra5. Empowerment through self-discovery and advocacy
Hall & DeLaney (2021)
HD1. Emotional trust and safety
HD2. Environmental and physical safety
HD3. Choice and collaboration
HD4. Empowerment
HD5. Cultural and gender issues
Halliday & Caltabiano (2020)
HC1. Use of language
HC1a. Helpful Use of Language
HC1b. Unhelpful use of language
HC2. Knowledge of transgender issues
HC2a. Helpful Knowledge of TG Issues
HC2b. Unhelpful Knowledge of TG Issues
Jumarali (2022)

Jum1. LGBTQ+ POC clients believe matching will allow their identities to be safely integrated into their therapy experience
Jum1a. Clients expected that shared lived experiences would translate into matched therapists having increased identity- and oppression- related competence
Jum2. Matching strengthened the therapeutic relationship by facilitating clients' feelings of trust and safety
Jum3. Matching enhanced the therapy process by facilitating efficient and deep engagement in therapy
Mackie et al. (2023)
Mac1. The transgender young person
Mac1a. Coming Out
Mac1b. Preconceived counseling expectations
Mac1c. Knowledge and skills gained from counseling
Mac1d. The experience of counselor transgender knowledge
Mac2. The role of the therapeutic relationship
Mac2a. The Therapeutic Alliance
Mac2b. Fostering autonomy
Mac2c. Support
Mac2d. Advocacy
Mac3. The counseling space
Mac3a. Accessibility
Mac3b. A safe space
Mac4. The school environment
Mac4a. Safety
Mac4b. Positive student–teacher relationships
Mac4c. Reinforcement of the gender binary
Mac4d. Need for LGBTQ+ Education
McCullough et al. (2017)
McC1. MHP Selection Process
McC1a. MHP demographic identity
McC1b. Filtering
McC2. Transaffirmative Approach
McC2a. Therapeutic Alignment
McC2b. Advocacy
McC3. Transnegative Approach
McC3a. Lack of knowledge of TGNC issues
McC3b. Experiential invalidations
McC3c. Intersectional insensitivity
Price et al. (2022)
Pri1. Therapists' gender affirmation and/or perceived expertise
Pri2. Therapists' lack of gender affirmation and/or perceived expertise
Pri3. Engaging caregivers in therapy
Pri4. Alienating caregivers from therapy
Rosati et al. (2022)

Ros1. The self of the psychotherapist
Ros1a. Gender identity and sexual orientation
Ros1b. Knowledge and Experiences
Ros2. The practice of the Psychotherapist
Ros2a. Non-binary Affirmative Approach
Ros2b. Validation
Ros2c. Microaffirmations
Ros2d. Non-binary Negative Approach
Ros2e. Gender Identity Change Efforts
Ros2f. Manifest Aggressions
Ros2g. Microaggressions
Ros3. The therapeutic Relationship
Ros3a. Therapeutic alliance
Ros3b. Therapeutic Alliance Rupture
Ros3c. Repairing Alliance Rupture
Sandoval (2021)
San1. Experiences Seeking Psychotherapy
San1a. Factors influencing choice of provider
San1b. Reasons for seeking psychotherapy
San1c. Barriers in accessing services
San2. Experiences Receiving Psychotherapy
San2a. Positive experiences in psychotherapy
San2b. Negative experiences in psychotherapy
San3. Intersectionality of Gender and Racial Identities in Psychotherapy
San3a. Gender and psychotherapy experience
San3b. Racial Identity and Psychotherapy Experience
Slayton (2023) Case Study A
SlaA. Reciprocal Investment, Vivid Imagery, and Client Ambivalence- Oh My!
SlaA1. Engagement is Bidirectional
SlaA1a. Client Willingness to Engage
SlaA1b. Therapist Investment
SlaA1c. Wholeheartedness and Presence
SlaA1d. Responsiveness and Availability: Going Above and Beyond
SlaA2. What's in a (Therapeutic) Verb? Drawing Personalized Distinctions
SlaA2a. Acceptance
SlaA2b. Validation
SlaA2c. Affirmation
SlaA2d. Reassurance
SlaA3. Use of Imagery and Metaphor
SlaA3a. Airplane Oxygen Mask and "The Curse Rule"
SlaA3b. Tool Literacy and Therapist as Handyman
SlaA3c. Putting Thoughts on Trial (Minus the Guilt)

SlaA3d. Collaboratively Putting Together a Puzzle
SlaA3e. Biomes
SlaA4. Therapist Roles—Therapist As…
SlaA4a. Therapist As…Awareness raiser
SlaA4b. Therapist As…Assistant Mediator
SlaA4c. Therapist As…Permission Giver
SlaA5. Ambivalence About Therapist's Approach to Gender
SlaA5a. The Pronoun Dance: "Nails on the Chalkboard" vs. "It's Fine If You Slip Up"
SlaA5b. The Nuance of Gender Exploration: Affirming Suggestions vs Environmental Safety Needs
Slayton (2023) Case Study
SlaB. Therapist Identities, Personality, Trans Cultural Competency, and Boundary-Keeping Creates Therapeutic Safety
SlaB1. Therapist Qualities That Facilitate Client's Felt Sense of Safety
SlaB1a. Nonjudgement as a Function of Therapist Queerness
SlaB1b. Global Quality of Nonjudgement Conveys Therapist Steadiness
SlaB1c. Showing vs. Telling
SlaB1d. Listening as a Primary Therapeutic Activity
SlaB1e. Intent of Questions
SlaB1f. Lightheartedness Aids Therapist's Responsibility to Demonstrate Trustworthiness
SlaB1g. The Importance of Time in Building Client- Therapist Trust
SlaB2. Therapy as a Space "Set Apart"
SlaB3. Opening Space for Exploration and Authenticity by Leaving Preconceived Notions Behind
SlaB4. Modeling Self-Compassion to Counterbalance Self-Criticism, Increase Self-Awareness, and Change Perspectives
SlaB5. Boundaries in the Therapeutic Relationship
SlaB6. Therapist Knowledge of Transness and Gender
SlaB7. Advice for Cisgender Clinicians (What Not to Do)
SlaB7a. Walk the Walk- Get Experience
SlaB7b. Respect Clients' Right to Self-Define
SlaB7c. Clinician, Educate Thyself
SlaB7d. No Litmus Tests or Ultimatums
SlaB7e. Maintain Confidentiality: The Error of Sensationalizing
SlaB7f. Maintain Confidentiality: The Error of Aligning with Oppressors
SlaB7g. Low Bar Standards: The Rarity of Competency
Slayton (2023) Case Study C
SlaC. Examining the Complexity of the Therapeutic Gestalt
SlaC1. Therapist's Use of Humor
SlaC1a. Matching Client's Use of Humor as a Form of Validation
SlaC1b. Humor as a Coping Mechanism
SlaC1c. Humor as a Memory Aid
SlaC2. Therapist Attentiveness and Allegiance to the Client" Imparts a Feeling of mattering
SlaC3. Client-Tailored Approach Facilitates Comfort

SlaC3a. Demonstrating Safety to Facilitate Client Comfort
SlaC3b. Conversational Autonomy: Making Space for the Client and Asking Consent
SlaC3c. Therapist Approach is Individualized - Not “Cookie Cutter
SlaC3d. Felt Similarities Between Therapist and Client Creates Shared Understanding
SlaC4. Client Use of Therapy - Bullshiting vs. Topic Depth and Unifying Ideas
SlaC5. Codependency as a Treatment Focus
SlaC5a. Therapist Expertise Promotes Client Trust
SlaC5b. Dyadic Process: Analysis of Client Motives and Behaviors to Build Insight
SlaC5c. Therapist Flexibility: Utilizing Several Ways of Responding
SlaC5d. Client-Specific Interventions — Interpretations, Challenges, and Suggestions: An Example Exchange
SlaC6. Goodness of Fit is Complex, But When it is Right, it is Excellent
SlaC7. Looking Outside the Frame: Beyond Individual Therapy
SlaC8. Gender? “Don’t Make a Big Fucking Deal About it”
Slayton (2023) Case Study D
SlaD. Respecting Client Self-Determination and Autonomy in Therapy
SlaD1. Addressing Invalidation Through Kinship, Reassurance, and Empathy
SlaD1a. Signals of Relatability
SlaD1b. Empathy and Experience with Trans People
SlaD1c. Empathy and Similarities in Experience
SlaD1d. The Role of Reassurance
SlaD2. Therapist’s Judicious Use of Self-Disclosure
SlaD2a. Functions of Self-Disclosure
SlaD2b. Making Space for Disagreement
SlaD3. Respecting Client Self-Determination: Refusal to Label the Client, Even Tentatively
SlaD3a. Following the Client’s Lead: Terminology
SlaD3b. Following the Client’s Lead: Direction of Sessions
SlaD4. Centering and Supporting Client Power
SlaD5. Boundaries and Intention in the Therapeutic Relationship
SlaD6. Therapist Willingness to Advocate for Client (D5)
SlaD7. Strategies to Address “Thought Spiraling”
SlaD8. Therapist’s Pattern Identification (D7)
SlaD9. Therapist Competency Regarding Transness—Validation and Humbleness
SlaD10. Advice for Cisgender Clinicians: "There’s Very Little Room for Error” (D9)
Wrightson (2019)
Wri1. Counselling Involves an Exchange of Knowledge
Wri1a. Counsellor knowledge of queer topics impacts clients’ counselling experiences
Wri1b. Clients often become educators of queer topics
Wri2. True Acceptance Requires More Than Merely Saying You Accept Someone
Wri3. The Counselling Relationship is Simultaneously Similar and Dissimilar to a Friendship
Wri4. Being Listened to and Being Heard are Different Experience
Wri5. Clients Rarely Achieve Successful Termination of Counselling

Data Analysis

The steps comprising the data analysis were initially outlined in Chapter 3 and are further detailed below.

Theme extraction and synthesis

Following the final sample selection, the original study themes and their corresponding participant quotes were extracted from the 16 primary studies. These data were systematically charted in a spreadsheet using the following headers to preserve the integrity of the original findings: First-order constructs consisted of verbatim quotes directly representing the lived experiences of the study participants. Second-order constructs were the original authors' specific themes and subthemes. Third-order constructs were the new themes generated in the present study following a period of reading and rereading the texts, i.e., immersing oneself in the first- and second-order data to arrive at higher-order themes.

Notes on immersion.

My experience of discovering the emergent themes began as a process of absorption in the data that could neither be hurried nor rendered mechanically. Instead, the process required a meditative and constant openness to insights and ways of seeing. Noticing a connection that was unexpected or surprising, for example, one that made me think of a phrase or idiom, would then seem to glide perfectly into place, with an unmistakable "aha" quality. To facilitate this process, I added three columns on to the

original spreadsheet of themes and quotes, and named them: Connection with other studies, Insights and Thoughts, and Possible New/Emergent Themes.

During this process, I remained aware of insights, metaphors, ideas, phrases, and idioms that seemed to emerge from the "spaces between" the second-order themes and quotes (Noblit & Hare, 1988). Fendt (2025) describes this prolonged immersion in the data as one that engenders new and holistic interpretations allowing for the development of the higher-order, overarching themes (third-order constructs) found in qualitative meta-synthesis. The overarching or higher order themes are typically those that best capture the emergent or synergistic picture of the phenomenon under study, ultimately representing the intended output of QIMS described by Aguirre and Bolton (2014), and meta-analysis described by Fendt (2025).

Coding strategy using card sorting.

The following section describes my interactions with the data as it unfolded along three parallel tracks. Having a primarily visual and tactile learning style and a preference for right-brain approaches to data, I found it difficult to work with a large spreadsheet whose rows (nearly 300) and columns (between five and ten) could not all be viewed simultaneously on a single screen. I therefore created 224 index cards, each displaying one extracted second-order construct (i.e., a single theme or subtheme from the primary studies. The first order constructs (i.e., the participant quotes for each theme) were displayed along with their respective author and theme number quote. (For example, "Fer9a" to indicate Ferragamo, Theme 9, and subtheme a). The 224 cards were then hand sorted according to whatever concept or idea linked them as having something in

common. In other words, I grouped them according to a conceptual similarity. (e.g., "Reasons for Seeking Therapy"). I continued sorting until all themes and subthemes had been placed in a group. Each group was given a name appropriate to the cards within it. This resulted in nineteen groups of index cards; each cataloged under their newly developed code.

Some original theme names (e.g., "Boundaries") appeared across multiple studies and accordingly received the same code name in the new grouping.

Analyst triangulation of card sorts.

An additional rater, a licensed clinical psychologist with many years' experience in psychodynamic psychotherapy, was asked to repeat the card sort, as a form of analyst triangulation. Rater C independently reviewed and sorted the extracted first- and second-order constructs (i.e., the quotes, themes, and subthemes from the primary studies) and grouped the original themes according to her own perceived conceptual relationships. This resulted in her sorting 224 cards into 50 groups which she categorized under the 50 new codes that made sense to her. Next, I recorded both Rater A's and Rater C's codes separately, in a spreadsheet along with each new codes' group of primary themes and their corresponding quotes. Analyst triangulation during this phase occurred by comparison and contrast of the similarities and differences between Rater A's and Rater C's cards and their new codes.

Hand-sorted data and emergent theme codes.

Rater B (the rater previously involved in the literature search) was tasked with color-coding areas of divergence and convergence between Rater A's and Rater C's codes with respect to each original theme and quote from the primary studies: similar (green), different (red), and slightly different (orange).

Two notable areas of difference emerged. First, Rater C produced more than twice the number of codes compared to Rater A who produced only nineteen codes. The second pattern of difference that emerged was noticed by Rater B who described it as related to each rater's habitual way of knowing, or their epistemic orientation. In other words, Rater A attended to the similarities between themes and grouped patterns according to an overarching idea. In contrast, Rater C appeared more focused on how the themes differed from one another. Neither rater was aware of these habitual tendencies at the time; the observation came from Rater B, a biologist familiar with different approaches to organizing patterns in taxonomy. Biologists would describe Rater A's tendency as "lumping" and Rater C's tendency as "splitting."

A third difference appeared to concern perspectival differences. Rater A grouped the theme and quote from the primary study in a group she titled, "Code N: How does therapy help? What is the action?" Rater C coded the theme and quote from the primary study in the group she titled, "Code Fa. Client reasons for therapy." Together we examined the theme codes that were colored red indicating the greatest difference in coding and looked for a pattern that might explain these differences. Upon closer inspection, the seemingly divergent codes revealed a difference in perspective, rather

than in the essential meaning. Rater A's code names primarily tended to capture the *client's* perspective and *experience* of therapy (a more experiential structure), whereas Rater C's codes attended to the *therapist's* perspective and *how best to serve the client* (a more relational structure).

Taking this a step further, we concluded that at least some of the differences in the two hand sorts appeared to reflect two different vantage points on the same phenomenon, in this case, "recognition" (Benjamin, 1990a, 1990b). (Recognition, as a psychoanalytic concept, was introduced in Chapter 2, and is further illustrated and explored in the themes found in the second half of Chapter 4 and some of the findings discussed in Chapter 5.)

Figure 2 *Illustration of a Theme Emerging from the Hand-Sorted Data*

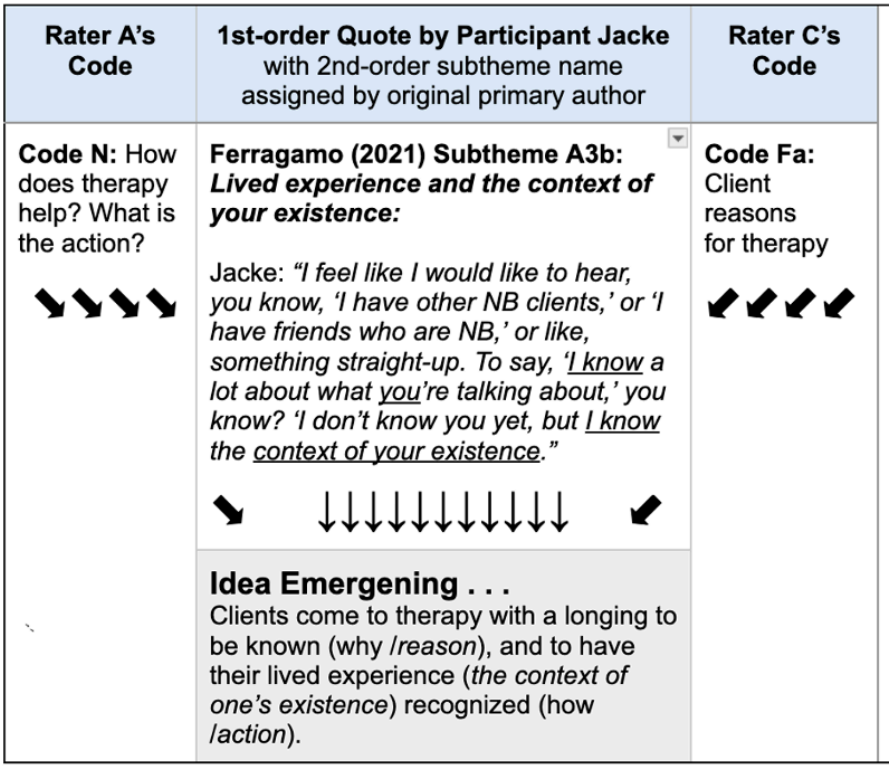


Figure 2 Illustrates how code divergence between Rater A and Rater C generated an emergent third-order theme. Instead of resolving the divergence by consensus, the two codes were examined together and revealed a more complex, synthesized interpretation. The outcome of this process was a tentative set of emergent themes. As an additional form of triangulation, I used Affective Coding to view the data from yet another perspective, namely, affect.

Affective coding strategy.

Affective coding (Gentsch & Synofzik, 2014; Saldaña, 2021), or coding based on affect, is a method for investigating participants' emotions, values, conflicts, and other subjective qualities of human experience. To conduct the affective coding, I made use of Delve (a cloud-based qualitative data analysis (QDA) software platform that supports data coding, theme identification, and insight extraction). I uploaded all 264 first-order quotes from the primary studies along with their original second-order themes, thus preserving the groupings as organized by the original study authors. I then read the themes together with their corresponding quotes, attending to any affective or conflictual dimensions that emerged.

Affective coding can add depth to an analysis by capturing the emotions, values, and tensions evident in participant quotes and in how the primary authors coded them. It supports an understanding of participants' inner experiences— specifically how individuals feel, think, and struggle. This is achieved through several subcategories of coding: emotion coding (of past and present emotional states), values coding (of beliefs, values, and motivations), and conflict or duality coding (of conflicts and dilemmas

apparent). In essence, affective coding attends to the complexity of human experience; what participants feel, believe, and struggle with. Using affective coding, I arrived at a list of third order codes listed in the first column of Table 4.

Table 4 *Affective Codes Applied to the Quotes and Themes in Primary Studies*

Delve Code	Affective Code	Type of Affective Data	3rd-Order Construct	3rd-Order Theme
Therapist signaling	Conflict Code	Conflicts, dilemmas	Microaffirmations	Theme 2
Having to explain	Conflict Code	Conflicts, dilemmas	Microaggressions	Theme 2
Trauma-informed Skills	Values Code	Beliefs, values, motivations	Epistemic Labor	Theme 3
Ignorant	Emotion Code	Emotions past, present	Microaggressions	Theme 4a
Fear vs. Trust	Conflict Code	Conflicts, dilemmas	Hope and Dread	Theme 4
Metaphors	Conflict Code	Conflicts, dilemmas	Recognition	Theme 6
Shame	Emotion Code	Emotions past, present	Hope and Dread	Theme 4
Intersectional Competence	Values Code	Beliefs, values, motivations	Epistemic Labor	Theme 3a
Advice for Therapists	Values Code	Conflicts, dilemmas	Epistemic Labor	Theme 3
Paradox	Conflict Code	Conflicts, dilemmas	Recognition	Theme 6
Emergence	Conflict Code	Conflicts, dilemmas	Recognition	Theme 6
Growth and healing	Values Code	Beliefs, values, motivations	Rupture Repair	Theme 5
Recognition	Values Code	Beliefs, values, motivations	Recognition	Theme 6
Attunement	Emotion Code	Emotions past, present	Microaffirmations	Theme 4b
Reasons for Therapy	Emotion Code	Emotions past, present	Access	Theme 1
Safe-Unsafe	Conflict Code	Conflicts, dilemmas	Hope and Dread	Theme 4
Validation	Values Code	Beliefs, values, motivations	Microaffirmations	Theme 4b
Egregious Mistake vs Rupture	Conflict Code	Conflicts, dilemmas	Rupture Repair	Theme 5
Trans Competence	Values Code	Beliefs, values, motivations	Epistemic Labor	Theme 3b
Respecting Autonomy	Conflict Code	Conflicts, dilemmas	Recognition	Theme 6
Paradox	Conflict Code	Conflicts, dilemmas	Gatekeeper or Ally	Theme 1
Paradox	Conflict Code	Conflicts, dilemmas	The Myth of Choice	Theme 1

As I studied Table 4, I noticed how the affective codes mapped onto the emergent themes. For example, Relational Recognition was supported by the affective codes, validation, respecting autonomy, metaphors, and shame. Hope and Dread emerged from the tension between the affective codes, fear versus trust. Rupture and Repair was supported by the code's growth and healing, and egregious mistake versus rupture. Microaggressions also drew from that same affective pairs. Finally, Epistemic Labor was supported by the affective codes, general therapy and trauma-informed skills, trans-competence, and advice for therapists.

Triangulation note and rater D.

As a further triangulation step, I consulted with a fourth rater (Rater D) for their input on the third-order themes, and whether they captured essential aspects of the lived experience of gender nonbinary people in therapy. Rater D is a clinical social worker in their early thirties who has experienced psychotherapy as a TGNB client. In my discussions with Rater D, theme names were clarified and some further refined. Their meaning and relevance to the goals of the study, as well as to the lived experience of this rater, were shared and discussed.

Testing my intuitive ideas and tentative decisions against various forms of triangulation led to a greater sense of trust in the coherence and validity of the six themes which are presented in the next section of this chapter.

Third-order Themes and Subthemes

This next section presents the six third-order themes that emerged from this qualitative interpretive meta-synthesis (QIMS). Each theme is described in detail and illustrated with participant quotes drawn from the sixteen studies synthesized in this dissertation. The themes are listed and briefly described in Table 5. Some themes include associated subthemes, which are discussed within their respective theme sections.

Each participant quote is referenced using the following coding scheme: the first three letters of the first author's last name, followed by a capital letter indicating the theme cluster (where applicable), a numeral indicating the theme number, and a lowercase letter indicating the subtheme. For example, FerC1a indicates Ferragamo's study, Cluster C, Theme 1, and Subtheme a. Ferragamo's study is the only study in this synthesis that used a cluster structure. For studies with two authors, the first letter of each author's last name is used; for example, AN1a refers to Applegarth and Nuttall's study, Theme 1, and Subtheme a. Each code is followed by the theme or subtheme name (as assigned by the original authors in their studies), the participant's name as mentioned in the original study, and the full bibliographic citation.

Table 5 *Third-order Constructs Derived from the QIMS*

Third-order Themes and Subthemes	Description of Themes and Subthemes
1. Access, Gatekeeping, and the Myth of Choice	Gender nonbinary clients seek therapy for concerns related to family, relationships, anxiety, and trauma, as well as support for minority stress, marginalization and microaggression. Access to care is greatly affected by managed care systems, finances, geography, and institutional gatekeeping.
1a. Gatekeeper or Ally	Boundaries and trust become difficult to discern when mental health providers inhabit dual roles: being a psychotherapist and ally, while also required to assess for gender affirming care.
1b. The myth of Choice	An assessment of a prospective mental health provider for "goodness-of-fit" is all too often constrained by barriers to accessibility, and few available providers with gender competence.
2. The Burden of Proof	Nonbinary people's experience of understanding and acceptance in therapy is often dependent on the providers' own gender identity, gender- and intersectionality competence, and political and religious stance.
3. Epistemic Labor: Educating therapists is not our job	Nonbinary clients are disproportionately expected to educate their counselors about the meaning of gender nonbinary and related ideas, as well on their other intersecting identities, or choose premature termination
3a. Trans- and gender-competence	Concerns provider knowledge, experience and acceptance of trans and nonbinary genders
3b. Intersectionality competence	Concerns provider cultural humility and knowledge of the impact of intersecting identities of marginalization and privilege in self and other
4. Hope & Dread: Moments that matter	Clients approach therapy with hope for understanding and help with difficulties, while simultaneously fearing that they will not be seen and understood and could be harmed.
4a. Microaffirmations	Concern moments where clients feel affirmed.
4b. Microaggression	Concern moments of hostility, shaming, misgendering and exclusion
5. Rupture and Repair	The therapist's capacity to notice and acknowledge a rupture in the alliance, due to the therapist's misstep (often unintentional), and then to repair it with the client. Unrepaired ruptures can lead to lack of safety and early termination or dropout.
6. Relational Recognition	The capacity to see, and be seen by, another, independent, yet connected subject (Benjamin, 1988, 1990) in contrast to being objectified or othered.

Theme 1: Access, Gatekeeping, and the Myth of Choice

The participant quotes placed in Theme 1 illustrate the barriers to accessing mental health care and the institutional gatekeeping experienced by many within

capitalist economies. Further compounded for people who are marginalized (Castro Lingl et al., 2025; Gerlach et al., 2022; Velasco et al., 2022), these barriers to care emerged as major concerns for nonbinary participants across the studies as they faced state and ideological impingements set by insurance companies and the medical model. The legalese of language such as “letter requirements,” “forced to use my dead name,” and “predetermined” reinforces the experience of hierarchical power.

When a client requires gender affirming care, mental health and medical bureaucratic structures place psychotherapists in the dual role of providing psychotherapy while also tasked with an evaluation required to sign off on a client’s “suitability” for gender-affirming medical care (Coleman et al., 2022). This dual role creates tension for clients who wish to discuss personal and emotional difficulties without feeling judged or evaluated as unfit for gender-affirming care.

Subtheme 1a presents the experiences of participants as they navigate the barriers to mental health care access. Psychotherapists face potential conflicts of interests because they are tasked with the dual role of mental health provider as well as gatekeeper when providing assessments for gender affirming hormonal or medical care.

Subtheme 1b concerns the difficulties faced when searching for an appropriate therapist. The theme’s name reflects that the choices available when selecting a therapist who is a “good fit” are realistically limited to finding one who is available.

Subtheme 1a. Ally and Gatekeeper

This subtheme addresses the dual roles of ally and gatekeeper that mental health professionals (MHPs) may simultaneously hold. In the role of gatekeepers,

psychotherapists are granted professional power to sign off on referrals for gender-affirming medical care. As allies, therapists need to go beyond basic trans-competence to be able to meet clients where they are. At the same time, research indicates trans-competent training is not sufficiently provided in many graduate programs, leaving mental health professionals unprepared for working with gender-diverse populations (Wilson et al., 2026). Allyship requires a commitment to advocacy as well as self-education as terminology and legislation continually evolve and change.

This can mean working beyond the traditional boundaries of the therapy frame. Clients with multiple marginalized identities and/or trauma histories may be socially isolated, fearful about coming out, estranged from family, experiencing housing instability, and uncertain about their legal rights or treatment options. They may also encounter invalidation or ridicule even within clinics that serve GNB and trans populations. Across the primary studies, participants described their psychotherapy experiences with a mixture of distress, hope, and caution. Gender nonbinary participants with prior experiences of being misunderstood and marginalized described heightened awareness and vigilance as they scanned therapists for signs of understanding and respect; or for signs of invalidation, lack of knowledge, and rejection encountered previously.

Julie describes their experience of their therapist's allyship in the following way: "having a therapist who I know is on my team, and actively wants to be involved in my life, is really really helpful for someone who feels chronically insecure, and inside myself in many relationships in my life, and is still learning how to trust and figure out who wants to be in my life actively" (FerC6ai Feeling safe, Julie in Ferragamo, 2021, p. 79).

The following account, shared by Sweeny, illustrates the value of a therapist who, as an ally, can also understand when after-hours emotional support or guidance is critical. Sweeny describes a time of despair in which Annie, their therapist, was willing to help them through a particularly difficult period: “I just texted her one day like, ‘Today is really hard . . . Today is a really dark day. I need you. My anxiety is through the roof.’” (SlaA1a Client willingness to engage, Sweeny in Slayton, 2023, p. 127).

Sweeny was able to stay on the phone with Annie through their despair: “We talked until midnight because I was absolutely wired with anxiety. Because I told her, ‘I'm tired of feeling this way.’... And I was just like, ‘I don’t want to feel this way anymore.’ And honestly, all I was thinking that night is, ‘I want to disappear. I'm not doing anything good for anybody.’ And I don’t know many therapists who would actually do that . . . This was 11 o'clock, midnight” (SlaA1d Responsiveness and availability: Going above and beyond, Sweeny in Slayton, 2023, pp. 128–129).

Slayton (2023, pp. 49-55) offers a thorough discussion of the gatekeeping role required of clinicians by the medical model, noting evidence of its harm to the therapeutic alliance (Schulz, 2018). Adira describes the impact the letter requirement had on their feelings of safety and comfort: “I started transitioning [in a different state] before I moved to Chicago. And I had to get a letter—informed consent is not a thing, so I had to go through the process. And I think even requiring a letter—so that is outside of therapy—requiring this letter to get hormones made me feel less comfortable and less safe in therapy because I was afraid” (SlaB6 Therapist knowledge of transness and gender, Adira in Slayton, 2023, p. 149).

Adira references an alternative to the medical model approach: the Informed Consent Model (ICM) of trans healthcare. While the medical model requires a psychologist's evaluation and diagnosis of the client to consent to gender-affirming medical care, the ICM offers clients more autonomy. It provides information about the risks and benefits of medical surgeries and Gender Affirming Hormone Treatment (GAHT) and surgical options, while upholding the person's own self-knowledge. The ICM, however, is not always part of client -healthcare options. (SlaB6 Therapist knowledge of transness and gender, Adira in Slayton, 2023, p. 149–150).

Jacke's experience differed in that the provider chosen for their letter was a previous therapist with whom they had worked. Jacke describes returning to this familiar provider for the mandated "one session" to obtain the letter: "I had already stopped seeing this therapist, but they seemed like the logical choice to go back to for that. And I said, 'I need this letter for the health insurance to pay for it,' and they were great, and we had a session just for that, to talk through what they would say in the letter, and they said lots of stuff that wasn't true in order to be sure that I got the surgery covered. And they were very good about making sure I was ok with what they were saying. And for me, it was pragmatic...And they did their best to be as true to my story as possible, while saying the right things to get me what I wanted" (FerA1c Seeking help for assessment, Jacke in Ferragamo, 2021, p. 65).

These experiences illustrate the varied reasons GNB clients seek psychotherapy. For some, gender-related stress was the central reason for seeking help, yet gender was not the uniform presenting problem across all studies. For other participants, the ways gender diversity was received by others created a context out of which psychiatric

symptoms emerged. For yet another group, mental health services created a pathway by which to navigate the gatekeeping structures around institutional medical care for gender-affirming procedures.

The quotes presented above suggest that being both trauma-informed and gender-competent enables therapists to recognize when provisions outside a narrower more traditional scope of psychotherapy are warranted. Emotional struggles in the lives of GNB clients are compounded by unnecessary systemic barriers for accessing mental health care, frequently adding further psychological distress and anxiety to their lives. Knowledgeable psychotherapists may be in a position to provide information for navigating systemic barriers; occasional emotional containment outside office hours; and support with decisions, thoughts and feelings related to anticipating and recovering from gender affirming surgery.

Subtheme 1b. "Screening" and The Myth of Choice

The therapeutic alliance between client and therapist is recognized as one of the key mechanisms of change in psychotherapy, and a robust predictor of outcomes across a range of psychotherapeutic approaches (Flückiger et al., 2018; Levy Chajmovic & Tishby, 2025). For this reason, prospective therapy clients are often advised to engage in some level of screening when searching for a therapist who will be a "good fit" for them. Ideally, screening involves meeting for one or two sessions before deciding whether to proceed based on the therapist's experience in the relevant area of care, a sense of the "goodness of fit" between the two, or some potential for the development of a strong therapeutic alliance.

McCullough et al. (2017) found that nearly all participants screened for the therapist's demographic identity, including their gender and sexual orientation. One participant, P21, described being able to select based on expertise: "I chose to start working with my current therapist specifically because he marketed himself as a therapist for trans people, so I came in kind of biased. I also felt more comfortable and assertive about my gender identity, which may not have been the case with previous therapists. I know that I'm a nonbinary, intense, masculine person and have a clear picture of what I need from therapy right now. I am definitely more confident, and that has improved my therapy experience overall" (San3a Gender and psychotherapy experience, P21 in Sandoval, 2021, p. 97).

However, freedom to choose is almost always tempered by structural and systemic factors such as cost, managed care participation, geographic location, therapist availability, specialist expertise, waiting lists, and institutional limitations (e.g., universities, schools). One client, Michelle, chose the geographically closest therapist and reported: "The first time I went to therapy was after my assault, and my mom thought that it might help me, but that guy was really Christian-centered and more of a 'You've got to forgive them for what they did, can you think about why they wanted to do that to you?' It just made me feel really uncomfortable and I stopped going after a couple of times because it wasn't helping" (FerA2c Geographical limitations, Michelle in Ferragamo, 2021, p. 68).

Being able to select a therapist based on confidence in their ability to resolve the presenting issues as well as other issues that arise within therapy is not always possible and can be both exhausting and disheartening. Sandoval (2021, pp. 84–85) described the

emotional toll reported by participants in searching for and screening providers by looking up online profiles, leaving voicemails, and waiting for replies, most of which never came. In one case, 15 therapists were contacted and only four or five responded.

Emile recalled a previously harmful experience with a therapist seen during their "first few years of passing," when they were experiencing "intense anxiety about going to the bathroom." Emile described this therapist as "not really understanding a level of anxiety that goes with it" (Emile in McCullough et al., 2017, p. 428). Over time, Emile developed a method for screening out unsuitable providers: "I go through an interview before I even go to see a counselor. If they're uncomfortable with those [transgender] things or seem to have a lack of insight . . . then it's a waste of their and my time" (McC1b Filtering, Emile in McCullough et al., 2017, p. 428).

For some clients, "screening" happened retrospectively through premature termination. Adolescents and their parents and caregivers in Price et al.'s (2022) study expressed that a therapist lacking expertise or training in TGD health and treatment could become a reason to find therapy unhelpful or to terminate prematurely (p. 236). Andrea stated: "One therapist was the person that I saw [through] state health insurance, and she definitely didn't think my gender stuff was real" (FerA2a Insurance and managed care, Andrea in Ferragamo, 2021, p. 68).

When psychotherapy is urgently needed, carefully choosing a provider is even more improbable. Alex explained: "If it's critical and desperate circumstances, then you just go to the available city services, and they farm you out according to your insurance availability. [...] Usually to community clinics that offer counseling services, and you can go through one or two. [...] Finances always play a huge influence on any individual's

ability to research [therapists who are competent with gender]" (FerA2c Geographical limitations, Alex in Ferragamo, 2021, p. 68).

Navigating these barriers and then awaiting an appointment that proves disappointing can be exceedingly frustrating. One participant commented: "I got frustrated, after the third time, of telling the therapist that I didn't use feminine pronouns. I felt disrespected and not seen. I didn't go back after that…" (San1c Barriers in accessing services, Participant in Sandoval, 2021, p. 85).

Describing the bureaucracy involved in trying to access psychotherapy through a university counseling center, Julie summarized the experience as "really interesting because it's a lot of people's first exposure to services, but also, [it's] people's first experience of being disavowed of services. So, it's very rough to be a nonnormative person" (FerA2 Access to services, Julie in Ferragamo, 2021, p. 68).

For participants such as Juniper, who described juggling work, transportation, and childcare while also navigating a hostile anti-trans legislative environment, the search for a therapist took six months: "Last Spring I couldn't afford childcare and stuff like that. And there were all these anti-trans bills happening in [my state]. And that was the scariest, I think my mental health [had] gotten in a really, really long time. Um, and like I couldn't afford to go see my therapist...Um, and it took me, it took me over six months to find my current therapist" (Gra2 Accessing affordable and consistent counseling services, Juniper in Graham, 2024).

Lindsay would have liked the option to request a nonbinary psychotherapist; however, "the insurance company doesn't have an 'other' box, [so they can't] be like, 'oh

yeah, we can just give you someone who marked ‘other’ as their gender’” (FerA2a Insurance and access to managed care, Lindsay in Ferragamo, 2021, p. 68).

For clients multiply marginalized across dimensions of gender, sexuality, race, ethnicity, and mental health, finding a well-matched therapist becomes simultaneously more important and more difficult. Sometimes, however, a good fit and a productive working alliance emerge serendipitously. Two such examples follow: for participant P27, the first genuinely helpful therapist happened to be the counselor at their high school; and for Jane, a strong match became possible through the expansion of telehealth during the COVID-19 pandemic and the relaxation of restrictions previously applied to distance psychotherapy.

P27 described their positive experience as follows: “I can recall working with a therapist around like 17 or 18, my last year in high school, and having a very positive experience with her. I felt very understood and comfortable and could say whatever I needed to say without fear of being judged or that I was doing something wrong. I felt very connected to her. It was beyond the gender identity” (San3a Gender and psychotherapy experience, P27 in Sandoval, 2021, pp. 98–99).

Jane recalled reluctantly needing to find a therapist closer to home than their current provider, Sasha, who responded: “Yeah, that’s totally fine. Next session, we'll talk about helping you find someone.” Fortunately, “geography stopped meaning anything,” Jane quipped, referring to the expansion of telehealth during the COVID-19 pandemic (SlaC3a Demonstrating safety to facilitate client comfort, Jane in Slayton, 2023, p. 156).

Conclusion.

These accounts, gathered across studies, reveal that for many nonbinary individuals, the notion of trying several therapists before "choosing" the best one is largely a myth. Participants described a variety of financial, logistical, institutional, and interpersonal barriers, which delayed, complicated, and often prevented them from accessing effective care from the kind of trans-competent and culturally responsive provider they had hoped to find. The cost of private therapy is high, and obstacles to managed care are plentiful - both create significant structural impediments.

Theme 2. The Burden of Proof

Onus probandi incumbit ei qui dicit, non ei qui negat

The theme name was derived from the translated legal meaning of the Latin phrase above which is: "the burden of proof lies on the one who declares, not on one who denies" (Shabo, 2025). In the United States legal system, the affirming party is typically the State accusing a person deemed innocent until proven otherwise. Thereafter it is incumbent upon the state to provide evidence of the defendant's guilt. The burden of proof *fallacy* on the other hand, "explicitly shifts the responsibility to prove or disprove a claim onto someone else" (Shabo, 2025). In Theme 2, I am suggesting that gender nonbinary people are too often in a position where they must prove that being nonbinary is a valid gender. This implies that the person's self-knowledge (the truth of their gender), is disputed, cisnormativity is presumed truth, and gender diversity is 'on trial.' In this metaphor, the burden of proof is no longer on the state (institution), but on the gender nonbinary person placed in the position of "defendant."

Theme 2 attempts to capture situations in which nonbinary clients find themselves (in their psychotherapy sessions) feeling compelled to build a case and prove that being gender nonbinary is a valid identity. The quotes illustrating Theme 2 are shown below. They represents the voices of gender nonbinary participants who describe the pain of being discredited and deemed culturally unintelligible (see Butler, 1993, 1999; Ward et al., 2026) and then faced with repeatedly having to prove their existence and validity.

The existential burden.

The following invalidations, questionings, and misunderstandings of participants' nonbinary gender are described and illustrated many times across the studies. Reading and rereading the quotes that follow, evokes the sense of being perpetually on trial, one's existence a claim requiring an ongoing defense.

In the following quote, S (age 24) describes attempting to explore their gender identity and feelings of ambivalence, and how this triggered the therapist's criticism and abruptly shut down the conversation: "I tried to say that I felt this gender ambivalence, I asked her if she had ever heard about non-binary and genderqueer identities, but she immediately reacted and criticized me. She thought I wanted to talk about politics and the current debate about gender identity, a construct she is very critical about. Actually, I just wanted to talk about myself. So, the following time I was much more introverted, a little uncomfortable, right? And she told me that I was regressing in therapy as if I had made progress up to that point . . . When I raise these issues, she often says that this is connected to my problems, in that I am hypersensitive to the subject and very reactive to

the question, that this is my stuff, a negative transference" (Ros2f Manifest aggressions, S. in Rosati et al., 2022, p. 9).

In the next quote, B (age 29) also describes feelings of being dismissed in therapy when attempting to explore their gender identity: B relates: "But emm, since when I started therapy, I was questioning, it happened that I told her, 'You know, in certain moments, I feel like I wanted to be a man', and she answered me, 'But what are you saying, you are not a man!' And since I also went there for some dissociation issue, I felt that my therapist thought my doubt about gender identity was due to a form of dissociation" (Ros2e Gender identity change efforts, B. in Rosati et al, 2022, p. 9).

M (age 31) shared a similar experience of erasure and invalidation, and said of the therapist, "Maybe he didn't have the training to deal with it . . . Perhaps he didn't care, or he really didn't understand. He opposed my gender identity because he invalidated me every time . . . insistently" (Ros2e Gender identity change efforts, M. in Rosati et al., 2022, p. 9).

Greg's experience during a crisis moment was also one of invalidation: Greg shares, "The main crisis therapist person that I had to meet with asked, 'So, what made you decide to be trans? If it's so difficult and painful for you, why don't you just not do it'" (FerD8 Rejection and betrayal, Greg in Ferragamo, 2021, p. 85).

P27 described past experiences of gender identity invalidation across many providers relating the following, ". . . it's been a challenge. In the past I've had psychiatrists and nurses--people who were supposed to be helping me--telling me that I'm trans because of past trauma and because I'm doing it for attention…I've also had a lot of difficulty with name and pronouns. With my name I just say that my chosen name is a

nickname and sometimes it works . . .pronouns, I don't even bother so I have to just deal with it all . . .” (San2b Negative experiences in psychotherapy, P27 in Sandoval, 2021, pp. 91-92).

Derrick’s experience was one of being perceived as broken and in need of repair: “It felt to me, like they were trying to, having used their theories as a jumping off point. They were trying to fix my gender problem. They were trying to fix me back into what they thought it should be” (AN3b Therapist reaction to personal gender, Derrick in Applegarth & Nuttall, 2016 p. 71).

Sometimes the burden of having to prove one’s identity, and the fear of not being able to do so, can feel utterly deflating and sometimes enraging. Adira asked: “What if these people don't accept me? [If they don't], then I'm not trans. Then I can't...” (SlaB7d No litmus tests or ultimatums, Adira in Slayton, 2023, p. 151). Slayton observed that “Adira’s voice cut short. They were seemingly overwhelmed with the possibility of having a core part of themself invalidated, even in memory” (Slayton, 2023, p. 151).

Recalling a first psychiatric visit, Milan describes their outrage: “the first psychiatrist I saw... the outcome of the assessment was that I was a transvestite fetishist! It was pathologizing. That fucking pisses us off… It was condescending. It was judgmental. It was predetermined” (HC2b Unhelpful knowledge of transgender issues, Milan in Halliday & Caltabiano, 2020, p. 167). Sam, while having a current therapist who refrains from defining or labeling Sam’s gender identity, also became very angry when recalling a previous therapist who was not as respectful: “I don't want you to put labels on me and tell me to read a fucking book, like, fuck you.” (SlaD3 Respecting client self-determination - refusal to label the client, even tentatively, Sam in Slayton, 2023, p. 168).

In the next quote, Andrea describes how their cisgender therapist appears incapable of comprehending Andrea's nonbinary gender: Andrea states: ". . . [she] didn't have a concept of transness outside of binary transness and so me being like not pursuing transition – like, she just like could not conceptualize a gender outside of binary gender, so like since I wasn't trying to transition along a binary – towards a binary narrative, she was like, 'what does that even mean? Does that mean anything? Like, I see that you have that feeling but I don't think it affects how you and I interact,'" (FerA3b Lived experience and "the context of your existence," Andrea in Ferragamo, 2021, p. 71).

Similarly, Charlie felt that their therapist also could not conceive of a nonbinary existence: "It just kind of felt like as soon as I said I don't feel like it [was necessary to transition] there was, like, a wall. And he didn't know how to respond to me as someone that wasn't going down that regular path…l felt like I wasn't valid because I didn't feel like transitioning" (HC2b Unhelpful knowledge of TG issues, Charlie in Halliday & Caltabiano, 2020, p. 167).

Conclusion.

The pattern of invalidation, disbelief, and pathologization documented across the quotes in this theme reveal failures by mental health professionals to recognize and affirm nonbinary gender identities. Instead of receiving care, clients repeatedly described the need to defend their own legitimacy and existence; a burden that is clinically unethical.

Theme 3. Epistemic Labor: Educating Therapists is Not Our Job

In addition to bearing the burden of existential proof, nonbinary clients are frequently placed in the position of educating their therapists about transgender and nonbinary terminology, concepts, and lived experience. While some degree of self-introduction and contextualization is expected in any therapeutic relationship, the extent to which intersectionally marginalized clients must perform this labor is qualitatively different. Valuable and often costly therapy time that might otherwise be spent being listened to, known, and understood is instead consumed by the therapist's need for continuing education.

Subtheme 3a. Trans- and gender-competence

The accounts that follow were gathered across the studies and illustrate a picture of clients who feel compelled to educate their mental health providers during sessions.

Alex2 commented on how the education counselors' gender-competence lacks sufficient depth: "The biggest issue I found through most of my counselors, there's just not enough education in depth about LGBT topics … Some of the sessions I went through, I'd spend half the session explaining what a term meant or where it came from" (Wri1a Counsellor knowledge of queer topics impacts clients' counselling experiences, Alex2 in Wrightson, 2019, p. 93).

M (age 26) expressed similar frustration: "I'm in a bit of a crisis because I just left the therapist. After all, she didn't have enough awareness of trans issues. I had to explain too many things, from my personal and intimate issues to social issues, right? Something

that for me are totally connected, and she didn't understand, and therefore I had to explain, and this made me angry" (Ros1b Psychotherapist knowledge of non-Binary Issues, M. in Rosati et al., 2022, p. 8).

Alex1 spoke to the challenge of finding a sufficiently knowledgeable provider: "Basically it's finding a therapist that has a bandwidth of gender clarity versus sexuality, and … assignment sex - sexual gender. It's really challenging, you know?" (FerA3 Seeking a therapist with knowledge, Alex1 in Ferragamo, 2021, p. 71).

The following comment by Theo implied that they were no longer willing to labor as an educator of their therapist: "I'm not so jaded that I'm comfortable educating her, I just want to say, "just go look it up for yourself"' (FerD10 Education burdening, Theo in Ferragamo, 2021, p. 140).

Participants consistently emphasized that therapists must possess baseline knowledge of transgender and nonbinary lives, including terminology, social realities, and clinical implications. Without this knowledge, therapy becomes burdensome to clients. Theo drew a clear distinction between what kind of education is reasonable and what is not: "I recognize that everyone's experience is different, and her education is about my experience. I can't educate her about the field in general . . . And she's pretty good about asking, specifically [about my experience]" (FerC6b Feeling seen and understood, Theo in Ferragamo, 2021, p. 79).

In cases where therapists were experienced as knowledgeable and expert, the client's trust was able to develop. Jane described their therapist, Sasha, this way: He "knows the issue from multiple angles … He really knocked it out of the fucking park . . . I would be a fool to start seeing another therapist now…I have learned that if [Sasha] is

suggesting something, there's probably some distinct merit to it" (SlaC8 Gender? "Don't make a big fucking deal about it" Jane in Slayton, 2023, p. 293).

Thomas captured the hoped-for feeling of realizing that one's therapist understands without requiring long explanatory discussions: "You know when you're talking to people who like know, just because of how they talk, you know? And I feel like... versus like talking to my father" (FerA3 Seeking a therapist with knowledge, Thomas in Ferragamo, 2021, p. 71).

Participants described various strategies for managing this problem in advance of selecting a therapist. Rachel explained: "If I was a new therapy client, or was finding a therapist right now, I would be looking for a therapist who specifically identifies as working with queer folks and non-binary, and gender-queer people…" (FerA3 Seeking a therapist with knowledge, Rachael in Ferragamo, 2021, p. 71).

River2 expressed that it was "important to be with somebody who is trans and who has struggled with the different aspects of that experience" (McC1a MHP demographic identity, River2 in McCullough et al., 2017, p. 427). River2 also expressed: "My counselor used language that made me understand that he understands the culture, LGBTQ culture, and queer culture" (McC2a Therapeutic alignment, River2 in McCullough et al., 2017, p. 428).

Conclusion.

Participants did not expect therapists to possess encyclopedic knowledge of gender diversity; rather, they expected providers to arrive with foundational competence, i.e., sufficient training in transgender and nonbinary lives, terminology, and social

context, which can be applied with flexibility, curiosity, and humility. Clients valued therapists who asked respectful, experience-centered questions, remained genuinely open to learning, and avoided imposing rigid assumptions about gender trajectories. Across the studies, epistemic humility was consistently valued over the performance of rigid expertise.

Subtheme 3b. Intersectionality competence and cultural humility

Systemic inequalities, and cultural norms are woven tightly into the structures of society, conferring certain groups with unearned advantages, such as wealth, gender, race, and ability. These types of advantages tend to produce greater socioeconomic status and education opportunities that are less available to people whose identities have been marginalized because of race, citizenship, education level, gender, sexual orientation, and physical or mental ability. Intersectionality theory (Crenshaw, 1989) recognizes that multiple layers of oppression and privilege are simultaneously experienced with cumulative effects. A gender nonbinary person of color, for example, will likely experience discrimination differently than a White queer woman who has a disability, or a heterosexual woman of color who is undocumented. Intersecting identities aggregate and affect how we navigate our daily lives, our families, finances, and jobs, and how we manage stress, and deal with interpersonal, emotional, and behavioral challenges we encounter (Crenshaw, 1989; Hays, 2022; Moradi & Grzanka, 2017).

To better understand the essence of what contributes to competent and sensitive care, three researchers (Ferragamo, 2021; Jumarali, 2022; Slayton, 2023) from the study sample purposefully recruited participants whose therapy was reportedly going well for

them. The participants in those three primary studies were engaged in meaningful psychotherapy and articulated the differences they experienced between current and past therapists, often identifying ways in which past therapists were unhelpful or even harmful. It is a credit to their perseverance that those whose therapy experiences ended poorly were willing to try again in subsequent therapy. These participants reported very intentionally searching for a mental health provider with expertise in terms of trans- and intersectionality-competent psychotherapy, or who matched with the client in terms of one or more identities (usually related to identifying as queer or sharing a similarity in race, ethnicity, or some other important lived experience, such being an immigrant).

Jumarali (2022) interviewed LGBTQ people of color (POC) who were in matched therapy (i.e., with LGBTQ POC therapists). She found that the matched clients expected increased identity- and oppression-related competence from therapists who shared aspects of their lived experiences. This was understood to include experiential knowledge (i.e., not taught academically) as well as political awareness of power dynamics and intersectionality. The hoped-for result was to be released from the work of educating therapists on basic identity concepts.

Nina, a nonbinary person of color, reasoned: “I don't want to spend my time explaining things or educating my therapist. I mentioned being in social justice work; I spend a lot of time explaining a lot of things to people. I do not want to have to do that during therapy. So, I guess I made the assumption that we would have like more shared language, which would then also mean less explaining. No one’s perfect, so it’s not that I thought there would be no explaining, but yeah, less explaining” (Jum1a Clients expected

that shared lived experiences would translate into matched therapists having increased identity- and oppression-related competence, Nina in Jumarali, 2022, pp. 34–35).

Lanh expressed how essential it was to find a therapist who did not view political queerness through a Western colonial lens: “I think the reason why it was really important for me to find someone who at least understood what politically queer means … [is that] there’s just no way that I can think about queerness through a Western lens, and there’s also no way that I can think about queerness without thinking about what Black indigenous and people of color around the world fought for in terms of the politic of decolonizing what queerness is. And so, I knew that it was important for me to find a therapist who at least understood that and held that in their practice” (Jum1a Clients expected that shared lived experiences would translate into matched therapists having increased identity- and oppression-related competence, Lanh in Jumarali, 2022, p. 36).

Sandoval’s (2021) study also matched participants in terms of their identities. P6 expressed relief at not having to justify their experiences: “I feel like it’s a lot easier for me to talk about my experiences with racism and stuff because I feel she'll get it. And I don't feel like I have to explain myself or be questioned about the validity of my experience” (San3b Racial Identity and Psychotherapy Experience, P6 in Sandoval, 2021, p. 102).

P13 described withholding important aspects of their experience due to fear of misunderstanding: “The times I visited Japan when I was younger made me realize that femininity was perceived very differently there . . . now that I am living here in the UK . . . it makes me want to discuss it as it impacts my gender and mental health. But I don't do

it simply because I don't want to be disappointed" (San3. Intersectionality of Gender and Racial Identities in Psychotherapy, P13 in Sandoval, 2021, p. 96,).

Shared identity and the strengthening of trust.

Ying describes a moment in therapy when a therapist's reflection upon their own experience of dysphoria proved unexpectedly helpful: "There was one particular session I had with my therapist, I can't remember what they were asking me anymore, but it was like verging on dysphoria. And I was really unwilling to talk. I think they weren't sure what to do. They asked me what they could do to help. So, I asked them about their experience with dysphoria and they talked about it. And that helped me open up" (Jum2 Matching strengthened the therapeutic relationship by facilitating clients' feelings of trust and safety, Ying in Jumarali, 2022, p. 39).

Ray described how having a shared identity with the therapist lent credibility to the things said by the therapist: "I think [shared identities] helps me definitely have more trust in the things he says. … I think it would be really hard for me to trust what he has to say about the queer community or about cultural differences – racial, cultural differences. If I know that he's saying them out of like a book he read or out of a thing rather than like a personal experience he's had. I mean even just talking about things like what does it feel like to walk out on the streets as a queer person with your partner and knowing that he has that. He's going to have that personal understanding … because he's had that experience. … I trust what advice or what thoughts he may have for me more than I would have if someone wasn't queer. And it's like, well, where is your advice coming from now? Like, are you just saying this because you've heard about it from other clients,

from friends, you read it out of a book? Or is this an experience you genuinely had and therefore can actually connect with me?" (Jum2 Matching strengthened the therapeutic relationship by facilitating clients' feelings of trust and safety, Ray in Jumarali, 2022, p. 39-40).

Raúl described how a shared understanding enabled deeper and more focused therapeutic work: "I think it can somewhat expedite the process, but I think it also allows you to be more detailed with your goals and [allows] even more openness and willingness to be flexible with goals. I'm more flexible in adjusting my goals. My goals are very broad, but now I feel like I can be very narrowed. I can be very specific of what I want to work on, and I can easily identify what I want to work on because we share this understanding of certain contexts and concepts about my racialized and queer identity" (Jum3 Matching enhanced the therapy process by facilitating efficient and deep engagement in therapy, Raúl in Jumarali, 2022, p. 44-45).

Conclusion.

The epistemic labor expected from nonbinary clients can turn a much-needed space of healing and understanding into a burdensome teaching exercise. Not only do ignorance and lack of training need to be navigated, but clients with intersecting marginalized identities must also confront and navigate overlapping systems of oppression that include cisnormativity, racism, and colonialism. These systems compound both the need for competent care and the difficulty of accessing it. Where therapists brought shared lived experience, political awareness, and genuine intersectional understanding to the work, clients were able to engage more deeply, trust

more readily, and focus therapeutic energy on their own growth rather than their provider's education.

Theme 4. Hope and Dread: Moments that Matter

> There is no universal nonbinary experience
>
> (Wang et al., 2025, p. 2).

Clients seek mental health care with hopes and expectations appearing to converge not around finding a specific therapeutic technique or modality, but rather on the person of the therapist, their capacity to truly see the client and respond to their needs. As a therapist in practice, I am aware that the need for support and understanding often coexists, upon entering therapy, with apprehension and ambivalent feelings rooted in prior relational experiences: misunderstanding and rejection in families of origin and previous therapy experiences.

This theme captures that ambivalence as participants sought, accessed, and attempted to engage in therapeutic relationships with therapists who, some of whom at times, failed to understand the relational origins of the client's guardedness.

Subtheme 4a. Microaggressions

Microaggressions (Pierce, 1970), are "brief and routine insults, whether intentional or unintentional, that convey denigrating messages toward members of devalued groups" (Doyle, 2022, p. 373). In essence, microaggressions are "derogatory slights or insults directed at a target person or persons who are members of an oppressed group" (Torino et al., 2018, p. 3). In contrast to macroaggressions (hate crimes),

microaggressions keep discrimination and bias covert and difficult to substantiate (Ellemers & Barreto, 2015), therefore more commonplace and dismissible as ambiguous (Pierce et al., 1978) or innocuous (Sue, 2010). Microaggressions are filtered through various social locations, and are intersectional in form and impact (Crenshaw, 1989; Kattari et al., 2020a, 2020b).

The following participant quotes across the studies illustrate and speak to the effect that microaggressions in various forms have on the capacity for vulnerability in psychotherapy. Some quotes are drawn directly from microaggression-coded themes in the original studies, while others appear under different themes, and convey similarly denigrating messages and effects.

Gender identity change efforts.

S (age 24) described "I went to this psychologist that received people who needed support in the university chapel. She told me she also "helped" homosexual guys who wanted to change their sexual orientation. And then, when I went there at times, she said to me that I did not respect the normal development, that identification occurs typically with the parent of one's sex, and therefore I apparently was deviant" (Ros2e Gender identity change efforts, S. in Rosati et al., 2022, p 9).

N (age 30) found their therapist unwilling to join N in exploring their gender dysphoria and the relationship between their sexual orientation and gender identity. Instead, the therapist redirects the conversation entirely instead of following the client's lead: "It's weird because at the beginning, I remember that when [. . .] I referred to gender dysphoria, as well as to my relationship with my sexual orientation, or gender

identity, and my relationship with my sexual orientation, or gender identity, it was a bit like if she did . . . not properly ignoring it, but she didn't say like "Ah okay, fine, let's talk about this." She instead said something like, "ah let's talk about your family" (Ros2g Microaggressions, N. in Rosati et al., 2022, p. 10).

F's (age 33) therapist was described as regarding gender fluidity as a "trend" or as the absence of a gender, which felt minimizing to F. The quote illustrates how deflating these kinds of comments can feel with the client eventually getting to a point where there are no internal resources left to explain or correct the therapist.

F (33) explains to the interviewer: "The problem is that people think that [gender] fluidity is an absence of definition or that it depends on a trend of the moment. And this thing, of course, when it is said by your therapist—even in a good way, talking about many other things—is sad, and you don't always have the strength to say, "No, man, that's not how it works" (Ros2g Microaggressions, F. in Rosati et al., 2022, p. 10).

L (age 25) described their frustration at being asked to select a binary gender "in the meantime" on an intake form: "During the first session, she asked me to fill out a personal data sheet where there were only two options for gender, male or female, and then I said 'Eh sorry, I am neither of them' and she said to me 'Oh yes they are a bit outdated,' and then I said 'Well, change them' and she told me 'Ok, but in the meantime put one at random and then we'll sign a note" (Ros2g Microaggressions, L. in Rosati et al., 2022, p. 9).

River similarly noted the absence of inclusive options across every clinical setting they encountered: "That first place had a form that you filled out on the way in, and it only had male and female. Actually… all of the other clinics I went to only had male or

female options" (HC1b Unhelpful use of language, River in Halliday & Caltabiano, 2020, p. 163).

B (age 22) described the ongoing harm of a therapist's repeated failure to use correct pronouns: "I don't like that every time that my therapist uses feminine pronouns, it creates ridiculous or embarrassing situations. It seems that she just can't use it, like if it was an effort or if she was reluctant" (Ros2g Microaggressions, B. in Rosati et al., 2022, p. 10).

T (age 35) described their therapist's non-response upon being told of T's gender identity which the therapist received as though it were entirely unremarkable and requiring no further curiosity: "As if nothing happened. I think that for her, it is a normal thing that does not require to be investigated as if I told her my date of birth. She doesn't care. There has not been a change, like 'let's talk more about this'" (Ros2g Microaggressions, T. in Rosati et al., 2022, pp. 9-10).

The quotes below were not specifically labeled as microaggressions in their original study themes; however, they reflect the defining features of microaggressions (i.e., brief, often ambiguous acts that convey denigrating messages), with similar results. The forms of microaggression represented included: using or enforcing dead names, misgendering by assumption, etiological assumptions about gender identity, unsolicited labeling, belittling gender identity, repeated misgendering, and therapist's emotional withdrawal.

Enforcing dead name use.

P8 was hospitalized for seven days to address eating disorder behaviors and described the experience: “I had eating disorder behaviors for many years, but I have never really been able to get a provider to take it seriously. I was the only trans person in the group that I had to attend which was awful. I was forced to use my dead name and the person running the group did not make any effort to find out why… it was bad” (San2b Negative experiences in psychotherapy, P8 in Sandoval, 2021, p. 92).

Misgendering.

P20 described a misgendering experience with a former therapist that was particularly destabilizing: “One of the things that were difficult was that she would talk to me and would say things, oh, you would understand this from woman to woman... And that for me was really disturbing because that’s not how I think of myself as, nor is it how I identify” (San2b Negative experiences in psychotherapy, P20 in Sandoval, 2021, p.93).

One participant, following a first session with a new therapist, said: “I got frustrated, after the third time, of telling the therapist that I didn't use feminine pronouns. I felt disrespected and not seen. I didn't go back after that …” (San1c Barriers in accessing services, Participant in Sandoval, 2021, p.85).

Unsolicited labeling.

River described being rendered speechless by an unexpected and jarring question mid-session: “I went to another clinic that was probably the worst… in one session she stopped the conversation and said, ‘wait, wait, wait… are you a HOMOSEXUAL?’

[River laughs] And I was like… shocked by it. I was like… wow I can't get very deep with you… how do I even fucking answer that question" (HC1b Unhelpful use of language, River in Halliday & Caltabiano, 2020, p. 163-164).

Belittling gender identity.

When Adira's previous therapist labeled their identity a "presentation," their exploratory process regarding nonbinary identity was effectively foreclosed (Slayton, 2023, p. 150). Reflecting on the experience, Adira said: "We definitely need to educate our therapists more" (SlaB7b Respect clients' right to self-define, Adira in Slayton, 2023, p. 150).

Levi described a school counselor who treated them with condescension as though they "were stupid." Levi was left feeling embarrassed and concluded that their concerns could not be adequately addressed in that space. As a result, Levi was unable to make use of the counseling (Mac2a The therapeutic alliance, Levi in Mackie et al., 2023, p.343).

M (age 26) described overt criticism of their chosen name: "Towards the end of the first session, she says, 'Yes but now I have to ask you this thing about the name because I can't get over it.' And she started saying that my name didn't make sense and that it didn't exist, that I should have changed it" (Ros2f. Manifest aggressions, M. in Rosati et al., 2022, p. 9).

Emotional withdrawal by therapist.

For Lindsey, coming out to their therapist was followed by a marked relational shift, a withdrawal from the therapist that I imagine might have felt especially harmful precisely because it came in direct response to Lindsey's disclosure: "[After I came out] he was very standoffish, and was more formal, and seemed to care less about what I said" (FerD8 Rejection and betrayal, Lindsey in Ferragamo, 2021, 85)

Conclusion.

As the experiences described by participants in this section suggest, the effects of microaggressions are painful and cumulative. They intensify minority stress, and further disillusion nonbinary individuals from obtaining physical and mental health care (Meyer, 2013; Nadal, 2013). Within counseling settings specifically microaggressions activate hypervigilance making the establishment of a robust and working therapeutic alliance harder to achieve (Budge, Adelson, & Howard, 2013; Hughto, Reisner, & Pachankis, 2015).

Subtheme 4b. Microaffirmations

Microaffirmations take the form of small and subtle acts and signs that may be linguistic, behavioral, or structural. In mental health care settings, examples include the consistent use of correct names and pronouns, the provision of gender-inclusive intake forms and restroom signs, and other visible markers that clearly communicate a space as inclusive, safe, and welcoming. The routine use of pronouns in email signatures is

another example that signals validation and inclusion suggestive of acceptance, safety and belonging. The quotes below are illustrative of microaffirmations. Some were labeled as such by the primary authors, and others were labeled differently. In those cases, I provide an explanation for why I chose them to exemplify microaffirmations.

D (age 28) shared that being asked about their pronouns is an affirming experience: “She is supportive; she immediately asked me about pronouns and used them as the most natural thing” (Ros2c Microaffirmations, D. in Rosati et al., 2022, p. 9).

P (age 23) described a similar experience: “At one point, she asked me, ‘Ok, so what pronouns do you want me to use?’ To me, this thing was like . . . like I thought ‘Ah wow, you know I’m wondering about this thing?’ And I said, ‘Masculine pronoun,’ and then she asked me about my name. And from that moment, she used my correct name and pronoun” (Ros2c Microaffirmations, P in Rosati et al., 2022, p. 9).

O (age 33) described an affirming response made by their therapist that was concrete and very meaningful to them: “I shared with my therapist about the struggle in using public restrooms, and then when I came back the following time, I saw that there were ‘gender-free toilet’ signals attached to the toilet door of the office. And I also discovered that she had a meeting with other colleagues to discuss it and put it in the other studios” (Ros2c Microaffirmations (in The Therapist’s Practice), O. in Rosati et al., 2022, p. 9).

While not labeled as microaffirmations in the original studies, the interactions that follow are described by the participants as affirming actions and statements. For Levi, this made it possible to move through the school day with less gender dysphoria after the introduction of a gender-neutral uniform in the all-girls school. Levi was allowed to

“wear [their] binder and feel [themselves]” within the school environment and described this accommodation as a significant source of comfort and safety (Mac4a. Safety, Levi in Mackie et al., 2023, p.344). Other participants described more safety, allowing more vulnerability in their therapy relationships.

Adira, a participant in Slayton’s (2023) case study research, was in treatment with a queer therapist at the time of the interviews. Adira initially worried about whether they would be seen as “queer enough” or “woke enough” to be accepted and reflected: “…it took me probably a couple months to build up trust with them. That’s the biggest thing.” Adira also noted that the therapist’s lightheartedness was instrumental in establishing that trust, creating enough safety for Adira to feel free to “say whatever I want to say or talk about what I want to talk about” (SlaB1g The importance of time in building client–therapist trust, Adira in Slayton, 2023, p. 144).

For Rachael, what was helpful was their therapist’s ability to create or hold a “space” for them: “I think it has been helpful in that she was immediately ready to draw me out and make more space for us to talk about it. I think asking more directly and kind of diving in more directly into talking about gender would have been even more helpful” (FerB5 Interpersonal space, Rachael in Ferragamo, 2021, p. 75).

Riley described appreciating their therapist’s deliberate and careful caution and care around the gendering of Riley’s historical narrative: “I think he was cautious around pronouns even in me referring to my history and stuff like that. He would pull into third person to kind of take me through a situation I was describing. He would do that quite deliberately and carefully so as not to gender it" (HC1a Helpful use of language, Riley in Halliday & Caltabiano, 2020, p. 162).

Conclusion.

The cumulative weight of microaffirmations and microaggressions over the lifespan of a therapeutic relationship has meaningful impact on therapeutic alliance. Clients should never be placed in the position of concealing or performing their gender in ways that prioritize therapist comfort over client authenticity. The evidence gathered here underscores the power that even small, consistent acts of affirmation can meaningfully have on the client and the therapeutic relationship.

Larger structural inequities faced by nonbinary clients are not the only issues requiring attention. What also makes a difference to clients are those therapists willing and able to consistently signal from moment to moment that their therapeutic space is safe, and the nonbinary person is genuinely welcome there.

Theme 5. Rupture and Repair

Empirical research asserts the alliance between patient and therapist as the central mechanism of change, independent of theoretical orientation. What creates the conditions for change is dependent upon the strength of each therapy dyad's therapeutic alliance, which in turn relies upon the success of the rupture-and-repair process (Zilcha-Mano & Muran, 2024).

Ruptures are the markers of the 'messiness' in a patient–therapist relationship or alliance. They are described in the literature by an array of terms: "breaches, breakdowns, challenges, derailments, deteriorations, dissociations, disturbances, disruptions, dysfluencies, failures, impasses, misalliances, misattunements, miscoordinations,

misunderstandings, negations, pulls, resistances, splits, strains and threats to weakenings (Eubanks et al., 2023)."

Ruptures are also associated with analogous therapeutic concepts like enactments, projective identification, and transference-countertransference. They are understood as co-constructed by both therapist and patient, with the implication that rupture repair is also co-constructed (Eubanks et al., 2023).

In this section, the stories and descriptions of ruptures shared by participants in the primary studies are presented. Some describe ruptures that were never repaired, while others illustrate therapist-initiated ruptures and repairs occurring in the same or subsequent session. The quotes are drawn from their original study themes explicitly labeled as ruptures or repairs in the original studies, as well as from themes whose content is descriptive of rupture in form or effect including: "Vulnerability without safety" (FerC6ai), "Rejection and betrayal" (FerD8), "Problematic reenactment and retraumatization" (FerD9), "Inappropriate self-disclosure and boundary degradation" (FerD9a), "Terminating after the initial consult" (FerD11), "Unhelpful use of language" (HC1b), "Unhelpful knowledge of trans issues" (HC2b), "Reinforcement of the gender binary" (Mac4c), "Transnegative approach" (McC3), "Therapist's lack of gender affirmation" (Pri2), "Gender identity change efforts" (Ros2e), "Manifest aggressions" (Ros2f), and "Microaggressions" (Ros2g).

Ruptures unrepaired.

In Rosati et al.'s (2022) study, Participant A (age 31) describes a change in the therapy alliance noticed soon after they came out to their therapist: "I felt hostile with her

at times, even a little angry [. . .] After my coming out, I was very suffering, and it seemed to me that she didn't deepen certain things so, after a while, it seemed to me that there was no longer a space for dialogue and so, at a certain point, I decided to stop" (Ros3b Rupture of the therapeutic alliance, concealment and dropout, A. in Rosati et al., 2022, p. 11).

Without direct knowledge of A or their therapist, I became aware of a kind of sadness felt upon reading A's words. I wonder if A's description of the loss of the "space for dialogue" is analogous to Benjamin's (2007) "space of thirdness" (p.3) that is necessary for repair. Following coming out to the therapist, A describes "feeling a lot of suffering" and noticed how the therapist failed to encourage A or allow things to deepen or help to repair the rupture. Understandably, A chose to leave the therapy.

B (age 22) had been in therapy for two years with little evidence to indicate that a sustained and meaningful connection with the therapist was at all possible: "I had the feeling that for her non-binary identities were linked to themes such as indecision and confusion. Sometimes, I wasn't taken seriously.

It was hard. I had intrusive thoughts about therapy. I mean, after two years, I should feel comfortable in front of you" (Ros3b Rupture of the therapeutic alliance, concealment and dropout, B. in Rosati et al., 2022, p. 10)

In the next quote, S (age 24) describes feeling shut down after a therapist's transphobic reaction and then being pathologized for withdrawing: "I tried to say that I felt this gender ambivalence, I asked her if she had ever heard about non-binary and genderqueer identities, but she immediately reacted and criticized me. She thought I wanted to talk about politics and the current debate about gender identity, a construct she

is very critical about. Actually, I just wanted to talk about myself. So, the following time I was much more introverted, a little uncomfortable, right? And she told me that I was regressing in therapy as if I had made progress up to that point, and then sharing this experience was, in her opinion, a sign of regression. When I raise these issues, she often says that this is connected to my problems, in that I am hypersensitive to the subject and very reactive to the question, that this is my stuff, a negative transference" (Ros2f Manifest aggressions, S. in Rosati et al., 2022, p. 9).

The loss of safety that followed was total for S. who later described: "No, I don't feel comfortable talking about my intimate life. Because I'm afraid, she can't understand or that she can be judgmental. Because she often makes nasty comments. No, I don't feel comfortable sharing certain things" (Ros3b Rupture of the therapeutic alliance, concealment and dropout, S. in Rosati et al., 2022, p. 10).

Without evidence that the therapist recognized her comments as harmful, or that the withdrawal of her client was the response to a rupture in need of repair, S eventually left treatment. The arc of Rosati et al.'s (2022) second-order theme names for the two quotes illustrates the movement from aggression to alliance rupture that is missed or misread by therapist, to concealment, and finally to dropout (p. 10).

Ruptures repaired.

The successful repair of a rupture entails a discussion and negotiation of individual differences in communication, intent and meaning that can involve the recognition of respective subjectivities and lead to new feelings of connection and

understanding of self (Muran, 2007; Muran & Eubanks, 2020). The next set of quotes illustrate clients' experience of having a rupture repaired within the therapy relationship.

B (30 years) described a therapist who initially struggled with their name, and whose eventual acknowledgment of that struggle became its own form of repair: "Often my therapist, at first, was wrong to say my name. Also, because it is a strange name, let's say. And I didn't say anything because I didn't want to appear exaggerated. Then he realized and said: "This is an important thing that deserves attention!" (Ros3c Repairing alliance rupture, B. in Rosati et al., 2022, p. 6).

Reading this, I find myself wondering if B had grown so accustomed to people mispronouncing their name that they had stopped registering its internal cost to them, for fear of appearing difficult, exaggerated. The therapist's recognition that correct naming is not a small thing, and that B was deserving of that care, may have been quietly significant.

What follows is another example of a rupture that seemed to have been promptly repaired. R (30 years) related the following about their therapist: "Once she said something that it was better if she didn't say. Since I was wondering about the possibility of going to XXX [gender-affirming clinic's name], and she told me, 'I don't recommend it because you look too feminine.' Then she apologized, and she explained that she did it to protect me as she knew the type of narrative they require in that clinic. She was afraid that they would tell me things that would hurt me" (Ros3c Repairing alliance rupture, R. in Rosati et al., 2022, p. 11).

P8 in Sandoval's (2021) study described a long and mostly neutral history with therapy that shifted when P8 began working with a therapist who apologized to P8 for

something that was said in a previous session: P8 described: ". . . there was maybe one or two times when my therapist at the time said something that was maybe a little off and I'd notice but would not say anything; and maybe at the next session she'd say she had noticed a shift and offered me an apology. I really welcomed that and always felt like that was genuine. And I also appreciate that she's reflecting and trying to be accountable, I guess, if she, like, messes something up…" (San2a Positive experiences in psychotherapy, P8 in Sandoval, 2021, p.89).

Conclusion.

Research on rupture and repair in the therapeutic relationship suggests that therapist-initiated recognition and acknowledgement of rupture is more meaningful for clients than when they themselves must raise the topic. In addition, acknowledging the nature of the rupture (e.g., clinical error, therapist gender identity bias, or something else) and then offering a genuine apology are important components of the repair sequence (Rosati et al., 2022). Noticing subtle shifts in a client, identifying the client's experience of it, and creating a space safe enough to explore its meaning with the client takes experience, skill, and a level of humility that is not always be accessible to therapists in the moment. Therapist may be managing their own triggered or difficult internal experiences which is part of the work. This is likely one of the reasons that so many ruptures go unaddressed, accumulate, and eventually result in the client leaving therapy without ever articulating why. It is therefore important for therapists to revisit a rupture in the following sessions, having taken the time to understand and reflect on how it occurred and what prevented a repair within the same session. While a client may appear unaware

of what led to the rupture or later to have forgotten it, what it more likely is that the rupture elicited something within both client and therapist that neither wishes to bring to the surface. However, when repair does take place successfully, safety and trust can be restored and even deepened, and the alliance not only restored, but further strengthened.

Theme 6. Relational Recognition

> Let the person be who they are and provide a space to explore that (Adira)

Recognition theory (Benjamin, 2013), introduced in Chapter 2, examines how humans know and are known by each other. Being known is a human need, fundamental to one's experience of selfhood, which is related to the way humans sense our existence in the mind of another (Benjamin, 2013, p. 10). Hegel (1807, 2025) demonstrated the human need for recognition through dialogical, intersubjective logic: recognition as he understood it, is not something internally generated within a single person, but is a mutual undertaking between two people. As an organizing idea, recognition has two positions. From a psychic position, I experience your mind as like my own because of how I perceive your agency and intention. From an active position, I can feel recognition as a mutual responsiveness within an interaction; a confirmation that both of us (two subjects) are seen by each other (Benjamin 2013, p. 4).

In the previous theme, I presented experiences of rupture and repair, noting that ruptures often occur because of a failure of therapy to provide clients with an experience of being truly seen and accepted for who they are. The state of mutual recognition is both a developmental achievement of childhood (Daniel Stern, 1985) and an intersubjective state (Benjamin, 1990b; Daniel Stern, 1985). For the self to fully experience its

subjectivity, it must recognize the other as another subject (Benjamin, 1990a, p. 186). Intersubjectivity states that I cannot be fully me until I recognize (see) you as fully you. Recognition thus describes "a relationship of mutual recognition—a relation in which each person experiences the other as a 'like subject,' another mind that can be 'felt with' yet has a distinct, separate center of feeling and perception" (Benjamin, 2004, p. 5).

Winnicott's (1971a) theory of object use is a foundational pillar of Benjamin's (1990, 2024b) intersubjective conceptualization of recognition (Benjamin, 2024b). In the Winnicottian developmental process of negation and survival (Winnicott, 1971a), the parent must 'survive' the child's omnipotent fantasy of destructiveness. A parent able to do so without retaliating, capitulating or withdrawing from the child thereby steps out of the child's fantasy of omnipotence, and into a shared reality as an independent subject with the child. Within the intersubjective framework, remaining as object is to forfeit recognition in the Benjaminian sense of being seen, known, or felt as a "like-subject" (Benjamin, 1990b).

The following quotes from participants across the study were chosen to illustrate how some clients described the sense of being seen and recognized as it was felt in psychotherapy.

Positive experiences of Recognition.

Despite a history of past negative therapeutic experiences, P27 described a positive experience of being seen by the most recent therapist they worked with: "My last therapist was very knowledgeable about the issues I'd been struggling with. She was very, very good at seeing me through and beyond my mask. And like really like asking

the hard questions about my depression and my other issues" (San2a Positive experiences in psychotherapy, P27 in Sandoval, 2021, p. 88).

P13 reported feeling fortunate to have worked with a therapist at their university who was very affirming and supportive of them as they worked through, explored and processed issues of gender. They said: "I felt very lucky in working with that therapist at my university. She recommended books and that was perfect for me. Books provided me information and made my therapy experience more interesting as I would go back the next session and asked for their insight, or we just discussed how it applied to me…it was great. I really appreciated her for it" (San2a Positive experiences in psychotherapy, P13 in Sandoval, 2021, p. 88).

P13 also described how affirming it was when their therapist suggested feeling pressured to choose between a cis or nonbinary identity. The therapist said: "…maybe, it could be that one day you'll be feeling nonbinary and the next day you might not feel that way and it can be fluid and that can be a part of our reality and that it's complicated. And you don't have to pigeonhole yourself into one category…" (San3a Gender and psychotherapy experience, P13 in Sandoval, 2021, pp. 97-98).

One participant, who entered therapy seeking support for depression and PTSD, described a transformative experience of recognition that reoriented their sense of self: "…I went in as a depressed woman as a result of childhood sexual abuse and I came out as a nonbinary person after acquiring the language to name the discomfort I had felt for years" (Sandoval, 2021, p. 82, Participant in San1b, Reasons for seeking psychotherapy).

Sam's therapist, Heather, offered a form of recognition centered not on gender identity specifically but on the validity of Sam's inner world more broadly. Heather's

reassurances focused on “the realness of [Sam’s] inner world and recognizing their efforts and accomplishments” — a form of being seen that affirmed Sam’s way of being in the world as genuine and worthy of notice (Slayton, 2023, p. 166).

In this next example Charlie found that despite having had no previous experience with gender-nonbinary clients, their counselor was able to help Charlie establish rapport and trust and feel respected and heard in their sessions. The counselor’s neutral use of gender pronouns was especially helpful to Charlie’s own sense of gender. Charlie said: “He just kept it neutral. I am so fluid, it’s like … it wouldn’t help if he tried to set something in stone anyway about who I am and how to refer to me because I would come in the next day and I would probably be different again.” Additionally, the counsellor avoided making potentially damaging heteronormative assumptions about the gender of Charlie’s partners by using gender neutral words like “partner” rather than “boyfriend” or “girlfriend.” (HC1a Helpful use of language, Charlie in Halliday and Caltabiano, 2020, p.165-166).

Earlier in the chapter, identity matching was highlighted as a meaningful dimension in Jumarali’s study. Sandoval (2021) similarly observed that when participants described helpful experiences in therapy, they were often related to the experience of being able to relate to the provider in some intrinsic way – often related to a sharing of identity with the therapist. P17’s therapist disclosed she came from an immigrant household, and P17 described the significance of that: “The one thing I really like about my current therapist is that on some level, I feel she can relate personally because she’s an immigrant herself. This really helps. It saves me time and energy. I don’t have to explain to her why I’m having the clash with my parents who came here to the U.S. in

their thirties and who don't understand why I have to be in therapy. My therapist helped me understand they've been exposed to a different kind of communication style or like coping behaviors. I found that really helpful" (San2a Positive experiences in psychotherapy, P17 in Sandoval, 2021, p. 86-87).

Ray commented on the way a shared identity with their therapist translated into Ray having more trust in what the therapist said: "… I mean even just talking about things like what does it feel like to walk out on the streets as a queer person with your partner and knowing that he has that. He's going to have that personal understanding … because he's had that experience. … I trust what advice or what thoughts he may have for me more than I would have if someone wasn't queer…" (Jum2 Matching strengthened the therapeutic relationship by facilitating clients' feelings of trust and safety, Ray in Jumarali, 2022, p. 39-40).

P6, a participant who is Black, described being in therapy with a therapist who was also Black: "I really feel seen by her. She saw me in a way that made me feel less of a chapter in a book that they had read about. And more just like a whole person, there in the moment. This was very helpful to me. It helped me with the issues of shame that I struggle with because I am Queer and Black and nonbinary" (San2a Positive experiences in psychotherapy; P6 in Sandoval, 2021, pp 87-88).

Mirroring vs. recognition.

The quotes that follow illustrate a distinction introduced in Kohut's (1971, 1977, 1984) theory of mirroring. He theorized that the experience of being seen by another follows a developmental arc: in its archaic form being mirrored by another (e.g., the

baby's experience of its mother's gaze) provides an experience of being the adored and admired object of another's attention. As the child matures, the experience of being mirrored develops from archaic form into something more differentiated. Mature mirroring resembles recognition in Benjamin's sense, i.e., the mirrored person with a mature mirroring capacity can feel both valued and recognized, not as an idealized projection of the other, but as who they know themselves to be (Hagman et al., 2019).

Andrea describes an experience in their therapy in which the mirroring experience seemed excessive: "I think something that was very notable in that therapy experience is that my therapist really, really liked me. Like, she was like in her 70's, and she like – it was really clear that she thought I was like extremely emotionally intelligent and articulate in a way that I found simultaneously affirming and also like it feels weird when your therapist thinks you're like a really good patient" (FerD9a Inappropriate self-disclosure (subtle and overt) and boundary degradation, Andrea in Ferragamo, 2021, p. 86). Andrea's account of their therapist's affirmations suggests that Andrea felt both affirming and dissonant. Perhaps closer to an archaic form of mirroring in which one is being admired (perhaps idealized) by the other, but there is a mismatch in some way because the mirroring does not seem to capture or reflect exactly who one feels oneself to be.

In another quote, Andrea says: "Her openness to learning from me as a patient was really significant … and feeling like I had the space to develop those ideas in accordance with somebody else was helpful." (FerC6a Vulnerability, Andrea in Ferragamo, 2021, p. 79).

Without access to the full transcript, it is not possible to know the order of the quotes or what else was said, however, the themes under which Ferragamo placed each quote suggests that some of the mirroring by the therapist felt inappropriate or intrusive to Andrea, and yet some of it was responsive enough to allow Andrea to feel vulnerable. What is implied by Andrea, is that the therapist was "significantly" open to learning from Andrea. This is an interesting distinction, which I revisit in chapter 5.

In the next quote, a failure of recognition and mirroring is described in which Gus did not feel seen in any. The theme name suggests that this experience felt more like a Benjamin's space of complementarity, foreclosing any third sense of spaciousness. "[The therapist I saw only twice] saw what he wanted to see and was approaching a person that wasn't in existence. It's like, that's not very helpful" (FerB5bii Lack of space, Gus in Ferragamo, 2021, p. 75).

In the next quote by Jacke, Internal Family Systems (IFS) therapy seemed to offer a structural form of recognition. IFS was "the right modality for me in the sense that it makes tons of sense that like anxiety is caused by not letting parts of myself be present or speak up. Or feel validated. And so, kind of giving them names or thinking of them as creatures, and sort of seeing them next to me on the couch was just super helpful to me. It worked really well, and is something I can take with me, too. It doesn't require an 'expert'" (FerC6b Feeling seen and understood, Jacke in Ferragamo, 2021, p. 79).

Greg described a group therapist whose capacity to hold the individuality of each group member - knowing who needed to be pushed and who needed to be protected was itself a form of recognition: "This [group] therapist just did a really good job of trying to take care of all of our needs in the group at the same time. […] She would know certain

people get really uncomfortable when we talk about this subject, or this person doesn't want to say this thing about themself, but should be pushed to say it, and this person doesn't want to talk about this thing and should not be pushed to say it, and that kind of thing" (FerC6b. Feeling seen and understood, Greg in Ferragamo, 2021, p. 79).

Summary.

The six third-order themes which constitute the findings of this study suggest that gender nonbinary individuals seek mental health services for reasons similar to many people who seek therapy. People come to therapy seeking relief from symptoms of depression, anxiety, trauma, as well as to resolve difficulties in relationship issues, and the effects of minority stress. Also affirmed is that, like most clients, the care received by gender nonbinary clients in psychotherapy is strongly influenced by provider competence and the client's own felt sense of safety (Porges, 2004, 2011, 2022).

The quotes also demonstrate the extent to which safety is impacted by historical and intersectional differences between client and therapist. Thirteen of the sixteen primary studies synthesized were conducted in countries organized around neoliberal capitalist ideals in which communities are reduced to individuals who are held responsible for their own socioeconomic circumstances and emotional well-being, with little consideration for oppressive factors that shape and heavily influence material conditions faced by individuals (Gramsci, 2000; Smith; 2024). In this system, cisgender identities are the ones most centered and representative of the dominant hegemonic norms of the state. Research (Bolstad et al., 2025, Ochani et al., 2025; Venegoni, 2023) repeatedly confirms that for people outside an imposed ideal of cisgenderism, affordable

care that is competent and sensitive to how gender nonbinary clients experience marginalization and threat, is seldom available.

In summary, the first half of Chapter 4 documented the data produced in each step of the QIMS method. I included tables and figures displaying the data, as well as detailed descriptions of the triangulation methods and procedures used to enhance the validity of the study. The second half of Chapter 4 presented the six new themes which emerged from translations of the first and second order constructs (the quotes and themes from the sixteen primary studies). These themes constitute third-order constructs (the results of meta-synthesis). In the next and concluding chapter, I offer an interpretive discussion of the results.

Chapter V

Discussion

The purpose of this qualitative meta-synthesis (QIMS) was to explore and synthesize the mental health care experiences of gender nonbinary clients as reported across a sample of sixteen primary qualitative studies. By using QIMS, a method designed to optimize the discovery of synergistic and emergent properties within a sample, six new third-order themes emerged, and constitute the study findings. In preparation for Chapter 5's discussion, I present a brief review of the methodology and findings thus far. At its core, QIMS methodology is an interpretive approach focused on "uncovering the whole of a given phenomenon" (Aguirre & Bolton, 2014, p. 281).

Qualitative interpretive meta-synthesis (QIMS) was conceptualized by Aguirre and Bolton (2014) as:

> a means to synthesize a group of studies on a related topic into an enhanced understanding of the topic of study wherein the position of each individual study is changed from an individual pocket of knowledge of a phenomenon into part of a web of knowledge about the topic where a synergy among the studies creates a new, deeper and broader understanding" (p. 283).

The authors of the qualitative studies sampled for this meta-synthesis arrived at a set of themes and subthemes (second-order data) derived primarily from participant interviews (first-order data). The present study synthesized the data and

findings from a final sample of sixteen studies to arrive at new third-order findings. To accomplish this, I repeatedly read and reread each study taking in the participant quotes, author terms, and second-order themes and concepts presented by the primary study authors. This process enabled me to generate what Aguirre and Bolton (2014) refer to as "a collage of comparable themes resulting in the emergence of a synergistic picture of the phenomenon" (p. 286).

The findings of this study, namely, six new themes or third-order constructs (presented in detail in Table 5 in Chapter 4) are repeated below and will comprise the bulk of Chapter 5's discussion.

1. Access, Gatekeeping, and the Myth of Choice
   1a. Gatekeeper or Ally
   1b. The myth of Choice
2. The Burden of Proof
3. Epistemic Labor: Educating therapists is not our job
   3a. Trans- and gender-competence
   3b. Intersectionality competence.
4. Hope and Dread: Moments that Matter
   4a. Microaggression
   4b. Microaffirmations
5. Rupture and Repair
6. Relational Recognition

Prior to writing Chapter 4, I had discovered Fendt's (2025) article, *Embracing Emergence in Qualitative Meta-analysis: A Guide to Higher-order Synthesis,* which is referenced throughout this dissertation. Fendt urges researchers to:

> engage deeply with the messy, emergent properties of complex systems
>
> understanding that such work is not about control but about discovery (Goldstein,

> 1999), about finding new patterns and pathways that arise from the interplay of diverse elements (Fendt, 2025, p. 2).

Guided by this sentiment, Chapter 5 presents and explores the insights that emerged out of the six themes, which took the form of two dynamic and relational "patterns" that emerged from within the intersubjective fields between the six (static) third-order themes and subthemes. The patterns arose serendipitously as I contemplated writing this discussion chapter. I had experienced writer's block as weeks became months, and what helped me become unblocked resembled how I dealt with the 224 original themes using a pen and paper card sort. In other words, by using tactile and visual spatial senses. Following that, it became possible to move forward and complete this project.

Choice of interpretive theories.

To present the two patterns, I will use the theories introduced in the Literature Review (Chapter 2) to support my interpretations and make sense of the insights that unfolded in this process. In doing so I continue to be mindful of my positionality as a White cisgender researcher and acknowledge that I cannot fully know all positions, and therefore do not speak for others, nor are my interpretations intended to be universal.

In addition to intersectionality and minority stress theories referenced in the previous section of this chapter, theories helpful for interpreting the findings of the study were those that center human connection and relationship and make visible the forces that silence and oppress difference and connection. These included theories of hegemony

(Gramsci, 2000), liberation psychology theories (Fanon, 1952, 1963; Gaztambide, 2015, 2017), decolonial theories (Anzaldúa, 1991, 2021), and queer theory (Muñoz, 1999).

Also valuable are psychoanalytic and gender theories highlighting the relational aspects of human vulnerability and, with it, the risks of misunderstandings and harm. Importantly, they demonstrate ways of working that incorporate the acknowledgement of broader historical harms, as well as microaggressions within therapy; and that also demonstrate the important work of repairing harms. These psychoanalytic ideas are found in Heinz Kohut's (1971, 1977, 1984) self psychology theory (mirroring, twinship, disruption, and restoration) and Jessica Benjamin's (1998, 1990a, 1990b, 2001, 2013, 2018, 2024b) recognition theory. Benjamin's influences and contributions are extensive and include Hegel's (18212025) philosophy of self-consciousness, Habermas's (1970) intersubjectivity and mutual understanding, and Winnicott's (1949, 1969, 1971a) ideas on destruction.

Patterns and positions defined.

The two additional patterns that emerged provided a deeper and richer understanding of what the participants in the sixteen studies described as important to them as nonbinary clients in psychotherapy. In this section, I describe the process in which the patterns were identified and then provide a description of each. Regarding terminology, the word *pattern* is used here to describe the shifting, relational configurations that I observed across the six third-order themes. The word *position* will denote a psychological stance or way of organizing subjective experience and relational reality, similar to how Benjamin (2018b) uses the term "Third," and how Klein (1946)

uses the term, “paranoid-schizoid,” —both as positions. In that light, the two patterns discussed in this chapter are not static classifications, but instead they represent the dynamic movement of gender nonbinary clients and their therapists as they embrace, resist, and take up different relational and structural or ideological positions within the clinical psychotherapeutic space.

As underscored by Fendt (2025), when multiple studies are integrated and synthesized, qualitative meta-analyses can organize, interpret, and uncover information generative of new insights and ideas, and actively construct new knowledge through an “iterative interplay of individual and collective interpretations” (Guba and Lincoln, 1994, as cited in Fendt, 2025, p. 8). This generative capacity allows qualitative meta-analysis to uncover higher-order theoretical constructs (Fendt, 2025), in other words, to uncover new and emergent ideas that Aguirre and Bolton (2014) seem to have anticipated with QIMS.

Discovering the two patterns.

> Emergent insights often arise not within individual studies but in the spaces between them—in the tensions, contradictions, and complementarities that emerge when diverse perspectives are placed in dialog. (Fendt, 2025, p. 8)

While immersed in the original studies and six new themes, I was also engaged in the critical and psychoanalytic theories discussed in Chapters 2 and 4. These simultaneous activities and reflective musings extended my prolonged and sustained engagement with the data. The first pattern, named *the unbearable lightness of recognition*, arose from my becoming aware of just how elusive recognition is. Benjamin’s (1990b) assertion that *recognition is a capacity of individual development*

that is only unevenly realized (p. 35.), led my thoughts to fairytales and folklore in which riddles and rhymes are plentiful. Soon after completing chapter 4, I had written the six third order themes on a blackboard in neon colors arranged in a circle like six compass points. After contemplating them for a while I linked them in pairs by drawing three lines (from theme 1 to 4, theme 2 to 5, and theme 3 to 6). The blackboard with the names and lines leaned stood against my home office wall for a few weeks, and I almost erased them. However, frustrated with what I had written as the first draft of chapter 5 I turned back to them. I also reread parts of Fendt's paper and was reminded that the "intertextual process mirrors the principles of symbolic interactionism (Mead, 1934) and pragmatism (Dewey, 1938), where meaning is generated through relational interactions rather than fixed categories" (Fendt, 2025, p. 8).

I re-visited the lines on the blackboard, and over a few days, I noticed how the emergent spaces between each pair highlighted a different property or quality of recognition, which I interpreted variously as uncertainty, fragility, and mutuality. I became aware of an interplay across the new themes suggestive of a resonance, or tension that was both kinetic and creative, much like a guitar string that has been thumbed and then released; an instance of epistemic friction (Sher, 2016) or *unthought known* (Bollas, 2017*)* that seemed to hint at something generative yet not quite legible enough to be translated into thought.

Like six dancers, the six themes whirled around the page in a shifting relational pattern with one another, and two phrases kept surfacing in my mind: *the unbearable lightness of recognition,* and *the cisgender question.* The second phrase had come to mind during the translation of themes process months previously, however I was never

able to recall it again, but recognized it as such during this contemplative experience with the six dancers and the blackboard that I am presently describing. This experience, I believe, illustrates the very phenomenon Fendt (2025) described, in other words, when multiple studies are integrated and synthesized, qualitative meta-analysis can organize, interpret, and uncover generative insights and ideas. What enables qualitative meta-analysis to arrive at higher-order theoretical constructs (Fendt, 2025) is the "iterative interplay of individual and collective interpretations" (Guba & Lincoln, 1994, as cited in Fendt, 2025, p. 8) through which new knowledge is generated. This is the essence of what is described by Aguirre and Bolton (2014, p. 283) as it pertains to QIMS. The two phrases emerged within my mind before the patterns did. I am only able to describe this process metaphorically, which is likely indicative of right-brain activity[1] (Schore, 2014).

Fendt (2025) emphasizes the complexity of qualitative meta-synthesis as system, which like all complex systems includes "feedback loops and iterative cycles of analysis" that "refine and reshape emergent insights" (Kauffman, 1993, as cited in Fendt, 2025, p. 8). As in grounded theory analysis (Glaser & Strauss, 1967), complex systems facilitate the emergence of novel *patterns* that are "irreducible to their component parts and exist in the spaces between them" (see Holland, 1998; Sawyer, 2005, as cited in Fendt, 2025, p. 18) Fendt, 2025).

In the present study, at this stage, I began to see or sense the patterns not as separate themes, but as miniscule turns of a child's kaleidoscope producing a slow-

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[1] ***Recent studies indicate right brain as dominant in the implicit, nonverbal, intuitive, holistic processing of emotional information (Schore, 2014, p. 388).***

motion movement of shapes converging into different arrangements and configuration within a view finder. I beheld them as “fragments” of subjectivity that appeared and disappeared under shifting tensions of strain and collapse when a kaleidoscope wheel shifts ever so slightly.

In other words, the six new third-order themes from Chapter 4, were not simply descriptive of stages of a psychotherapy process; but were transformed from six separate findings to facets of a single relational process through which recognition shifted and changed, and became possible, despite disruption, breakdown, uncertainty and moments of tension and friction.

The two overarching patterns are not regarded as additional “findings” of this study; they were not immediately visible when I originally considered the themes as separate. Instead, they emerged from the interplay I noticed across the six third-order themes from Chapter 4 (Table 5). In other words, the patterns emerged from the synthesis and offer additional insights and perhaps a higher-order understanding of how recognition may be negotiated within a psychotherapy process.

The patterns introduced.

The first pattern, “The Unbearable Lightness of Recognition,” groups the six themes into three pairs, each describing a different position with respect to recognition: as uncertain, as fragile, and as mutual. The second pattern, “The Cisgender Question,” follows the relational movement in which recognition between client and therapist is held and lost within complementarity and thirdness.

Despite being presented separately in the next section, the two patterns are closely connected having evolved from the same substrate of third-order themes. The first pattern captures a story of how recognition and intelligibility are both lost and found within the relational experiences described in the participants' accounts of their psychotherapy. The second pattern provides the reader with a bird's-eye view from above; able to see the interpersonal, institutional, and sociocultural contexts that determine whether recognition is or isn't possible. Both patterns suggest that recognition is both a cocreated moment of meeting (Donnell Stern, 2004) within the psychotherapy dyad, as well as something continuously negotiated at the intersection of psychotherapy relationships and sociopolitical impingements. (As a limiting aspect of recognition, this is taken up and further discussed toward the end of this chapter).

In summary, Pattern 1 explores lived experiences of recognition emerging from the synthesis, and Pattern 2 highlights those relational and structural conditions interrupting recognition even before it can be achieved. The following section will focus separately on each pattern.

Pattern 1. The Unbearable Lightness of Recognition

But recognition is a capacity of individual development that is only unevenly realized--in a sense, the point of a relational psychoanalysis is to explain this fact. (Jessica Benjamin,1990b, p.35)

Table 6 displays Pattern 1 whose name underscores Benjamin's characterization of recognition as a relational achievement rather than a stable state.

Themes 1 and 4 together suggest that recognition is an uncertain event; whether the client will be seen and understood is yet unknown. Themes 2 and 5 together highlight the fragility of recognition: how it collapses into misunderstanding and othering yet can be restored through repair until it collapses again. Themes 3 and 6 present recognition as a possibility mutually cocreated between client and therapist. Seen as part of one pattern, these three paired themes illustrate the conditions under which two subjects may authentically engage.

Rather than seeing them as stages of a journey with recognition as the eventual destination, I discerned each pair to be one possible "position" (Fairbairn, 1943, 1952; Klein, 1946, 1957) with respect to recognition. The remainder of this section will elaborate further on the three pairings in which recognition is achieved, collapses into the doer and done-to complementarity, and is re-established through the space of the Third, only to collapse again.

Table 6 *Pattern 1: The Unbearable Lightness of Recognition*

Pattern 1 The Unbearable Lightness of Recognition	
Pattern 1 Names	**Themes and Subthemes (third-order)**
1A. Recognition as Uncertain	Theme 1. Access, Gatekeeping, and the Myth of Choice 1a. Gatekeeper or Ally 1b. The myth of Choice
	Theme 4. Hope & Dread: Moments that Matter 4a. Microaffirmations 4b. Microaggressions
1B.Recognition as Fragile	Theme 2. The Burden of Proof
	Theme 5. Ruptures and Repairs
1C. Recognition as Mutual	Theme 3. Epistemic Burden: Educating Therapists is not our Job 3a. Trans- and Gender-competence 3b. Intersectionality Competence
	Theme 6. Relational Recognition

1A. Recognition as uncertain (pairing themes 1 and 4)

> *To the degree that we ever manage to grasp two-way directionality, we do so only from the place of the Third, a vantage point outside the two.* (Jessica Benjamin, 2017, p. 23)

Viewed together Themes 1 and 4 reveal that recognition begins with a therapist's willingness to encounter them without prematurely reducing their experience to a diagnosis. Participants repeatedly described the relief of being approached with curiosity rather than assumption, allowing a therapeutic relationship to develop in which their lived experiences could be explored rather than defended.

The pairing of Themes 1 and 4 arose from the tension implicit in ultimately having no guarantee of therapy outcome. There is uncertainty in the material struggle of searching for available and affordable care and in accessing that care at all. Uncertainty also sits within Theme 4's affective experience of Hope being at risk of being obscured by Dread.

Starting psychotherapy with a stranger provokes anxiety in most people; the present study showed that many gender nonbinary participants began therapy fearing invalidation, therapist bias and ignorance, and repetition of prior harms. When entering a cisnormative therapeutic space as a nonbinary person, uncertainties around being accepted, understood, and validated are further heightened. Participants already described frustrations, and disappointments that included trauma and rejection from families, churches, schools, and other institutions supposed to care for them. In terms of psychotherapy as an institution, even after finding a way through the barriers to access, when a person attends their first appointment and is finally sitting across from the actual therapist, there is still uncertainty—that of risking vulnerability in order to be understood by someone who may deny or belittle your gender identity.

Being plagued with the tension of opposites represented in this theme, and holding them both, is stressful for most people. As a result, there is a tendency toward a defensive solution, i.e., to resolve the tension by splitting (Fairbairn, 1943, 1952; Klein, 1946, 1957) in which one of the polarities disappears from conscious awareness and is generally projected elsewhere. Winnicott (1971a) understood this resolving tension as a loss to the self. Forfeiting the value of holding both sides of a paradox open at once (i.e.,

tolerating the coexistence of both hope and dread, instead of splitting them) is to forgo the possibility of being recognized as one's authentic self.

Both Freud's (1914, 1920) and Kohut's (1971, 1977, 1984) theories illuminate the relationship between Theme 1 (Accessing the Institution) and Theme 4 (Hope and Dread). In *Remembering, Repeating and Working-Through*, Freud (1914) noted the repetitive and compulsive tendency of patients to repeat traumatic experiences instead of remembering them, which he later revised in *Beyond the Pleasure Principle* (1920) as an instinctual need to resolve past trauma. Kohut (1971, 1977, 1984) reinterpreted this compulsion differently. He saw it as the patient's yearning for mirroring, or the need for affirmation and approval, required for the transformation of grandiosity into healthy self-esteem instead of narcissism (described in Chapter 2 of this study). Anna1's (1990) paper, *The Dread to Repeat* is an acknowledgment of both Freud's and Kohut's theories on this phenomenon. Ornstein understood the intense anxiety (dread) in patients as simultaneously present with the hopeful longing for mirroring and acceptance. (The microaffirmations described by the participants in Chapter 4 can be thought of as mirroring responses.)

Within the client's enduring search for responsiveness, belonging, and mirroring (Kohut, 1971, 1984), Ornstein (1991) describes the mirror transference not only as the shadow of old trauma but also the carrier of a developmental need that was previously inadequately met by the child's caregivers, and is now seeking a new experience. Many therapy clients who carry both hope and dread may have been shamed as children, and made to feel invisible by marginalization, cisnormativity, Whiteness, racism, transphobia, poverty, trauma, and the legacy of harms such as slavery, colonization, and genocide. If

the tension of hope and dread can be held by the therapist (without being foreclosed by despair or naive promises) an authentic experience of recognition may be possible.

1B. Recognition as fragile (pairing themes 2 and 5)

The fragility of recognition is illustrated by the second pair of themes, The Burden of Proof (Theme 2) and Rupture and Repair (Theme 5). Both illuminate the tenuousness of recognition prone to collapse when one person's power and privilege embolden them to subordinate another person's knowledge of their own identity.

In Theme 2, this is witnessed in the therapy space: client and therapist are in a *doer and done-to* a position of complementarity in which the therapist's theories, limited knowledge, adherence to dogma or their own personal discomfort interferes with the ability to openly listen to the client or recognize the client's subjectivity. In moments like this, participants may experience themselves as being observed, evaluated, or explained rather than met with genuine and open curiosity to know one's client. The findings demonstrate that the burden of proof (including less extremes of erasure) is a form of relational rupture. From a relational perspective, recognition is disrupted when one person's subjective experience is dominated by another's assumptions, expectations, or need for certainty. This amounts to a rupture in the relational experience. Benjamin (1988) writes:

> . . . domination originates in a transformation of the relationship between self and other. Briefly stated, domination and submission result from a breakdown of the necessary tension between self-assertion and mutual recognition that allows self and other to meet as sovereign equals (p. 12) . . . Domination, I have argued, is a

> twisting of the bonds of love. Domination does not repress the desire for recognition; rather, it enlists and transforms it. (p. 219).

Ruptures are not failures; however, they are inevitable within any authentic relationship (Benjamin, 1988, 2004, 2009) both inside and outside therapy. Ruptures involve regressing to "complementary" positions of domination-submission or doer and done-to dynamics (Benjamin, 1988, 1995a). Yet managed therapeutically they are clinically useful to the therapist's understanding of the client's developmental history, and core relational struggles (Benjamin, 2004, 2009). Enactments of internalized configurations in the therapeutic space (Benjamin, 1995a) are seen as cocreated by both therapist and client in an intersubjective therapy. To understand such enactments requires a therapist to move out of an interpretive stance that may locate the patient as responsible for the breakdown, and instead, to participate authentically in acknowledging her own contribution to the impasse (Benjamin, 1995a, 2004). As Thirdness is restored both parties can regain their own perspectives while also recognizing the others' differences (Benjamin, 2004, 2009). Thirdness is the opening of a "triangular space" with a third point of reference. This facilitates movement out of the "two-way" seesawing seen in split complementarity, thereby engaging within a more complex and mutual form of spaciousness in which to explore further meanings and insights gained from the rupture (Benjamin, 2004).

Ruptures that are repaired contribute to the development of the client's capacity for holding conflict, ambivalence, and difference without having to disconnect or collapse into a two-way polarization of opposites (Benjamin, 1995b, 2004) and a struggle for domination. It requires holding the tension between assertion and recognition

(Benjamin, 1988, 2009) so that new relational possibilities emerging from cycles of rupture and repair are internalized, thereby strengthening the capacity to recognize another's subjectivity in evermore stressful situations (Benjamin, 2004, 2009). The rupture-repair sequence is therefore most accurately described not as corrective emotional experience, but as both developmental and transformative (Benjamin, 1988, 1995b).

While different relational theorists may offer slightly different conceptual explanations of rupture and repair that are related to their theoretical focus and the kind of client they typically work with, most do not view interpretation as a substitute for emotional containment nor as the chief agent of change. Instead, Donnell Stern (2025, p. 7) regards interpretations as facilitated by something in the relational field that has already shifted enough to allow interpretation. In other words, an interpretation that can be received by a patient is an acknowledgement that something significant has become known or has changed *because of* relatedness (Donnell Stern, 2025, pp. 8-9).

Finally, Kohut's theory placed the disruption-restoration process as central to the development of the self, provided the ruptures were tolerable (i.e., not traumatically injurious). His earliest work theorized disruptions as occurring because of an unmet selfobject need within the selfobject transference. In other words, the therapist had failed to notice or accept a needed selfobject experience of twinship *with* the therapist, or of mirroring *by* the therapist, or for idealization *of* the therapist. Kohut preferred that the sequence of restoration include an interpretation of the need that was frustrated, and an exploration of its origin in the past; rather than having the therapist literally "provide" the missing archaic need (which would likely amount to an enactment and not something generative). Over time, this sequence of repair was theorized as strengthening the

patient's self. The disruption-restoration process was the original mechanism for change and healing that lay at the heart of Kohut's work (Kohut, 1971, 1977, 1984).

1C. Recognition as mutuality (pairing themes 3 and 6)

Winnicott (1974) concluded that to play is to search for the self (p. 63); and that the "whole of man's experiential existence" is built on play (Winnicott, 1984, p. 75). He wrote:

> The general principle seems to me to be valid that *psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist.* If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin (Winnicott, 1974, p. 63).

Whereas the first pair of themes described the uncertainty of not yet knowing whether one will be seen, and the second pair described the fragility with which recognition is felt and lost. This final set of themes pairs Epistemic Labor (Theme 3) and Relational Recognition (Theme 6) exploring the conditions under which mutual recognition becomes at all possible. This pairing arose from participant accounts in which clients felt that they were viewed as unintelligible to the therapist (Ward et al., 2026) versus conditions in which the therapist was already competent (or competent enough to be able to manage their not-knowing with humility and respond by undertaking their own self-study). The latter allowed room for the space of Thirdness in which recognition can be mutually felt.

In Chapter 2, I presented recognition as both a psychic position and a process of responsiveness in action (Benjamin, 2016a, 2016b). As a position, it is being able to experience another mind like one's own mind, yet as a separate center of intention and agency. As a process, recognition is enacted between people as mutual responsiveness, in which each can affect and be affected by the other. Recognition is therefore not something to be bestowed by one person upon another; it is co-created and includes a shared space or vantage point outside each person. This space, i.e., the Third, bears a similarity to Winnicott's (1971a) "potential space" to which two people can surrender. In the space of the Third, the tension of sameness and difference is held as each person wholeheartedly contributes. Again, this echoes Winnicott's squiggle game (Winnicott, 1971b). It also reminds me of the "*Yes, and . . .*" imperative which makes improvisational acting so alive and delightful to witness. The movement out of *doer and done-to* complementarity and into Thirdness is when recognition becomes possible.

People who exist outside or between finite Western categories held as fixed and discrete (e.g., gender, sexuality, citizenship, and race) are described as inhabitants of Anzaldúa's (1999, 2021) symbolic borderlands (Castro Lingl, 2025; Ladwig, 2023). Anzaldúa conceived the actual Borderland (between Mexico and Texas) as a place of ambiguity in which its inhabitants are seen as illegitimate, unnatural, and transgressive by the dominant cultures on either side of the border (Castro Lingl et al., 2025). In a more metaphorical way, Anzaldúa writes of borderlands in which participants describe a kind of alienation, a sense of not fitting in, of having no box to check, of being rendered unintelligible (Ward, et al., 2026) within a dominant cisnormative discourse of gender.

Concluding thoughts on Pattern 1.

The three thematic pairs in Pattern 1 can be read as a journey that begins with the trepidation of not being seen, accepted, and recognized as a nonbinary traveler in a mostly binary world (the first pair). The next pair of themes illustrate the traveler's wariness, and how one's nonbinary-ness is framed as fragile by the constant insistence on proving intelligibility (like citizenship) that is demanded from the traveler, rather than simply being extended to them (as in the second theme pair). And finally, the third pair of themes suggests what happens when the customs officer (therapist) is willing to surrender (distinct from submitting) by stepping into the borderland, fully accepting the terms of surrender, which are to meet the traveler (client) as a subject whose existence is complete, and does not require being translated into binary categories in order to be "made real" and intelligible. Anzaldúa (1999, 2021) reminds us that the first priority of Borderland theory is to reverse the colonial mindset that infuses daily cultural practice. Therefore, the cisgender therapist must be willing and open enough to receive the client's humanity (i.e., to recognize the client as a "like subject" on the terms fundamental to borderland philosophy. This seems non-negotiable if cisgender therapists are to participate in true relational intersubjectivity with our clients.

In summary, Pattern 1 described the lived experience of negotiating recognition within psychotherapy. Theme 1 (Access and Allyship) and Theme 4 (Hope and Dread), taken together, describe recognition as uncertain. The fragility of recognition is illustrated by the second pair, Theme 2 (Burden of Proof) and Theme 5 (Rupture and Repair), and

Theme 3 (Epistemic Labor) and Theme 6 (Relational Recognition) illustrate recognition as mutual.

Pattern 2. The Cisgender Question

The second pattern (Table 7) explores the conditions under which a cisgender therapist may approach an understanding of the lived experience of a client who is nonbinary. This implies that understanding across difference is possible, yet as the literature and perhaps the meta-synthesis suggest, recognition depends upon the institutional, ideological, and relational conditions within which psychotherapy takes place. Thus, whereas Pattern 1 concerns how clients experience the challenge of negotiating recognition in the context of a psychotherapy relationship, Pattern 2 speaks to the structural constraints of achieving recognition in the first place. The narrative moves from the systemic deadlock of Theme 1 (Access and Allyship), Theme 2 (Burden of Proof), and Theme 3 (Epistemic Labor) through the see-sawing complementarities of Themes 4 (Hope and Dread) and Theme 5 (Rupture and Repair) to arrive at mutual recognition (Theme 6), and always vulnerable to collapse again.

Table 7 *Pattern 2: The Cisgender Question*

Pattern 2: The Cisgender Question	
Pattern 2 Names	**Themes and Subthemes (third-order)**
2A. Split Complementarity	Theme 1. Access, Gatekeeping, and the Myth of Choice 1a. Gatekeeper or Ally 1b. The myth of Choice
	Theme 2. The Burden of Proof
	Theme 3. Epistemic Labor: Educating therapists is not our job
2B. Dialectical Tensions	Theme 4. Hope & Dread: Moments that Matter 4a. Microaggressions 4b. Microaffirmations
	Theme 5. Rupture and Repair
2C. The Co-created Third	Theme 6. Relational Recognition

The three groupings that follow examine the conditions in which recognition may occur. Themes 1 through 3 focus on the constraints (structural and ideological forces) evident even before psychotherapy begins. Themes 4 and 5 reveal the relational tensions in which recognition is negotiated in psychotherapy, and Theme 6 describes Thirdness restored, allowing for the possibility of mutual recognition within the co-created space in which difference can be held without collapsing into complementarity of doer and done to.

2A. Split complementarity (Themes 1, 2, 3)

As a group, Themes 1, 2, and 3, represent the complementary axis (Benjamin, 2018b) within which the relationship between provider (or institution) and client begins with (or has devolved into) the split-complementarity structure characteristic of

breakdowns (Benjamin, 2009, p. 442). In split complementarity each person is either *doer* or *done-to* (Benjamin, 2024a, p. 6). There is no space for the Third (Benjamin, 2024b), and therefore no possibility of mutual recognition. As a group the three themes reveal how institutional practices, dominant ideological assumptions, and interpersonal encounters are generally characterized by complementarity where one person's reality is privileged while the other's is rendered unintelligible or invalid.

In Chapter 2 I discussed the unconscious mechanism of splitting (Fairbairn, 1943; Klein, 1946) in which undesirable (bad) parts of the self are split off and then projected onto another person who is then seen as the one who is undesirable. Splitting is also enabled by dissociating from another person's humanity and viewing that person as an undeserving member of society (Benjamin, 2018b, p. 231). Themes 1, 2, and 3 are grouped together as if they are three windows viewing one giant system of inequity (institutional, ideological, and social). Each theme represents a polarity in which the *doer and done-to* dynamic plays out in the split complementarity notion of "*only one reality can prevail: mine or yours'* (Benjamin, 2009, p. 442).

Theme 1 (Access and Gatekeeping) focuses on institutional barriers (transportation, time, cost, bureaucracy of managed care) and the business of trying to negotiate with a system that effectively treats mental health care as merchandise instead of as a human right or need. In this first theme the client must reckon with the institution's power. The critical theories in Chapter 2 explain how hegemonic forces normalize the way power and privilege are responsible for inequality, rendering these dynamics invisible to many. Instead, one is faced with a series of no-win situations and contradictions. For example, in Theme 1, clients seeking gender affirming care must

negotiate trust and safety with a mental health provider who is in the dual role of being both an ally and the gatekeeper of assessment letters required for gender affirming medical care. For BIPOC clients who are gender nonbinary, White normativity intersecting with cisgenderism further magnifies the difficulties already present.

Theme 2 (The Burden of Proof) reflects how cisnormative ideology produces barriers to care. This includes all the ways in which belief systems and thought are shaped within neoliberal capitalism's terms for gender "normalcy." The nonbinary person may feel the pressure to *prove* the validity of their gender identity to a therapist or school counselor who may be viewing it as "made up," a "phase," or some hesitation about binary gender transition. In short, the person's gender identity is viewed as "culturally unintelligible" (Butler, 1993, 1999; Ward et al., 2026). In addition, when gender eclipses everything else, one is placed at risk of being objectified, of being treated as one without a subjectivity. Under these conditions, the client is disbelieved or, as psychiatric history shows, can be pathologized (Crocq, 2022; Millot, 1990).

The dominant hegemony (Gramsci, 2000) within a society takes ideological barriers, contradictions, hardships and their supporting beliefs, practices and systems and normalizes them as commonplace (Gramsci, 2000; Ivković, 2023; Morrill & Comas-Díaz, 2025). Viewing individual struggles through a critical theory lens reveals the inequality and unfairness with which neoliberal capitalism operates:

The theory of splitting potentiates Critical Theory's ability to generalize from individual intrapsychic processes to social or collective mental processes because it serves to grasp the problem of constituting the Other through objectification and domination (Benjamin, 2006, p. 118).

Theme 3 (Epistemic Labor: Educating therapists is not our job) describes the relational fallout of unfair expectations in which the client is not understood because a professional lacks the knowledge and continuing education to provide appropriate care. Without education, providers tend to rely on normative ideological assumptions about clients' identities, experiences, and healthcare needs. In other words, trans patients' care is compromised when they are reduced to cultural stereotypes, or when prejudices override the individual's narrative of their own gender experience, health, and body (Johnson, 2015, 2016).

The consequence of this is that therapy time, both scarce and costly, is lost, and the patient is not "seen." The patient is left with the unfair and unrealistic responsibility of either correcting or ignoring these assumptions, or risk losing access to care (Johnson, 2020a). Even if it were possible to educate one's provider in gender- and intersectionality-competence, the infeasibility of this task increases given the disproportionate power and privilege between client and therapist.

Insufficiently trained therapists, hostile political and religious ideas, microaggressions and invalidations significantly reduce any chance of establishing a safe therapeutic alliance necessary for successful therapy. The double binds described by nonbinary people trying to access psychotherapy should be seen as contradictions produced within a neoliberal system, rather than unfortunate or random occurrences (see Shams et al., 2024).

Together, these three themes reveal that failures of recognition cannot be understood solely as interpersonal misunderstandings. Rather, they reflect institutional,

ideological, and relational conditions that systematically constrain the possibility of mutual recognition before psychotherapy has even begun.

2B. The dialectical tensions (themes 4 & 5)

While themes 1, 2, and 3 describe the conditions constraining recognition even before therapy begins, Themes 4 and 5 shift attention to the actual psychotherapy relationship where recognition requires continual negotiation within the therapeutic dyad. Participants' quotes show that recognition is not stable or permanent but is sustained through an ongoing dialectic of hope and dread, rupture, and repair.

Themes 4 and 5 are grouped because each describes a dialectical tension that is to be 'held' rather than resolved in psychotherapy. Drawing on the Hegelian (1821, 2025) dialectic of thesis, antithesis, and synthesis, Theme 4 explores the tension between hope and dread, while Theme 5 examines the oscillation between rupture and repair.

As noted by Benjamin (2007), recognition is prone at any time to collapse into a merger, or a two-ness in which differences become polarized (Benjamin, 2007). Oscillating between relationship destruction and survival, recognition must rely on the stabilizing principle of the Third, without which one is left only with Themes 4 and 5 in.

Theme 4 (Hope and Dread: Moments that Matter): This theme captures the instability of the dialectic tension between the client's hope for acceptance and understanding, and their fear of invalidation, and rejection. The client must manage the uncertainty of receiving affirming responses that offer hope yet may still, minutes later, be invalidated by a microaggression, a painful "othering" or a stinging moment of objectification.

Theme 5 (Rupture and Repair): Instabilities within any therapeutic alliance mark moments of relational breakdown (rupture) followed by the co-constructed effort to acknowledge the misstep and survive the breakdown (repair).

Kohut first understood ruptures as the result of mirroring (and other selfobject failures) on the part of the therapist. The disruption-restoration sequence (Kohut & Wolf, 1978; Wolf, 2002) was a theory of the process of repair (Basch, 2013) requiring the therapist to notice a shift in the patient, acknowledge the empathic failure, recognize the "archaic need" that had gone unseen and unmet, and then empathically "hold" the affective experience that ensued (Osorio, 2026). The sequence was followed by an interpretation of what happened vis-à-vis its origins in earlier relational experience in childhood.

Later understandings of rupture (Bromberg, 1998; Donnell Stern, 2025) include dissociative moments that arise during therapy. Perceived as disruptions between client and therapist in which unformulated experiences of the past are enacted unconsciously in the therapy session, dissociation is also perceived as a rupture. Ruptures are also associated with other therapeutic concepts besides enactments, such as projective identification, and transference-countertransference. Ruptures are seen as co-constructed by both therapist and patient, with the implication that repairing ruptures is also co-constructed (Bromberg, 1998; Eubanks et al., 2023; Gaztambide, 2012).

2C. The co-created space of Thirdness (theme 6)

The final theme, *Theme 6 (Relational Recognition)* describes the achieved capacity of the client to tolerate recognition, an experience of being seen and accepted as

one is, without being objectified or having to perform or hide. It breaks the *doer and done-to* tension, creating a space for mutual responsiveness where the client and therapist can "feel with" one another as equivalent centers of experience.

In relational thinking, an important sign of re-opening thirdness is when both people move into a space where each of their voices can be heard by themselves and by each other (Benjamin, 2009, p. 442). The relational psychoanalytic meaning of the Third as "an intersubjective space of recognition and shared knowing" (Benjamin, 2024b). The Third is conceived as always being cocreated by our ongoing communicative acts of recognition, which accounts for its inherent precarity. Also, a requirement is that we have enough space between us to recognize that we are in a dynamic that is co-created (Benjamin, 2024b), or in other words we are not psychically merged with one another. Thus, the restoration of the Third occurs in a shared psychological space, in which the deadlock of the complementary axis is broken, and two people may connect as independent subjects. If there has been a rupture, the therapist's acknowledgment of how their own failures of recognition contributed to the rupture would be a necessary component in facilitating the experience of Thirdness (Benjamin, 2009, p. 443).

Concluding Thoughts

Fendt's (2025) reminder that "researchers are not merely observers but stewards of knowledge, tasked with weaving together the fragments of understanding into patterns that can guide action and reflection in an uncertain world" (p. 2) is applicable to this study, with regard to the patterns two interactive patterns that emerged. Each pattern provided insights into the experiences, challenges, and double binds faced by gender

nonbinary participants as they described seeking and engaging in mental health counseling in the face of institutional hostility, severe barriers to access, and at times, disappointing or harmful encounters with staff and mental health providers within psychotherapy settings.

Andrea.

I will now return to Andrea (not their real name), the participant whose account in Chapter 4 I promised to revisit. The tension between archaic mirroring and mature recognition was illustrated in this vignette in which Andrea describes having a therapist who "really, really liked" them, and whom they "found simultaneously affirming and also . . . weird when your therapist thinks you're like a really good patient" (FerD9a Inappropriate self-disclosure (subtle and overt) and boundary degradation, Andrea in Ferragamo, 2021, p. 86). Using Kohut's (1971, 1984) framework, this internal dissonance may be interpreted as a conflict between archaic and mature forms of mirroring. The "weirdness" Andrea describes suggests a subtle awareness of being idealized, in which Kohutian mirroring in its archaic form may well function like a one-way mirror, whereby the client becomes the admired object of the therapist's projection rather than a fully recognized subject. When the ideal of the "good patient" is projected onto a client, it risks obscuring the client's own self-definition, and more nuanced subjective needs. The cost (in Benjamin's theory) is that relational recognition is lost, and the client does not experience the felt sense of being authentically seen.

Things apparently shifted, however when Andrea ultimately recognized something about the therapist, which they reflected to the researcher interviewing them.

Andrea said, “Her *openness to learning from me as a patient was really significant* … and *feeling like I had the space to develop those ideas in accordance with somebody else* was helpful” (FerC6a Vulnerability, Andrea in Ferragamo, 2021, p. 79). When hearing Andrea use phrases like “openness to . . . me” and “feeling like I had space” I can’t help but hear echoes of the opening space of Thirdness in which recognition is possible. No longer being idealized and objectified, Andrea is able to be a subject in the room. Not because of immediate affirmation, but rather as a relational achievement that developed through repeated encounters in which Andrea could gradually risk becoming known.

Simultaneously, Andrea’s recognition of the significance of the therapist’s efforts to know and want to understand Andrea allowed the therapist to be a subject too, together *with* Andrea, each one affecting the other, and each open to being surprised by the other. In that hint of mutual subjectivity, we may sense recognition.

Epistemic friction.

Chapter 4 described how some of the emergent themes arose. When I compared the themes that were independently sorted by raters A and C, a few themes diverged quite considerably. Some were placed within differing, and sometimes opposite, categories by the two sorters. This was puzzling, and in discussion with Rater B, I learned something well-known in the animal biology field; namely, that biologists are characterized as have preferred ways of categorizing species. Taxonomists refer to these preferences as “lumping” and “splitting”. Lumpers like Rater A tend to group species by conceptual cohesion, and splitters like Rater C attend mostly to the distinctions between species. With those two perspectives in mind, I realized that both sorters were illuminating the

phenomenon of mutual recognition, but from different positions. Rater A's codes tended to capture the client's experience of being seen, while Rater C's codes captured the therapist's efforts to see the client.

I have always been drawn to riddles, puzzles and mysteries, and therefore, having this divergence resolved by consensus would have seemed artificial, and less interesting than digging further. Theoretically and methodologically, I was able to understand this experience as an example of epistemic friction (Sher, 2016), a concept first introduced at the end of Chapter 1. Epistemic friction is a productive curiosity arising from apparent differences in the same data. Each sorter's choice appeared to illuminate a different aspect of Benjaminian recognition theory. Mutual recognition is not a single concept, it is a psychological dynamic within a space of thirdness, requiring both the experience of being seen and the responsibility of seeing (Benjamin, 2006). Here we might interpret the methodology as effectively enacting the intersubjective dyad. In turn, this suggests that the synthesis of knowledge, like the therapeutic alliance, is also an emergent property co-created in the space between differing subjectivities; this phenomenon is described in Fendt's (2025) paper.

Recommendations

In *Embracing emergence in qualitative meta-analysis: A guide to higher-order synthesis,* Fendt argues that a further value of meta-synthesis (beyond enabling higher-order theoretical contributions that preserve interpretive richness) is to generate actionable insights able to address the complexity, uncertainty and unpredictability of the

issues facing a world which is in flux (Morin, 2008; Polanyi, 1966; Uhl-Bien and Marion, 2018 as cited in Fendt, 2025). Also known by researchers as ‘wicked problems,’ such challenges are complex, multidimensional, and resistant to reductionistic solutions (Rittel and Webber, 1973 as cited in in Fendt, 2025).

The list that follows includes actionable recommendations that resulted from the meta-synthesis of the sixteen primary studies. The recommendations address the two research questions: (1) What do we know about the experiences of gender nonbinary individuals seeking and engaging in mental health care? (2) How can this knowledge help mental health professionals better understand and respond to the mental health care needs of gender nonbinary clients?

The recommendations are presented in four sections, namely: (1) The therapist’s competence, (2) the therapist’s approach, (3) the therapeutic alliance, and (4) structural barriers.

1.The Therapist’s Competence

1a. Trans-competence, clinical training, and historical harms.

Psychotherapist knowledge and competence regarding the needs and experiences of gender nonbinary clients is essential. Training in trans-competence must become part of all academic degrees that lead to professional licensure in mental health and should be followed up with regular continuing education. This also includes a therapist’s willingness to examine our own biases and privileges, in order to embrace both a trans-affirmative and an intersectionality-competent approach (Ferragamo, 2021). Attention to understanding the lived experiences of gender nonbinary clients can also be gained from

and non-scholarly forms of knowledge such as from LGBTQ+ organizations, transgender peers, accurate and trans-affirmative social media, and popular culture (Mackie et al., 2023). Demonstrating knowledge and competence is foundational (Graham, 2024) to relieving the burden on trans and gender nonbinary clients who, all too often, find themselves needing to educate their therapists.

While there is some indication that a therapist's lack of knowledge, when compensated for by an open-minded attitude and willingness to learn from sources outside therapy, *can* result in clients feeling respected, this should never lead to an over-reliance on the client's guidance and knowledge. Budge (2013) and Giovanardi et al., (2021) indicate that clients may experience pride and greater esteem when their therapists are educated in gender studies and engaged with nonbinary issues outside therapy (Ferragamo, 2021); in turn this can result in a stronger therapeutic alliance (Benson, 2013).

Therapist TGNB education should also include a historical (and current) understanding of harms by the medical and mental health professions, along with guidelines and a clear understanding of how to avoid such practices and where indicated, for professional associations to consider formal and public apologies for those harms (as demonstrated APA's Division 39 apology, presented in Chapter 2 of this study).

Nonetheless, psychotherapists may still enact harmful practices such as misgendering, deadnaming, and other microaggressions which can invariably lead clients to conceal their gender identities and/or terminate prematurely from counseling (Graham, 2024; McCullough et al., 2017; Rosati et al., 2022). Engaging in in gender change narratives, and transphobic responses fueled by cisnormative pressure both from within

the therapist and at times also external (e.g., from parents of a younger client) are considered severely harmful practices. Enactments of this kind may range from refusing to recognize a client's gender (by intentionally misusing their pronouns) to explicit conversion therapies, disapproval and injurious verbal statements or actions (Rosati et al., 2022).

1b. Cisgender therapists and interrogating cisnormativity.

Cisnormativity is pervasive and cisgender therapists must continue to interrogate assumptions and unconscious biases to avoid even subtle forms of cisnormative behavior. As an ideological assumption cisnormativity assumes that to be cisgender is a universal norm, that cisgender identities are "natural and unquestioned," and that nonbinary identities are "unstable and incoherent" (Ward et al., 2026, p. 303). Both interpersonal encounters and structural conditions regulate "legitimate gendered behavior" (Ward et al., 2026, p. 303).

An example of cisgenderism is the assumption from a cisgender therapist that a new client is also cisgender, or that clients are cisgender unless or until they disclose otherwise (Rosati et al., 2022). This assumption can and often does foreclose any future conversations a client may have about exploring their gender and sexuality in therapy, much less coming out to the therapist. Another cisnormative perspective is to make assumptions about the gender of a client's partner or spouse, or to assume that gender identity is something to be "treated" in therapy. Adopting cisnormativity as a default lens to understand a client's experiences and relationships is in itself a microaggression (Rosati et al., 2022). Therapists must refrain from treating gender identity as requiring

psychological treatment or viewing nonbinary identities through a reductive, pathologizing lens.

1c. Intersectionality and decolonial competence.

A deeper knowledge of intersectionality and decoloniality is necessary for therapists to comprehend the effects of structural oppression and/or the decolonial process on clients. In neoliberal capitalist countries, structural oppression is pervasive and rendered invisible to many. In neo-colonial or decolonial countries, sociogenic trauma (Duran, 2019, Gaztambide, 2024) is ongoing. It is not only critical to understand the extent of trauma and marginalization resulting from systemic and structural oppression but also to have clinical knowledge of how embedded such experiences are within the psyche and consequently, mental health. This is understood by scholars in the global south (Macleod et al., 2024) and by decolonial scholars (Fanon, 1952, 1963; Gaztambide, 2015, 2017: Khanna, 2003, p. 23; Mennoni, 1956; Narayanan, 2023; Swartz, 2018a, 2018b, 2020, 2022). Gaztambide's (2024) book, *Decolonizing Psychoanalytic Technique: Putting Fanon on Freud's couch*, includes a description of how a decolonial stance can interrogate the ways oppressive systems create interlocking systems of gender, sexuality, and race. This is comparable to how intersectionality theory (Crenshaw, 1989) makes visible the many intersecting identities of individuals, specifically those that compound marginalization.

Drawing on foundational ideas of intersectionality and liberation psychology, some scholars in the United States offer a pragmatic and accessible approach to creating case conceptualizations able to capture client experiences of oppression and

marginalization. For example, Jude Bergkamp and Melisa Kennedy at Antioch University recently published their aggregate model (Bergkamp & Kennedy, 2026) for use in clinical case formulations. Gaztambide (2024) uses a Fanonian sociogenic framework (Fanon, 1952, 1963) for case conceptualization that is both psychoanalytic and informed by social justice; it is designed to demonstrate how mental health struggles are shaped by broader racial, historical, and political systems. These models are practical methods of thinking psychotherapeutically about client distress within a framework that acknowledges a client's lived experiences of marginalization, oppression, and colonization.

Therapists are strongly encouraged to resist compartmentalizing clients' identities. The primary studies show that addressing all clients' identities as intersecting is necessary for a full understanding of how class, disability, and immigration status intersect with gender identity (Jumarali, 2022; Sandoval, 2021). In particular, White therapists must include and remain open to clients' experiences of race and racism both within and outside therapy. Studies concur that race and racism are avoided or minimized in treatment, especially by White therapists (Sandoval, 2021). Therapists must resist universalizing gender nonbinary experiences by disregarding racial, cultural, and socioeconomic diversity (Sandoval, 2021). Jumarali (2022) found that gender nonbinary clients, especially LGBTQ people of color value therapists who integrate all their identities (racial, gender, and sexual) within the therapy process.

When therapists acknowledge and discuss cultural differences openly, trust and rapport improve (Graham, 2024). Appreciation and awareness of a client's subjectivities and communities is essential (Hall & DeLaney, 2021). The subtheme titled Intersectional

Insensitivity, in McCullough et al.'s (2017) study captured the failure of therapists to recognize and/or avoid acknowledging that clients hold multiple marginalized identities (McCullough et al., 2017, p. 431), which includes neglecting to provide therapy spaces accessible to clients with disabilities (Jumarali, 2022). When intersectional insensitivity occurs clients may feel pressured to "choose one social identity at the time in treatment as a protective factor and for fear of losing the opportunity to continue working with a 'good' gender specialist" (Sandoval, 2021, p. 114). Lack of safety in therapy creates a therapeutic space unable to include a full integration of the person's self.

A participant in Sandoval's (2021) study shared that it was easier to talk about gender identity in therapy than about race and racism. Other studies concur that race and racism are avoided or minimized in treatment, especially by White therapists (Sandoval, 2021, pp. 112-113). Lack of safety in therapy creates a therapeutic space unable to include a full integration of the person's self. Furthermore, therapists must avoid assuming that gender identity is automatically the salient identity in psychotherapy even prior to obtaining the client's input (McCullough et al., 2017).

1d. Trauma-informed trainings and other helpful practices.

Trauma-informed approaches require counselors to prioritize the provision of safe and non-judgmental spaces both for processing trauma and for recognizing resilience and survival of clients (Graham, 2024). Trauma knowledge includes understanding the impact of minority stress that heightens a person's vulnerability to psychological distress. When trauma-informed knowledge is absent important contextual information about the client can be missed (Graham, 2024). Clinicians should strive to recognize and address trauma

in all its forms, including substance use, and support clients by actively building resilience (Applegarth & Nuttall, 2016; Graham, 2024).

Other helpful modalities include somatic approaches, eye-movement desensitization and reprocessing (EMDR), internal family systems therapy, mindfulness-based interventions, and group therapy. Peer support (Graham, 2024) as well as support groups outside therapy such as transgender support groups can be of value to gender nonbinary clients (McCullough et al., 2017). Finally, therapists should maintain an updated list that includes trans-affirming medical and legal professionals to provide to clients seeking recommendations, or direct clients to websites that carry vetted and updated resource lists trans-competent provider directories (Graham, 2024)..

2. The Therapist's Approach

Therapists should take an explicitly validating and affirmative stance towards a client's gender identity. This includes consistently and accurately using correct names and pronouns as a fundamentally necessary and affirming practice (McCullough et al., 2017). Cisgender therapists who discuss cisnormativity and its implications for clients, and who clearly demonstrate that a client's gender is authentic and recognized, are experienced as validating by clients. Furthermore, therapists should refrain from making assumptions about binary transition, understanding that a nonbinary gender is as legitimate as a client who is transitioning across binary categories. Studies cited this as especially important to nonbinary clients (Rosati et al., 2022) who may face pressure to conform to binary transition narratives (Hall & DeLaney, 2021); it is considered a microaggression for therapists to assume that being nonbinary is a temporary phase or

trend, or to reduce it to normal identity confusion in adolescents or simply too confusing to make sense of (Rosati et al., 2022).

Therapy goals are best decided collaboratively and should center empowerment within sessions. Therapists who work collaboratively on “participants' goals, clinical needs, identities, life experiences, and intersectional privileges and oppressions" rather than imposing agendas are appreciated (Ferragamo, 2021, p. 158). This may be achieved by countering power imbalances in the therapy relationship as when the therapist collaborates with a client and centers client autonomy in terms of the decisions and choices they are facing (Hall & DeLaney, 2021). Additionally, therapists who engage in advocacy outside the therapy room are valued by clients (Applegarth & Nuttall, 2016; Hall & DeLaney, 2021; McCullough et al., 2017).

Therapists should offer safe and appropriate engagement with significant others if requested by the client and only after careful discussion. When working with younger groups therapists can provide gender-affirming psychoeducation and resources to caregivers (including guidance on supporting their adolescent) and involve them in therapy sessions when indicated and appropriate, such as when discussing the coming out process to extended family (Price et al., 2022).

Other ways to support adolescents include offering psychoeducation, sharing resources and services specific to gender nonbinary youth, and providing appropriate structured opportunities to explore and discuss both gender-related stressors, (e.g., coping with unsupportive caregivers, managing gender dysphoria), and gender-affirming developmental processes such as social transitioning and coming out (Price et al., 2022).

3. The Therapeutic Alliance

Nurturing and protecting the therapeutic alliance is essential. Clients in the primary studies described the therapeutic relationship as centrally important (Applegarth & Nuttall, 2016), with emotional safety and trust viewed as core needs within the clinical setting. In addition, acceptance, validation, and the freedom to express oneself were seen as equally important (Hall & DeLaney, 2021), as is the building of a strong therapeutic alliance (Halliday & Caltabiano, 2020). McCullough et al., (2017) concluded that "what mattered most to our participants was having a caring, supportive, and respectful mental health provider" (p. 431).

When a misstep or rupture is felt or sensed by the therapist, it is crucially important to bring it up and take responsibility for it. Simply because a client does not appear to notice or voice their distress does not mean they are emotionally unaffected by the rupture. Clients may feel unsafe, frozen, or self-protective. Harm is compounded when the therapist fails to address and repair a rupture. Rosati et al. (2022) noted that unaddressed ruptures to the alliance contributed most frequently to negative therapeutic outcomes, and premature termination. Only a few successful reparations were reported (Rosati et al., 2022). The importance of rupture and repair is well-articulated in this quote by Rosati et al. (2022, p. 13):

> Finally, episodes of alliance rupture characterized both positive and negative therapeutic relationships. Indeed, ruptures and mistakes occur regardless of a therapist's attitude and intention (Knutson et al., 2019). What makes the difference is the overall quality of the therapeutic relationship and how the

> therapist faces the situation. The alliance rupture based on the client's gender minority identity may represent a little-known aspect for psychotherapists so that they might be unaware of their therapeutic mistake. Our findings showed that the alliance was most easily repaired when the therapist, rather than the client, addressed the rupture and apologized; that is when the therapist was able to acknowledge and declare their gender identity bias with the client (Johnson, 2014).

4. Systemic and Structural Barriers

Awareness and sensitivity to the systemic and structural barriers encountered by nonbinary clients is critical. Finding a therapist who is educationally and culturally knowledgeable, embraces gender variance, who is affordable, in-network, proximal and available requires tremendous effort and work by clients. When a client is under-insured, and cannot afford private therapy, has transport issues, and time limitations because of a job, the substantial barriers to accessing psychotherapy are substantial (Price et al., 2022; Sandoval, 2021). Long waitlists, long wait times between sessions, limited rural providers, and the non-acceptance of insurance by private practitioners, further exacerbate these financial and structural barriers (Graham, 2024; Price et al., 2022; Sandoval, 2021). Therapists can demonstrate awareness and sensitivity to the systemic issues faced by clients by acknowledging the effort taken to get to the first session, as well as offering adjusted fee schedules, later afternoon or evening appointment hours, and other kinds of provisions that acknowledge client constraints.

Therapists need to recognize and be sensitive to how much fear and anxiety can be triggered in the process of accessing mental health services. Applegarth & Nuttall (2016) highlight the cumulative impact of past negative experiences in creating a sense of pervasive fear which is easily triggered and often directly impacts the therapeutic relationship. Approximately 25% of trans adults avoid seeking health care for fear of discrimination and microaggression (Hall & DeLaney, 2021), which may then deter future attempts at seeking therapy (Sandoval, 2021).

Accessible, trans-affirming and safe physical and virtual environments for clients must be created. The 2019 COVID shutdown and introduction of remote video therapy have improved accessibility options for clients with technology and a private space in which to talk (Graham, 2024). In physical practice settings, including high schools, and universities where psychotherapy is provided, clear signals of affirmation and safety are important (Hall & DeLaney, 2021). This includes unambiguous trans-affirming bathroom signs and paperwork (Rosati et al., 2022, p. 12), gender neutral spaces, LGBTQ+ symbols and signs of acceptance, and a confidential psychotherapy space sensitive to impingements from traditional cisnormative expectations (Graham, 2024; Mackie et al., 2023). Physical and structural accessibility must include considerations for “physical disabilities, sobriety, linguistic diversity, and many other dimensions of identity that posed obstacles to accessibility” (Hall & DeLaney, 2021, p. 1292).

Gender-inclusive intake should remain current in terms of what is asked and how it is asked. Words change over time and providers need to keep their intake forms current, safe, inclusive, optional, and respectful in terms of questions about a client's name, gender identity, pronouns, and sexual orientation. For example, if a “legal name” is

required for insurance purposes, this should be explained with a disclaimer. Inclusive prompts can be used for gender identity and sexual orientation as well as open-ended questions and space to write in answers or options to decline answering (Graham, 2024, pp. 123-124; Knutson et al., 2019).

Institutional gatekeeping and discriminatory practices continue to burden nonbinary clients. To receive gender affirming medical care, mandatory psychotherapy session requirements for medical transition persist within many systems (Graham, 2024). Conversion therapy and its beliefs, practices and conversations with clients are still practiced in some settings (Sandoval, 2021, p. 114) where gender identity remains pathologized rather than affirmed (Rosati et al., 2022), and assumptions that gender identity requires psychological treatment persists (Rosati et al., 2022).

Institutional practices are still discriminatory. Despite anti-discrimination policies existing on paper, they are not consistently enforced (Graham, 2024, p. 124) resulting in a clinical workforce that lacks diversity and fails to adequately hire and retain gender nonbinary and BIPOC therapists (McCullough et al., 2017). Finally, most of the primary study authors cited the lack of mechanisms of accountability for clients reporting harmful therapy experiences, and the urgent need for formal mechanisms for safe reporting of harm and discriminatory practices.

Study Limitations

This section provides further context within which to interpret the findings and identify areas for further study. The major criticisms of qualitative research concern subjective researcher biases at all stages of the study, and especially within data

interpretation. To counter this, I provided a reflexivity statement in Chapter1 and utilized Rogers & Brown' (2024) model of critical ethical reflexivity. I also followed the recommended QIMS procedures for limiting bias by including the four triangulation types outlined by Patton (1999).

Data source triangulation included multiple database searches with search terms remaining as uniform as possible. I searched grey literature and used citation chaining which provided additional references found in various studies and research papers. Recent scholarly dissertations from accredited universities were helpful sources for references, eventually enabling me to gather over seventy pages of references over two to three years.

While I did not limit my primary study searches by method, the sampled studies were mainly IPA studies which limits method triangulation. To ensure triangulation of analysts, I recruited three other independent raters besides myself employing each at various stages of the research to review and discuss the searches, findings, and conclusions. In terms of theoretical triangulation, I drew from many different theories when seeking and understanding my data and findings; namely critical theories from political philosophy (Hegel, 1821, 2025), intersectionality theory (Cho et al., 2013), hegemonic theory (Gramsci, 2000; Marx, 2007), liberation psychology theories (Fanon, 1952, 1963; Gaztambide, 2015, 2017) decolonial theories (Anzaldúa, 1991, 2021; Swartz, 2007, 2018a, 2018b, 2022), and sociological theories (Burgwal et al., 2026; Diamond & Alley, 2022; Flentje et al., 2020), and psychoanalytic theories (Benjamin, 2018a, 2018b; Butler, 1988, 1990, 2004a, 2004b; Corbett, 2009a; 2009b; Layton, 2020; Gaztambide, 2015, 2016, 2019, 2024; Fanon, 1952, 1963; Swartz, 2005, 2018a, 2018b, 2020).

Further actions for mitigating biases and limits included providing an ENTREQ Table (Enhancing transparency In reporting the synthesis of qualitative research) (Tong et al., 2012), which can be viewed in Appendix 1.

Transferability of these findings is limited across other cultural, political, and economic contexts because of the small size of my sample as well as the demographics of each study's participants. They were mostly English speaking, and from the United States, and to a lesser extent, Australia and the United Kingdom. One study, while published in English, took place in Italy with Italian participants. Studies were also limited by date selected (restricted from 2010 through 2025) and by political ideology (the study locations (countries) all happened to fall under the umbrella of neoliberalism).

In terms of the final sample of sixteen studies, the synthesis was necessarily limited by the scope, reporting practices, and quality of the primary studies in the review. All studies met the inclusion criteria for methodological design, participant characteristics, and the richness of the qualitative data presented. However, some of the studies provided extensive participant quotations that facilitated reciprocal translation across studies, whereas others offered more limited narrative data, which ultimately constrained the depth of interpretation that might have been possible. Having said that, it is also true that the value of a meta-synthesis is to find patterns that transcend variations across primary studies.

While the synthesis drew from first-order verbatim quotes from the primary participants in each study, the order and surrounding context of some quotations could only be inferred, e.g., in the discussion of Andrea. Consistent with constructivist-

interpretivist epistemology, my interpretations shared within this study are just one possibility, among others, despite validation by more than one rater.

Recognition theory, chosen as my primary interpretive tool, is also limited in ways I discussed earlier, and explore further below. While this theoretical perspective provided a lens that made sense in terms of my particular subjectivity, I remain mindful that there are many alternative theoretical frameworks and researchers able to illuminate other aspects of the findings and generate alternative or perhaps complementary interpretations. In other words, this synthesis reflects one interpretation of the data that was theoretically informed but is not the only possible interpretation.

Regarding transferability, the findings reflect the cultural, social, and healthcare contexts represented in the included studies. While common patterns did emerge across the synthesis, the participants' experiences were situated within a particular historical, political, and institutional environment. Findings must therefore be understood as an interpretive synthesis of these contexts rather than as universally representing all gender nonbinary individuals or all mental healthcare settings.

Finally, the findings strongly indicate that the psychotherapist's competence extends beyond knowledge of gender diversity alone. Participant quotes consistently suggested that what is also valued by clients are a therapist's relational capacities. These include openness, epistemic humility, curiosity, willingness to repair misunderstandings and ruptures, and the ability to tolerate uncertainty without becoming defensive or rigid. Clinical training of interns and students may therefore benefit by further developing an understanding of relational capacities and how they can be included as psychotherapy tools. Professional education programs may consider including relational psychoanalytic

concepts, and a greater focus on gender, intersectional, and cultural humility with regard to educating future mental health clinicians.

The limits of recognition.

The results of this study suggest that Jessica Benjamin's theoretical work on mutual recognition within the relational psychoanalytic theory provides meaningful relational experiences within psychotherapy. However, for the many people who remain marginalized in countries with colonial and imperialist histories and /or those currently organized by neoliberal capitalist economies, recognition must be accompanied by redistributive justice and space for self-constitution[2]

Decolonial and critical-liberation scholars (Fanon, 1952, 1963; Gaztambide, 2015, 2016, 2019, 2024; Swartz, 2005, 2018a, 2018b, 2020) emphasize that psychotherapy consulting rooms are never insulated from broader systems of power (Coulthard, 2014; Morrill & Comas-Díaz, 2025). The therapeutic dyad is continually permeated by institutional, cultural, and political forces in control of whose identities are recognized, whose knowledge is considered legitimate, and whose humanity is deemed intelligible or acceptable. Therefore, while therapist and client may achieve a reparative experience of mutual subjectivity within the space of thirdness, the client ultimately leaves the session and returns to a social world that continues to be organized around racism, sexism, ableism and cisnormative assumptions.

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[2] Self-constitution refers to the active process of being the author of one's own identity, and self-constitutiveness refers to a philosophical framework that asserts the nature of agency as being the activity of self-constituting (Bagnoli, 2021; Meier, 2018).

Zurn's (2010) introduction to *The Philosophy of Recognition: Historical and Contemporary Perspectives* (Am Busch & Zurn, 2009) summarizes the major arguments and criticisms of recognition theory. Fraser's (2016) concern with psychoanalytic and cultural recognition paradigms is their tendency to over focus on interpersonal or cultural misrecognition and therefore lack the conceptual and normative tools necessary to address the depths of material exploitation and economic and distributive injustices. This is exacerbated by widening levels of economic inequality across the globe (Fraser, 2016). For similar reasons, theories that reduce recognition to a fixed or essentialist group identity risk distorting a complex culture filled with internal diversity into a freedom that relies on a different kind of social conformity (Gregson, 2025). Recognition without redistribution, as Zurn (2010) and Gregson (2025) argue, becomes a kind of bestowal or gift giving, assuring the intactness of the giver's power, and reducing liberation merely to "rights" and not the real redistribution of wealth and space for self-constitution that is required.

Psychoanalytic frameworks of recognition (Benjamin, 2018b) and "recognition-as" (Orange, 2008, 2010) have received criticism regarding their limitations in contexts where asymmetric power dynamics and structural harms prevail, such as during the decolonial process. Swartz (2018a, 2018b, 2020), writes about severe problems and limitations that arise when validation from a privileged class is "bestowed" upon those who have been marginalized, especially when colonial power structures remain intact and those who were colonized are dependent on the colonizer, even if for "validation," given that many other material needs are still not met. Gregson (2025) describes this form of

"recognition bestowing" as a trap, reducing liberation to "rights" rather than real redistribution of wealth and the space for self-constitution.

Speaking of the limits of the Truth and Reconciliation Commission in South Africa, Walaza (2000) predicted that "ideals of healing, forgiveness and reconciliation" without redistributive justice would "fail to become achievable realities and material conditions for all South Africans" (p. 250). Without real material change, and self-constitution, and as Swartz (2018a) using Winnicottian theory contends, the ruthless seizure of subjective freedom may be a necessary part of protest when rights do not materialize as land or wealth.

Examining this more closely, Swartz (2018a, 2018b, 2020) describes the 2015 #FeesMustFall protest at South African universities that was motivated by demands for free and decolonized education (Griffiths, 2019). Drawing from Winnicottian and Benjaminian theory, Swartz explores what recognition (in the Benjaminian sense) and recognition bestowing (as Gregson describes), with a reminder that "to reach a place of mutual recognition , which asks for a new subjectivity, may mean periods during which the ruthlessness of the struggle denies the humanity of the other. For Winnicott it is only after survival of ruthless attack that concern— the possibility of recognition— makes it appearance" (Swartz, 2018, p. 86).

The journey towards recognition entails a collision of needs followed by a negotiation outside Benjamin's doer and done to positions of "omnipotent control or folding into compliance" (Swartz, 2019, p. 86).

Similarly, the recognition of trans and gender nonbinary people must be accompanied by distributive justice. Real justice, Adler (2016) argues, requires moving

beyond narrower applications of justice limited to formal equality and antidiscrimination laws, which benefit only the most privileged TGNB people. Adler advocates using an approach that is both redistributive and intersectional, enabling the most powerful institutions within neoliberal capitalism to be challenged, and truly addressing material and economic survival.

Preliminary engagement with grassroots organizers, and legal service providers who work with low-income, homeless, and racially marginalized queer and trans individuals is important for identifying and targeting the actual needs of marginalized gender nonbinary people. Additionally, the following areas of need require ongoing attention: (a) legislation reform (beyond mainstream legal recognition of marriage or military inclusion) that includes practices that exclude GNB people from stable economic situations; (b) economic inclusion efforts, such as expanding workforce development, and elevating wages for vulnerable youth; (c) healthcare that is more easily accessible with better insurance coverage; and (d) the removal of excessive administrative obstacles for changing names and gender markers that block access to public assistance and stable employment (Adler, 2016).

Basting et al (2026) offer recommendations for enabling distributive (redistributive) justice for transgender and nonbinary (TGNB) people, that include: (a) improved resources and wealth through increasing systemic support required to meet basic needs (i.e. safe, stable housing, healthcare, and food security); (b) funding for available gender affirming treatment (hormones, surgery), and (c) special attention for vulnerable TGNB people who reside in locations identified as conservative and hostile to gender diverse people.

Concluding Thoughts

This study has argued that relational recognition within the space of thirdness is a powerful experience both in psychotherapy and in the world. Yet it does not stand in place of justice for people who have been harmed and are marginalized and deemed culturally unintelligible. Beyond recognition, distributive justice and space for self-constitution are essential to healing.

The final words of this study are those the Andrea Gibson. Gibson, poet Laureate of Colorado. Gibson shared their spoken-word poetry and journey with terminal ovarian cancer with the world. I have chosen to conclude this study with one of their poems about gender. The words written and spoken aloud by Andrea capture and communicate something profound about what is meant by self-constitution. Gibson's (2001) spoken-word poem is titled:

[3]*My Gender is the Undoing of Gender*.

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[3] Andrea Gibson can be heard speaking the poem at this link:

***https://buttonpoetry.com/andrea-gibson-my-gender-is-the-undoing-of-gender/)*.**

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Appendix 1

Table 8. *Enhancing transparency in reporting the synthesis of qualitative research: the ENTREQ statement*

#	Item	Guide and description	Location in Dissertation and page numbers
1	Aim	State the research question the synthesis addresses.	Abstract (p. iii); Ch. 1. (p.1).Purpose and Methodological Approach (pp. 3–4); Ch. 3. Formulation of Research Question (p. 94)
2	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis and describe the rationale for choice of methodology (e.g., meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).	Ch. 1. Purpose and Methodological Approach (p. 3); Ch. 3. Rationale for QIMS (pp. 89)
3	Approach to searching	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).	Ch 2. Search Methods (p. 22); Ch. 3. Data Collection (pp. 94)
4	Inclusion criteria	Specify the inclusion/exclusion criteria (e.g., in terms of population, language, year limits, type of publication, study type).	Ch. 3. Formulation of the Research Question (p. 94)
5	Data sources	Describe the information sources used (e.g. electronic databases, grey literature databases (digital thesis, policy reports), relevant organizational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	Ch. 4. Search Details (pp. 107, Table 1)
6	Electronic Search strategy	Describe the literature search (e.g., provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).	Ch. 2. Search Methods (p. 22).
7	Study screening methods	Describe the process of study screening and sifting (e.g., title, abstract and full text review, number of independent reviewers who screened studies).	Ch. 3. Data Collection (p. 94), , Ch. 4. Screening and Selection (p. 109) Sample Selection (p.105), Rater Triangulation (p.168).

#	Item	Guide and description	Location in Dissertation and page numbers
8	Study characteristics	Present the characteristics of the included studies (e.g., year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).	Ch. 4. Screening and Selection (pp. 108), Table 2. Characteristic of Selected Studies (p. 113).
9	Study selection results	Identify the number of studies screened and provide reasons for study exclusion (e.g., for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development).	Ch. 4. Fig. 1 Prisma Flow Diagram (p.104) Final Sample Selection (p. 112).
10	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings (e.g., assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings).	Ch. 3. Data Collection (p. 94).
11	Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g., Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).	Ch. 3. Data Collection (p. 94).
12	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	Ch. 4. Theme Extraction and Synthesis (p. 121).
13	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	Ch. 4. Coding Strategy & Triangulation (pp. 122); Ch. 5. Discovering the Two Patterns (p. 180).
14	Data extraction	Indicate which sections of the primary studies were analyzed and how were the data extracted from the primary studies? (e.g., all text under the headings “results /conclusions” were extracted electronically and entered into a computer software).	Ch. 4. Affective Coding Strategy (p. 126).
15	Software	State the computer software used, if any.	Ch. 5. Third-order Themes and affective coding (pp. 126). Ch. 5. Discussion (pp. 174).
16	Number of reviewers	Identify who was involved in coding and analysis.	Ch. 4. Third-order Themes (pp. 130)
17	Coding	Describe the process for coding of data (e.g., line by line coding to search for concepts).	Ch. 4. Table 5. (p. 130).

#	Item	Guide and description	Location in Dissertation and page numbers
18	Study comparison	Describe how were comparisons made within and across studies (e.g., subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).	Ch. 4. Study Limitations (pp. 217).
19	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive.	Ch. 5. Concluding Thoughts (p. 225).
20	Quotations	Provide quotations from the primary studies to illustrate themes/constructs and identify whether the quotations were participant quotations of the author's interpretation.	Ch. 5. Recommendations (pp. 205)
21	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g., new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).	Ch. 1. Ontological & Epistemological Stance (p. 17); Foregrounding (p. 19).

https://link-springer-com.proxy1.cl.msu.edu/article/10.1186/1471-2288-12-181/tables/1

Appendix II

Use of Artificial Intelligence

As the author of this work, I assume full responsibility for the writing, analysis, interpretation, and conclusions I present in this study. All ideas and information I derived from other authors has been cited accordingly, with full references in the provided reference list.

My use of artificial intelligence (AI) or AI-assisted tools was limited to help with searches, organizing research materials, learning software functions, and proofreading the completed dissertation as I outline below.

Notability. Notability was used to store some of the articles and research papers gathered for the literature review. Notability automatically generates bullet points for documents which I sometimes read to obtain a brief summary of information contained in the document. When a document was used as part of the writing of my study, I consulted, drew from, and cited the original source, rather than relying on the AI generated summary.

OpenAI ChatGPT. As described in Chapter 4, Open AI ChatGPT was used on two occasions to search for studies that may have been missed in some of the university library searches. ChatGPT was also used during the final checking of this document to identify any incomplete sentences, grammatical issues, punctuation errors, or other concerns that MS Word's spelling and grammar check failed to identify.

Google Gemini. Google's Gemini-generated summaries began appearing during google searches in the last few months. At times, these summaries were helpful for

understanding distinctions between philosophical concepts (for example, recognition as understood by Benjamin vs. Fraser vs. Fanon) or to further explore a topic through the MSU University library. When information appeared to be useful, I consulted and cited the original source by the original author. Gemini was also available in Google Sheets, and I used it as an instructional tool from which to learn spreadsheet functions, such as how turn a vertical list into a horizontal list etc.

Microsoft Copilot. Copilot is available Microsoft Word and was used as an instructional assistant to set up and format the front matter pages with correct numbering, and also the table of contents with the correct page numbers.

Scribbr. After the completion of my dissertation, I used Scribbr to perform a complete reference and citation check. The program identified 580 potential issues, the bulk of which involved minor, yet important formatting and punctuation issues, such as an extra space or missing full stops in references, or a missing “et al.” etc. I reviewed the identified issues and made the corrections as appropriate. Not all of the issues identified were valid or even correct, but it was nonetheless very helpful.

Delve. Delve was used to store and organize all 224 participant quotes extracted from the primary studies so that I could more easily assign individual quotes with an Affective Code.

Claude. Claude AI was used to compile a list of recommendations reported across a group of studies in order to develop a future handout for clinicians working with gender nonbinary clients. I reviewed this compiled list and drew from it when developing the smaller set of recommendations presented in Chapter 5. The recommendations included in the dissertation were cited to their original sources.

AI tools were not used as substitutes for the primary literature or other scholarly resources I consulted. I was always responsible for evaluating sources and conducting the qualitative interpretive meta-synthesis, making all analytic and interpretive decisions, and determining the final content of the dissertation.