

**“ME BEING MYSELF ISN’T A BARRIER”: IDENTITY AND PRAXIS OF
NONBINARY PSYCHOTHERAPISTS**

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James D. Goates
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ABSTRACT

Experiences of psychotherapists with marginalized identities, particularly nonbinary therapists, have been largely unexamined. Using critical-constructivist grounded theory, we explored the experiences of 13 nonbinary licensed psychotherapists through qualitative semi-structured interviews. We found that nonbinary clinicians ground their professional praxis—the embodiment of professional theory, action, and practice—in identity across seven interconnected areas: disclosing identity, utilizing identity experiences, navigating dehumanization, using self as a clinical intervention, empowering oneself and others, advocating within the profession, and centering anti-oppression ideologies. Findings add to the nascent examination of experiences of marginalized mental health professionals and note the value of identity integration into professional work. Recommendations for nonbinary psychotherapists as well as employers, training programs, and colleagues are discussed.

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CHAPTER ONE

INTRODUCTION

In recent years, psychotherapeutic research has begun examining the therapy experiences of clients with marginalized identities (Arora et al., 2022; Morris et al., 2020; Owen et al., 2011; Shelton & Delgado-Romero, 2011). However, the experiences of psychotherapists with marginalized identities, particularly nonbinary psychotherapists¹, have remained relatively unexamined. What little research has been done on clinicians with marginalized identities has focused on general offenses (i.e., ones not directed at the clinician or at an identity the clinician holds), addressing racism in the session, or on the experiences of trainees (Ahn et al., 2021; Ali et al., 2005; Bartoli & Pyati, 2009; Drustrup, 2020; MacLeod, 2013; Mbroh et al., 2020; Owen et al., 2014).

Previous work that has included the experiences of nonbinary psychotherapists is often focused on the overarching experiences of transgender and nonbinary (TNB) psychotherapists (e.g., Cherry, 2021) or is largely theoretical in nature (e.g., Shipman & Martin, 2019). Equating all experiences of TNB individuals can be problematic, as not all nonbinary individuals identify as transgender (Darwin, 2020) and nonbinary individuals have different experiences relating to identity development, identity management, and minority stress compared to their binary transgender counterparts (Bradford & Catalpa, 2019; Dray et al., 2020; Lefevor et al., 2019; Tatum et al., 2020; Waagen, 2022). Furthermore, empowerment and liberatory practices within nonbinary communities can take different forms due to the unique interaction of multiple systems of oppression (e.g., binarism, transnormativity, and White supremacy; Cordes Galbraith, 2022; Johnson, 2016; Templeton, 2016; Wisniefsky, 2020). Thus, in this study we aimed to expand the literature specific to nonbinary psychotherapists and their experiences of identity, dehumanization, and empowerment.

¹ The terms therapist and clinician can refer to different occupations depending on the field. In this article, we use the terms therapist and clinician interchangeably with psychotherapist to refer to one who is trained and licensed as a mental health professional providing psychotherapy.

CHAPTER TWO

LITERATURE REVIEW

Nonbinary Psychotherapists

Nonbinary identities encompass a wide range of gender experiences that are not explainable within a dichotomous, binary system. Matsuno and Budge (2017) provide a comprehensive definition of nonbinary identity as

a term that defines several gender identity groups, including (but not limited to): (a) an individual whose gender identity falls between or outside male and female identities, (b) an individual who can experience being a man or woman at separate times, or (c) an individual who does not experience having a gender identity or rejects having a gender identity. (pp. 116-117)

Although being nonbinary is a non-monolithic experience, there are various components shared by many individuals under the nonbinary umbrella that also apply to nonbinary psychotherapists (Galupo et al., 2021; Matsuno & Budge, 2017).

Within recent years, an increasing number of individuals within the field of psychology are identifying as nonbinary (Matsuno et al., 2020). However, there is a significant disparity of research available to guide TNB clinicians in general, let alone nonbinary psychotherapists. As Nealy (2011) described,

When I made the decision to come out as a transgender man, I knew that one of the challenges facing me would be coming out to my clients in my private practice. In case you were wondering, no real road map for this exists. Nothing in the clinical literature discusses these dynamics or offers guidelines about the best way to disclose one's shifting gender identification. I was anxious about how my clients would respond to my news. I was anxious about how I would be able to process and make space for their reactions alongside my own fears and insecurities. I worried about juggling their potential feelings in the midst of myriad personal thoughts and feelings about the monumental transition occurring in my own psyche. How would I handle potential transphobic responses? (p. 174)

Over a decade has passed since Nealy's comments, yet relatively little research has provided any guidance for current or future trainees along the spectrum of gender diversity. Some work has focused on navigating self-disclosure and countertransference (Chang et al., 2018), the supervisory experience (Cherry, 2021), and general considerations when working with clients (Bridgman, 2020; Shipman & Martin, 2017). However, each of these works speak to TNB clinicians in general and likely miss unique aspects specific to being a nonbinary psychotherapist.

Dehumanization and Nonbinary Minority Stress

Within systems of power and oppression, individuals with marginalized identities often face experiences of dehumanization. Dehumanization, although not synonymous with discrimination, can be manifested as discrimination (Moradi, 2013). However, dehumanization extends beyond discrimination and "extreme cases of antipathy," encompassing whenever "individuals or outgroups are ascribed lesser degrees" of

humanness (Haslam, 2006, p. 262). Although not often discussed in the literature on dehumanization, discrimination, tokenization, and micro- and macroaggressions can serve as mechanisms toward dehumanization (Bastian & Haslam, 2011; McClure, 2022).

Minority stress theory and other theories of dehumanization posit that social stressors specific to being TNB can have a negative effect on TNB individuals (Hendricks & Testa, 2012; Meyers, 2003; Moradi, 2013). Nonbinary individuals have been shown to have greater minority stress than their binary transgender counterparts (Lefevor et al., 2019). Broadly, nonbinary individuals can face discrimination in the workforce depending on their place of work (Dray et al., 2020; Goldberg et al., 2021). This suggests that nonbinary psychotherapists may experience similar issues depending on their type of clinical setting (e.g., private practice, counseling center, psychiatric hospital).

For therapists with marginalized identities, dehumanization can also occur from clients (Abram, 2018). This may be expected, as the interpersonal interactions within the therapeutic setting can be a social representation (i.e., microcosm) of the larger world (Miles et al., 2021). Although some research has begun to examine how to address microaggressions and dehumanization in therapy (e.g., Drustup, 2020; MacLeod, 2013; Mbroh et al., 2020; Miles et al., 2021; Wittkower et al., 2021), little work has focused on gender identity-based microaggressions directed at the therapist. As such, it is important to examine how nonbinary psychotherapists experience and address microaggressions in their work.

Nonbinary psychotherapists may also have to face transnormativity within their professional work. Transnormativity—the restriction of anyone who is not cisgender to “a hierarchy of legitimacy” that is dependent on the gender binary and medical structures (Johnson, 2016, p.465)—can have deleterious effects on nonbinary individuals. Indeed, transnormativity can impede how nonbinary individuals receive medical care (Konnolly, 2021), social legitimacy (Bradford & Syed, 2019), and erasure (Cordes Galbraith, 2022). Furthermore, transnormativity is present across the field of mental healthcare (Riggs et al., 2019) and can build upon White supremacy in which Whiteness is centered in the hierarchy of being TNB (Cordes Galbraith, 2020). For nonbinary clinicians, transnormativity likely plays a role in how they manage identity in their professional roles and interact with their colleagues.

Nonbinary therapists also do not experience the world solely through one identity. Instead, nonbinary therapists interact with the world with their whole self in the context of various systems of power and oppression that interact on various ecological levels (e.g., systemic and interpersonal; Matsuno et al., 2020). Intersectionality theory emphasizes the co-constructed role of matrices of dominance along interlocking axes of privilege and oppression (Collins, 2002; Crenshaw, 1991). Indeed, systems such as racism, ableism, and classism are all interdependent with cissexism and transnormativity in the experiences of nonbinary clinicians (Matsuno et al., 2020). Thus, we approach our examination of the experiences of nonbinary psychotherapists with an intersectional mindfulness that aims to go beyond a “single-axis, comparative, or additive” analysis (Lewis & Grzanka, p. 48). Indeed, we operate under the assumption that “co-occurrence of forms of oppression can produce experiences that are unique to the population occupying that specific social location” (Velez & Adames, 2021; p. 446).

Nonbinary Liberation and Empowerment

Experiences of nonbinary individuals extend far beyond a narrative of dysphoria, distress, and oppression (Konnolly, 2021). Indeed, being nonbinary is a source of strength and pride for many individuals (Bradford & Syed, 2019; Shuster & Westbrook, 2022). Additionally, resilience and empowerment arise in response to oppression and are present within the professional setting (Singh & Chun, 2010; Singh et al., 2011). As such, it is important to also examine the crucial experiences of joy, empowerment, and liberation embedded in being a nonbinary psychotherapist, considering that some fields within the mental health profession (e.g., counseling psychology) emphasize the importance of social justice and liberatory action (Singh, 2020).

Liberatory practices may take different forms for nonbinary psychotherapists. For example, identifying and interacting with the world as a nonbinary person can be an act of empowerment, resistance, and liberation in of itself (Johnson, 2017; Kupper, 2021). Despite challenges associated with openly identify as nonbinary in the professional setting (being “out”), being out in their workplace may serve as a source of empowerment for themselves and clients. Indeed, self-disclosure and visibility within the professional setting can give rise to feelings of empowerment (Lurie, 2014). As Patton (2009) points out, “when I am able to bring myself more fully into the room, clients are brought to greater awareness and feel safe in disclosure of their own experiences” (p. 191).

Nonbinary clinicians may also engage in coping mechanisms as well as personal empowerment by seeking out community from other TNB clinicians (Chang et al., 2018). Community engagement, healing, and action are important components of liberatory practice for queer, transgender, and nonbinary individuals (Bowling et al., 2020; Pflum et al., 2015; Singh et al., 2020). Similarly, previous research has demonstrated a relationship between involvement in activism and positive psychological functioning (Matsuno & Israel, 2017; Szymanski et al., 2021). As such, we also examine how nonbinary therapists may incorporate community, activism, and liberatory practices into their professional work as part of their own and communal well-being.

Current Study

Using critical-constructivist grounded theory (Charmaz, 2014; Levitt, 2021), we explored the unique experiences of nonbinary psychotherapists as they navigate, engage with, and perform in their multiple professional roles. We also explored the unique challenges nonbinary psychotherapists face in the context of cissexism and other systems of oppression. As such, our research questions were: (a) How do nonbinary psychotherapists navigate gender identity management and dehumanization in professional contexts? and (b) How does gender identity impact nonbinary psychotherapists’ professional roles and practice?

CHAPTER THREE

METHODS

Critical-Constructivist Grounded Theory

In general, constructivist grounded theory is a qualitative methodology which focuses on developing a theory or explanation of “social processes or actions” grounded in systematically coded and analyzed data (Sbaraini et al., 2011, p. 2). Constructivist grounded theory emphasizes the symbolic interactionism and subjectivity in meaning making (Charmaz, 2014). Critical-constructivist grounded theory similarly values subjective experience, while also attending to the various hegemonic systems of power and oppression that operate as the context of these experiences and findings (Levitt, 2021). Furthermore, this method recognizes the role and knowledge of the researcher in the creation of the theory and allows for theory to be built by analyzing the processes and actions beyond what is explicitly said (Charmaz & Thornberg, 2021; for a review of core principles, assumptions, and practices in grounded theory methods, see Hardesty et al., in press). Therefore, we used a critical-constructivist grounded theory approach to examine how nonbinary psychotherapists navigate their professional lives in the context of marginalization and various systems of oppression.

Researcher Reflexivity Statement

Our research was guided by various constructivist critical paradigms such as multicultural feminism, queer theory, and liberation psychology. These paradigms posit that systems of power and oppression form a significant context for one’s experience and assert that liberation from hegemonic systems must come from self- and community-empowerment (Moane, 2014). The research team consisted of four main members. Two members are White nonbinary doctoral students in a counseling psychology program. The primary member (author) self identifies as genderqueer and the other as transmasculine nonbinary. The other two members are counseling psychology faculty, one is a White cisgender woman and the other is a Latinx cisgender woman. All members have experience providing psychotherapy and conducting research with sexual and gender minority individuals.

To increase quality and trustworthiness throughout the project (Levitt et al., 2018; Morrish, 2005), members of the research team met and discussed their positionality and biases. During the initial stages of project development, the author explored with the research team how their experiences as a White, newly out nonbinary clinician played into assumptions of the presence of microaggressions as well as concerns regarding social transitioning in the professional sphere. Through this discussion, the research team also explored whiteness in the process and discussed how experiences along axes of race, class, and disability needed further investigation. Additionally, the author engaged in self-reflective memo writing throughout interviews and analysis to examine their own position within matrices of power and oppression as well as reactions to experiences that mirrored and diverged from their own.

Participants and Procedure

Following approval from our Institutional Review Board, participants were recruited online through snowball sampling on applicable LGBTQ and professional mental health listservs (e.g., American Psychological Association Divisions 17 and 44), social media (e.g., Facebook groups, Twitter), and professional counseling and clinical psychology contacts. Participants consisted of practicing psychotherapists ($n = 13$) who identified within the nonbinary umbrella and met inclusion criteria (i.e., 18 years and older, licensed mental health professional, hold a master's degree or higher in a mental health field, have seen a client within the past 6-months, and reside in the United States).

Thirty-eight prospective participants gave consent and completed a demographics questionnaire and method for best contact via the online survey platform, Qualtrics. Ten participants were excluded for not meeting eligibility criteria. Twenty-eight participants were then contacted on a rolling basis of survey completion to schedule interviews. Fourteen participants responded to requests to schedule interviews, but one participant did not respond after initial contact. Table 1 shows demographic information and pseudonyms created by the research team for each participant.

Interviews were conducted via a HIPAA-compliant Zoom account ($n = 12$) or telephone call ($n = 1$) per each participant's preference during the spring of 2021. Semi-structured interviews were conducted by the first ($n = 12$) and third ($n = 1$) authors, lasted approximately 0.81 to 1.60 hours ($M = 1.36$ hours, $SD = 0.22$ hours), and focused on participants development, identity, and experiences as a nonbinary therapist (see Appendix for full interview protocol). The first and second author developed the initial set of interview questions. Then the third and fourth authors provided feedback to ensure that the questions were broad enough to get a range of responses as well as maximize participants freedom to respond based on their own views of their experiences. All individuals that participated in interviews received a \$40 Amazon gift card. Audio recordings of interviews were transcribed by the first author as well as three trained undergraduate research assistants who were not involved in the data analysis.

Data Analysis and Trustworthiness

Data analysis was conducted by the first and second author and occurred concurrently with data collection. The first and second author coded interviews independently followed by comparison and discussion of arising concepts. As analysis progressed, coding moved from open coding (e.g., incident-by-incident) to more focused coding, allowing for the development of categories (Hardesty et al., in press). This involved constant comparison of our codes to the data to challenge and inform our developing theory, moving back and forth between coding and theoretical integration (Corbin & Strauss, 2015). Memo-writing ("memoing") facilitates movement between initial, intermediate, and advanced phases of sampling and analysis and aids researchers in understanding dimensions, properties, and personal reactions in the data (Hardesty et al., in press). Following best practices to assure quality in grounded theory analyses (see Charmaz & Thornberg, 2021; Fassinger, 2005), memoing and systematic comparative analysis was used throughout data collection to document the data analysis process and form a substantive grounded theory. Further, the first and second author engaged in memoing and discussions with each other to understand and challenge biases and

Table 3.1. Participant demographic data.

Pseudonym	Age	Gender	Race/ Ethnicity	Degree	Field	Theoretical Orientation	Clinical Setting	Time Practicing
Kris	35	Nonbinary	White/ European	Doctoral Degree	Clinical Psychology	Relational, Feminist, Queer/Trans Affirming, ACT	University Counseling Center	8 Years
Lee	33	Agender/ Nonbinary/ Genderqueer	White/Middle Eastern	Master's Degree	Mental Health Counseling	Reality Therapy/ Person-Centered	Private Practice	6 Years
Lanae	32	Genderqueer	African American/ Black	Master's Degree	Art Therapy	Intersectionality, Anti-Oppression, and Client- Centered	Private Practice and Community Center	10 Years
Jax	26	Agender/ Nonbinary	White/ European	Master's Degree	Mental Health Counseling	Relational, IFS, Systems Focused	Private Practice	2.5 Years
Ri	32	Nonbinary Woman/ Demiwoman	White/ European	Doctoral Degree	Clinical Psychology	DBT/CBT	Group Private Practice	1 Year
Elle	29	Nonbinary Femme	African American/ Black	Master's Degree	Art Therapy and Counseling	Anti-Oppressive Intersectional Feminist Theory; Person-Centered	Eating Disorder Treatment Center and Private Practice	3 Years

Table 3.1 continued

Pseudonym	Age	Gender	Race/ Ethnicity	Degree	Field	Theoretical Orientation	Clinical Setting	Time Practicing
Jo	30	Genderfluid	White/ European	Master's Degree	Art Therapy and Counseling	Eclectic	Enhanced Care Clinic	2 Years
Jace	28	Agender	Other/Jewish	Master's Degree	Social Work	Eclectic	Private Practice	8 Months
Nic	33	Nonbinary/ Transmasc	White/ European, Other Race/Ethnicity	Master's Degree	Clinical Mental Health Counseling	Humanistic	Private Practice	6 Years
Sami	33	Nonbinary	White/ European	Doctoral Degree	Mental Health Counseling	ACT	Private Practice	3 Years
Andi	39	Nonbinary	White/ European	Master's Degree	Mental Health Counseling	Contemplative/ Somatic/ Social Justice	Private Practice	3 Years
Cari	31	Genderfluid	White/ European	Master's Degree	Social Work	Psychodynamic	Private Practice	3.5 Years
Isa	44	Genderfluid	African American/ Black, White/ European	Master's Degree	Social Work	Psychodynamic	Nonprofit Mental Health Clinic	1 Year

assumptions throughout the process, including the impact of shared identities between the researchers and participants. Table 2 provides examples of memoing throughout data collection and analysis.

Following practices described by Corbin and Strauss (2015), the first and second author engaged in theoretical resampling from the collected data to build a robust theory. Theoretical saturation was assumed to be achieved through this theoretical sampling as well as rigorous data comparison, diagramming, and theoretical memoing in which no new theoretical dimensions were identified (Conlon et al., 2020; Sbaraini et al., 2011). Finally, the third and fourth authors served as auditors and provided feedback on the constructed theory and its grounding in the data. Each auditor reviewed three transcripts (no overlap) and the method and results sections. Based on their feedback, we revised the results section to make clearer that authenticity and genuineness were an important part of gender identity disclosure. We also added subheadings and improved the organization of this section. The auditors verified that the (a) data analytic process seemed logical, systematic, and thorough and (b) proposed model/theory and concepts were accurate, thorough, and grounded in the data.

Table 3.2. Examples of use of memoing in analysis and theory development.

Memo Title	Memo Excerpt
Reevaluating core concept	“Originally started with the idea that clinicians are using identity as a clinical tool. However, it became clear that identity as a clinical tool is a component of a larger category—clinicians use identity to form their professional praxis or embodiment of theory and action...Grounding professional praxis in identity is more accurate because that is the result of actions such as addressing microaggressions, disclosing identity, presenting, etc. and focuses on the fact that identity is central to the actions and reactions of the clinician”
Theoretical sampling: rejecting binary assumptions	“Nonbinary identity appeared influence their world view and approach to problems in a way that is not adequately represented by the current model...Resampling suggests there is a rejection of binary assumptions and thinking that is congruent with their experienced that they also attribute to their experiences with their identity.”

CHAPTER FOUR

RESULTS AND DISCUSSION

Core Concept: Grounding Professional Praxis in Identity

In the context of various hegemonic systems (e.g., cissexism, heterosexism, racism), nonbinary identity was more than a simple tool within the clinical setting, but a foundation for professional action and practice. Experiences within systems of oppression, which devalue and erase minoritized identities, create the need for clinicians to center their identity for the well-being, authenticity, and empowerment of themselves and their clients. Indeed, grounding professional praxis—the embodiment of professional theory, action, and practice—in identity was central to how nonbinary psychotherapists navigated their professional lives. Seven interconnected concepts form the basis for a professional praxis grounded in identity. These include disclosing identity, utilizing identity experiences, navigating dehumanization, using self as a clinical tool, empowering oneself and others, advocating within the profession, and centering anti-oppression ideologies. Furthermore, various individual factors (i.e., identity confidence, clinical setting, regional location, similar and dissimilar identities with clients, theoretical orientation, and appraisals of energy, safety, and clinical utility) affect the dimension and properties of each area (see Figure 1).

Disclosing Identity

Disclosing identity, or the expression of the clinician’s nonbinary identity to clients occurred through various methods (actively or passively; e.g., in-session disclosure vs. email signature and website biography). Some clinicians chose to actively disclose their identity “Basically, at the intake, I would share my identity and my pronouns and let them know that I will be correcting them, but it doesn’t need to be the main focus of what we talk about” (Cari, 31-year-old, White genderfluid). Other nonbinary psychotherapists chose to only disclose their identity passively unless they appraised the information to have clinical utility for the client. “While I might not openly identify straight off the bat to them, it’s in my bio, it’s in my professional disclosure statement...I don’t say it in my verbal consent, or anything unless it feels appropriate and it comes up” (Sami, 33-year-old, White nonbinary).

Clinicians also made decisions on their intentions to actively disclose their identity to a client based on nonbinary identity confidence (the comfort in personally claiming a nonbinary identity, regardless of being “out” to others), values, and theoretical orientation. Elle (29-year-old, Black nonbinary femme) said,

The last time I had a website, I did not have my pronouns. I think that was partially because I was still understanding them for myself...Now, I clearly put that I’m nonbinary on my website and then whenever I do consultations for my private practice, I share the majority of my identities. I don’t go super deep into them, but I share that I’m Black, nonbinary, and pansexual and I come from a social justice anti-oppression framework and in order to do that, I like to share just briefly my identities.



Figure 4.1. Conceptual model: Grounding professional praxis in identity

Isa (44-year-old, multiracial genderfluid) identified authenticity as a fundamental value in their practice and the role identity disclosure enacted in that process: “Authenticity is just really the most important thing about my practice and that means I have to be in me, as me, all of my identities.” Similarly, perceived incongruence between actions, values, and theoretical orientation moved Ri (32-year-old, White nonbinary woman) to reevaluate how they disclosed their identity while experiencing low identity confidence:

I wish I would have used they...I was not walking the walk of the talk that I talk in DBT [Dialectical Behavior Therapy] of opposite action to shame that you view as unjustified or ineffective. And I think in that case, I totally do believe that the shame or anxiety that leads me to not use my full true pronouns in that setting. It doesn't feel accurate, or at least not effective... it does feel a little bit more at odds with not being radically genuine.

Outside of identity confidence, appraisals of personal safety and emotional energy also affected how and when nonbinary psychotherapists decided to disclose their identity. Lee (33-year-old, White/Middle-Eastern agender) said,

You get a sense of safety whenever you're with certain people...Like, if somebody's saying something transphobic or homophobic, I'm not wanting to just be like, “screw off, I am trans.” I just kind of get a sense of safety, and I act accordingly.

In deciding to disclose their identity, various clinicians also had to challenge dehumanizing lessons from their training. Nic (33-year-old, White nonbinary/transmasculine) recounted being told by an instructor, “if you're going to market yourself with they/them pronouns, that's good, but otherwise it shouldn't come up. It doesn't have to come up with your clients.” Others experienced chastisement from supervisors in using their correct pronouns. Jo (30-year-old, White genderfluid) recalled,

I was approached by my supervisor after a session and was asked “did you realize you were saying he? Like what's that about, let's talk about that.” And I'm like, “oh, well I'm gender fluid and I just felt like the appropriate pronoun at the time.” And I was kind of discouraged from disclosing to clients. I was told that it wasn't really appropriate.

Utilizing Identity Experiences

Utilizing personal identity experiences within clinical work was inherent to a grounded praxis in nonbinary identity. Nonbinary clinicians drew from their experiences to establish the foundation of their work in the field. This occurred primarily through two methods: building rapport with clients and rejecting binary perspectives.

Building Rapport with Clients

Nonbinary clinicians found an increased ability to connect with clients because of their shared identities and experiences within systems of oppression. “I notice that my ability to build rapport with my community, with the LGBTQ community and the Black community, is elevated” (Elle). Similarly, clinicians found that clients often specifically sought out the therapist because of their shared nonbinary and other marginalized identities. For example, Isa noted, “I am openly nonbinary with my clients...Many of

them chose to work with me because of that shared vocabulary, shared experience, not having to do the one-on-one education work for your therapist.”

Through experiences of marginalization as well as personal identity development, nonbinary psychotherapists found their identity experiences to be integral in working with clients’ concerns as it created a certain level of compassion and sensitivity. Andi (39-year-old, White nonbinary) shared,

I think a lot of openness, a lot of compassion comes out of my own experiences being nonbinary...I also have my own lived experiences of oppression...And in that experience of oppression and marginalization is a systemic view to which I feel is very important and core to the way that I do therapy.

Lanae (32-year-old, Black genderqueer) expressed believing that being Black and nonbinary meant “being more aware and sensitive to my client’s needs and intersectionality and not having things being heteronormative...Just recognizing more that people’s experiences are different and not making assumptions about things.”

Similarly, clinicians found their experience with marginalization contributed to their ability to work with other marginalized identities. Sami explained,

I think [being nonbinary] does, within the marginalized identities, give me some insight into what’s going on...Not to say “I understand what you’re going through”...but to be able to look at someone else’s experience, not ignore it, not pretend it’s not happening, and to be like, “yeah, I’ve been through something shitty and so I guarantee whatever you’re saying has happened.”

Rejecting Binary Perspectives

By nature of being nonbinary, clinicians also described a proclivity to approach the field in rejection of a binary perspective based on their experiences. Isa described being a nonbinary psychotherapist as “questioning and challenging the binaries not only of gender, but also of sexuality, binaries of sanity and madness, binaries of diagnosis and all of the stark black and white thinking that we have in our profession.” Others found their nonbinary identity crucial to how they interact with their clients in general. Kris (35-year-old, White nonbinary) explained,

I question things a lot more...I see the nuances and uniqueness of the people that I’m working with in a way that’s not the same as some of my coworkers. I think when you start to not view the world in such a binary way or not be yourself in such a binary way...you start to challenge that idea of so many categories or categorization that your brain just inherently does.

Similarly, clinicians found their nonbinary identity and identity development set them up to reject the binary in their practice. Ri stated,

Finding a non-binary identity at age 32 just screams, to me, the idea of dialectics that two contradicting things can be true at the same time...Nonbinary identities are inherently nonbinary and inherently not black and white—inherently difficult or unable to be put into boxes. And I think there is an inherent power or strength in that as like a nonbinary therapist.

Navigating Dehumanization

Because of multiple systems of oppression inherent in the profession, nonbinary psychotherapists have to navigate dehumanization at multiple areas making their praxis inextricably grounded in identity. Clinicians had to navigate dehumanization from within the workplace, in working with clients, and across multiple systems.

Navigating Dehumanization Within the Workplace

At the institutional level, clinicians had to navigate policies on gender presentation, binary gender language, or cisnormativity in organizational operations. Sami explained, “policies with regards to dress code...like hairstyles, use or lack thereof of make-up, facial hair, body hair in general...tend to limit us and how we can express ourselves and how we might feel most comfortable.” Similarly, clinicians had to face dehumanization from employers. For example, Cari stated, “It’s been bad...I’m like remembering all these microaggressions...‘We don’t need any more training on queer things; we did that last year’—while also actively misgendering clients and staff and being harmful.” Similarly, clinicians had to navigate restrictive and binary structures in organizational systems, such as electronic health reports (EHRs), for themselves and clients. Andi shared, “Navigating paperwork, like if you have an EHR system, what populates where and how your name, if it’s your legal name, gets to be higher priority.”

Nonbinary psychotherapists also found themselves in experiences of tokenization because of their identities. Sami explained, “I think there’s this expectation that we have to educate everyone on the nonbinary experience...Like we should know everything about the nonbinary community.” Jax drew attention to the performative nature of tokenization:

My current practice is owned by somebody who...hoards people of minority identities to diversify her practice...I get seen as a nonbinary person when she's counting marginalized folks who work at the practice. Otherwise, I'm lumped in with the women....I've been working there for two years, and I still get misgendered.

Tokenization also comes with dangers, as Andi explained. “It’s not safe, because if I step out of line of what you want, from a token, I’m in danger of losing—I’m not good enough to keep. You’ll find another token that can take my place.”

Some clinicians noticed the transnormativity that occurred in the workplace in how they and their clients are treated and perceived. Kris discussed being delegitimized by coworkers and reduced to binary experiences:

I have hips, I have boobs, and I am not uncomfortable with those. Um, I am not um somebody who, um, medical transition is likely not going to be a part of my um transition nor my journey...One coworker will make comments not just saying that there’s no men, but saying that we’re all women. And I’m like, “no we’re not.”...It kind of gives the impression that...she sees nonbinary as either woman-lite or woman-with-a-twist.

Andi noted the difficulties in being understood in comparison to their binary transgender counterparts:

You know, binary trans folks can be understood in an easier way for some cis folks. Like, “Oh, you want to be a woman? Cool. I know what it’s like to be a

woman.” Versus “you want to be what? You don't feel like you're one gender or the other—what?”

Additionally, they noted how transnormativity also impacted the ways clients would cautiously approach therapists. Andi continued, “Nonbinary folks are presenting a more binary narrative to their therapists in order to have access to hormones and surgery...And, you know, as a nonbinary therapist, I get it.”

To mitigate dehumanizing experiences from organizations, clinicians had to find spaces that celebrated their identities. Elle shared, “I’ve officially moved into a community and they are mostly queer people of color and therapists who try to serve the community in an anti-oppressive way. So that feels like home.” When starting seeking new workplaces, some clinicians screen for support. Kris explained,

I asked my boss straight up, “I am an openly queer person and that’s not going away, so are you going to support me and back me?” And he said “yes,” and I said “okay,” because I decided at that point that like I didn’t want to be somewhere [without support].

Others built private practices where they felt they were free from potential dehumanization from coworkers. Nic noted, “I’m really glad I’m my own boss now in private practice, I don’t have to worry about coworkers...It’s hard when you’re professional to professional correcting people.”

Clinicians often situated their experience around their location (e.g., rural, southern) as well as type of clinical setting they were in (e.g., private practice, university counseling center). Elle described the difference in their experience moving from a midwestern metropolitan city to a southern city:

I think that, when I think about the South, I just think about that really big difference and how I felt like I had to reorient to my environment and rethink my steps in a different way than I ever had...I think the majority of the conversations I had was with this excuse around “we’re in the South.” And maybe that’s also why I use the South quite a bit because it’s been used as an excuse to be ignorant.

Similarly, clinicians believed the type of clinical setting (e.g., private practice as opposed to hospital settings) as well as their clientele affected their experiences of dehumanization. Clinicians who shared identities with clients recognized fewer instances of dehumanization. For instance, Lanae shared “Working in inpatient, like people saying racist things, some homophobic things, sometimes both... now, all my clients now are either trans or Black and brown, or both are like queer, and Black and brown. So, I haven’t had any problems.”

Navigating Challenges Related to Clients

Nonbinary clinicians also navigate and contend with confusion regarding client concerns, referrals, and terminations. For example, some therapists had to determine whether they should remain with clients based on gender-specific concerns. Ri questioned, “can I still be a part of that women's therapy group I'm a part of? Am I still, an attractive therapist to female-identified clients looking for a female-identified therapists for sexual trauma type of work?” Additionally, clinicians navigated confusion and found ways of creating empowerment from their experiences with clients. Kris stated,

I do wonder sometimes when certain students don't come back if [my identity] is a part of it...but once again I have to remind myself that even if that is the case, that doesn't mean that me being authentic and who I am is a problem. I think sometimes people take it as, "well, we don't want to make people not want to come in," or "we don't want to create anymore barriers," but, me being myself isn't a barrier.

Although clinicians reported that experiencing explicit dehumanization from clients was generally uncommon, navigating microaggressions from clients still took an emotional toll on clinicians. Jax (26-year-old, White agender) stated,

I think about the emotional toll that it takes to be misgendered and not seen for who you are by clients. Even if it's not like you're actively having slurs thrown against you, and you're being targeted and things like that, there is an emotional toll...Every time, it just hurts.

For some clinicians, navigating dehumanization also meant potentially being unable to attend to all of the client's needs. Cari explained, "it probably takes away a little bit from the quality of the session because I have to self-regulate, which is energy that could be spent getting attuned to them." To manage the emotional toll, clinicians found coping and healing community and affirming colleagues. Ri said,

I do think finding other nonbinary people...has been helpful. But then also, other queer people or allied people who you can talk to about the microaggressions, and just get support. And that's usually going to be the way to help you figure it out, even if we're all figuring it out together.

Navigating Dehumanization Across Multiple Systems

Although nonbinary clinicians did not always experience dehumanization regarding their gender identity, racism was consistently present in experiences for Black, Indigenous, People of Color (BIPOC) therapists as Lanae explained,

I don't think there's ever a time where I haven't experienced racism, like between school and work. But I do remember when I started being more expressive with my clothes, and I guess like people like quote, unquote, blocking me for being queer. That's when I started experiencing, both racism and homophobia.

Indeed, systems of oppression, such as racism, were not offset by sharing a nonbinary identity with clients. Elle shared, "One of the clients that I work with...called me by another Black therapist's name. So, there's this push and pull of this feeling like you're in community and feeling a sense of safety and then not."

Some clinicians noted various systems of dehumanization embedded in their experiences. Kris noted how dress codes can serve as a method of dehumanization across multiple areas for nonbinary clinicians: "I hate dress codes. They're classist. They're sexist. They're based on this idea of, you know, professionalism...I need money for a whole separate wardrobe for, yeah. And as a fat person, finding clothes is [difficult]." They followed up by also drawing attention to how stereotypes of being nonbinary span multiple areas which all contribute to dehumanization:

There is a very specific idea out there of what nonbinary or genderqueer people look like. It's very White, it's very androgynous/masculine. I have hips, I have boobs, and I am not uncomfortable with those...So sometimes that throws people

and kind of gives the impression that okay this isn't really real...I know my identity. I am comfortable in my identity. I am comfortable with a wide-range of what nonbinary looks like...but it feels like people that I interact with have a "oh okay, but it's not real" kind of thing in their head.

Other clinicians, like Lee, noted the ways disability and being a nonbinary therapist can interact: "I'm disabled. I have to do all my therapy actually from my bed and it's really uncomfortable. When you're in an office or whatever, you can leave it there in the office. It's my bed. I sleep here." Similarly, Lee emphasized the influence of systems such as capitalism in the toll on nonbinary therapists:

Capitalism hits hard for a lot of us, because we're all over functioning. And we all feel like we have something to prove. But really understanding how necessary breaks are. Because, you know, like, being trans to feel like you have to prove something for like the sake of all trans people everywhere... the comorbidities within being non-binary, but a non-binary therapist, they're real.

Using Self as a Clinical Tool

Nonbinary psychotherapists used themselves to demonstrate and model key therapeutic processes and goals. As clients explored their identities, particularly gender identity, nonbinary psychotherapists found their own identity development to be a useful example. In discussing exploring identity with clients, Elle said,

I have a directive that I use for folks who are investigating their identity and their identity development...We do it together. I do my words, and they do their words...Really inviting myself into this language so that they can see what it feels like, for me, is kind of the first step.

Even during uncertainty regarding their personal identity, clinicians found ways to demonstrate key therapeutic concepts for clients. In trying to emulate radical genuineness, Ri described their experience with a queer client examining their identity: "I asked them [their pronouns], then I gave mine and it was a very clinical moment of, 'You know what, I'm still figuring that out.'"

Clinicians also used themselves to address microaggressions from clients and family members. For example, when working with parents of trans children, Jace said, "I do insist that [parents] get my pronouns right...because even if it's not about me and my relationship with them and them gendering me, this is representative of how they should be gendering their kid too and the importance of that." Similarly, Lee discussed the therapy space as a place for modeling and practice:

This is a place of social modeling. It's a safe place to social model and to understand. So, if that's part of their goal, we will address how we can be kind to one another in this space. And hopefully, it'll generalize to either other trans folks...or to somebody that's transitioning...If, right now, we need to watch your words and be careful, so you're not harming somebody, we can do it here. It's safer for me to hear you mess up because it's not about me.

However, clinicians did not always readily use their identity as a tool with clients. Cari noted, "I think there's sometimes also a concern for me of, depending on what I share about my own process, will they then take that as a model that they need to follow as well?" Instead, clinicians made appraisals of the clinical utility for the client and used

discretion in their modeling. Sami stated, “I will probably share something more along the lines of my experience as nonbinary that relates to what the client is saying that I think would be helpful for what they’re experiencing.” Similarly, clinicians made appraisals of their own energy and safety. Kris said,

If somebody makes a comment and I, in that moment, don’t respond...I try and reflect back on why I didn’t to see what I might want to do differently next time. And sometimes there’s a lot of different reasons and sometimes it’s that I don’t have the emotional energy or it’s too close to home.

Empowering Oneself and Others

Nonbinary psychotherapists found empowerment of themselves and clients as a core component of their professional praxis. Jax stated,

I think it's so empowering to be an out nonbinary professional and say “yes, it is hard and it is worth it and I feel secure—even through certain insecurities and certain unsafety—that I know who I am” and to be able to meet clients and be like, “we're gonna find out who you are. And you're gonna fucking love that person.”

Similarly, when reflecting on being a nonbinary therapist, Nic said, “in the work I do, having the life experience and ability to connect with my clients in such a specific way has been probably empowering for both them and me.” Indeed, working for clients was an act of empowerment for clinicians. Elle stated, “it’s just such a privilege...to be someone who is affirming, that can show up, and maybe even sometimes be an advocate for that child and their family, fully in my body...demystifying this idea of gender.”

Further, visibility was an act of empowerment for clinicians within multiple systems of oppression. Lanae explained,

Being Black and genderqueer, that's important for a lot of people who either identify as both or one of two those things...It's really important for people to feel safe in the therapy space. And it's also important for me to feel safe as a professional.

Similarly, Jace (28-year-old, Jewish agender) spoke of the importance of representation in their self-empowerment: “I can dress the way I dress and still be nonbinary and that is also an important representation for my clients in terms of normalizing nonbinary experience.” Jax echoed that sentiment for clients wanting to enter a mental health profession, “to be an out, nonbinary person in the field, and then to work with clients who also want to do that—I think that representation is so important.”

Advocating Within the Profession

Because of the pervasive cissexism within the field, advocacy with the profession was a prominent feature of nonbinary psychotherapists professional praxis. As Nic stated, other professionals “aren’t gonna be very responsive to anything, much less nonbinary needs. So, I think, unfortunately, having to advocate for ourselves just kind of comes with the territory.” Advocacy took various forms for clinicians, but generally focused on improving the field for their clients. For example, Isa said,

I have done trainings and creative presentations...to make it so that other practitioners, people in my cohort and whatnot, know what's okay, what's not...to

open their minds to the many possibilities, so that they can feel free to really embrace it, look into it, learn themselves, take it further so that they can be best for clients.

Nonbinary clinicians also found they had to frequently advocate for themselves.

Sami stated,

I had to report one of the faculty for a microaggression that they had about gender and sexuality...As we get into this field, we go in as students, we go in as clinicians in training and we think that everybody's going to be open and knowledgeable and accepting and it's not always the case and that can really beat down a nonbinary counselor in training.

However, clinicians also emphasized the importance of finding supportive coworkers and supervisors in personal advocacy. Nic stated, "My supervisor was amazingly supportive and anytime I came to her...she was able to step in and kind of talk to people." Isa echoed this statement and said, "Having colleagues and supervisors and a general organization, mission and values that not only include, but welcome non-binary identity has been absolutely priceless."

Centering Anti-Oppression Ideologies

At the center of nonbinary professional praxis were anti-oppression ideologies (e.g., multicultural feminism, liberation psychology, intersectionality theory). Clinicians who did not normally self-describe with anti-oppressive labels still reflected on their decisions in the context of systems of oppression. For example, Nic said, "I guess it is causing oppression if I'm not speaking up about correcting my pronouns." Towards the other end of the spectrum, clinicians who more deeply identified within an anti-oppression framework, situated various strategies, such as responding to microaggressions, within their duty as a therapist. Elle stated, "It is our professional responsibility to provide some psychoeducation around gender identity. And it feels like even as a therapist and my personal self, but they both feel like there aren't any more excuses for causing pain to another human." Jax explained,

I think this is also part of the evolution of clinical practice, where we are humans, we are people. And I'm not going to allow people to disrespect me and my identity...Like, if you're being oppressive. I'm going to address it because I'm an anti-oppressive person...I can't unlink that from my clinical practice. Yeah, I guess I could. But I refuse to.

Ultimately, many nonbinary clinicians found their existence in the field as an alignment with systemic dismantling of power structures, as described by Isa:

I am a ravenous student of queer theory. And that really does come down to that aspect of changing and undermining and tearing down the ways we think about everything we were socialized with...I'm a queer social worker, queering social work.

CHAPTER FIVE

DISCUSSION

Nonbinary individuals are present in every sphere of mental health services. In other words, nonbinary individuals are clients, providers, and administrators within the mental health system. Yet, to our awareness, this is the only study to have examined the experiences of nonbinary psychotherapists. Results from our analysis show that praxis, the collective integration of professional theory, action, and practice, is grounded in the identity and experiences of nonbinary psychotherapists. Furthermore, our findings suggest that each concept within the grounding of a professional praxis is interconnected to other concepts and, thus, inform each other and share qualities. For example, disclosing identity also served to empower clients through representation and modeling. Similarly, clinicians navigate dehumanization through modeling, self-empowerment, and centering anti-oppressive ideologies.

Findings from our study offer various novel insights into the experiences of nonbinary psychotherapists. First, our study demonstrates how a nonbinary identity positions many therapists to challenge binary structures and conceptualizations throughout the profession that other clinicians may not inherently challenge. Representing a disruption of binaries was particularly powerful for nonbinary clinicians. Various clinicians spoke of the ability to interact with clients in therapeutic work from unique understandings of emotion and development, which is consistent with research identifying the limitations of predominant emotion models regarding nonbinary individuals' experiences (Sinnard et al., 2022).

Furthermore, our study goes beyond the experiences solely in the therapy or supervision relationship and explores the role of identity in praxis and experience as it extends throughout the entire professional sphere (i.e., in the workplace with employers and coworkers, in training, with clients, and in supervision). Nonbinary psychotherapists face experiences of both dehumanization and empowerment and have to navigate disclosure across their entire professional sphere.

Navigating Dehumanization

Nonbinary psychotherapists have to navigate dehumanization within the therapy session, in the workplace, and in systemic structures. Tokenization is common for nonbinary individuals, as suggested by previous research (Cherry, 2021; Johnson, 2017; Matsuno et al., 2020). Similarly, our findings support previous work stating that training programs can, at best, fail to support nonbinary trainees or, at worst, be a source of dehumanization through various mechanisms such as encouraging concealment and erasure (Matsuno et al., 2020). Additionally, findings from our study support claims that organizational structures and procedures can restrict clinicians and perpetuate binarism and transnormativity pervasive in the field of mental health (Riggs et al., 2019).

Although no participants explicitly identified transnormativity, various participants understood their experience in the context of hierarchical prioritization of binary perspectives. This supports findings from previous research demonstrating that nonbinary individuals can experience delegitimization by expressing their identity

outside the binary (Bradford & Syed, 2019). Similarly, comments from Andi regarding the experiences of nonbinary clients echo findings that nonbinary individuals have to present a more binary narrative when avoiding erasure and seeking gender affirming care (Cordes Galbraith, 2022; Konnelly, 2021).

Disclosure

Findings from our study suggest identity disclosure is an area many nonbinary therapists navigate and integrate into their work. Indeed, clinicians often found identity-disclosure to be impactful in their practice when empowering and relating to clients. This supports previous work demonstrating that disclosure and shared experiences with TNB clients can be beneficial for clients and their family members (Arora et al., 2022; Escobar, 2007). Furthermore, consistent with other work on self-disclosure (e.g., Chang et al., 2018; Kahn, 2021; Shelton et al., 2011), nonbinary therapists use various mechanisms of appraisal to determine if and when they should self-disclose.

Despite the ability for disclosure to be an impactful event in therapy, nonbinary therapists may receive criticism or erasure from supervisors, colleagues, and training programs. Some of this pushback may come from theories that promote the importance of the therapist attempting to be a blank slate for the client (Ladany et al., 2007). However, for clinicians whose presentation makes their identities more visible, this blank slate may not be possible. Nealy (2011) pointed out, “I have never really had the luxury of what I call the ‘theoretical blank slate’ that is supposed to be the therapist” (p. 175). Furthermore, clinicians with less-visible identities and presentations may be more likely to be assumed to be heterosexual and/or cisgender by nature of living in a cissexist and heterosexist society (Moore & Jenkins, 2012). Although this may not prove difficult for all clinicians, being assumed to be an identity other than nonbinary can potentially impact distress and well-being (Flynn & Smith, 2021). In other words, choosing not to disclose one’s identity is an area of privilege that some nonbinary psychotherapists may not feel they can afford for their own well-being.

Empowerment and Anti-Oppression Frameworks

Nonbinary clinicians in our study found their work being situated around empowerment and anti-oppression frameworks for themselves and their clients. Resilience and empowerment are liberatory responses to oppression (Singh et al., 2021). As noted by the therapists here, this occurs for them through community connection, representation and visibility, and resistance to oppressive systems within their therapy practices. Indeed, because of their experiences with oppression, nonbinary clinicians often centered their praxis around anti-oppressive work, and engaged with clients through critical paradigms, such as multicultural feminist psychotherapy and liberation psychology (for a review, see Moane, 2014).

Clinicians noted the importance of finding community and receiving social support in their well-being and empowerment. Previous research has demonstrated the connection between social support and decreased psychological distress (Budge et al., 2014) and emphasized the importance of community connection in the empowerment of TNB clinicians (Chang et al., 2018). Furthermore, therapists recognized the impact and empowerment of their visibility and identity on clients as they navigated shared

experiences and systems of oppression. This supports previous research suggesting that shared experiences with the psychotherapist can be helpful for the client in empowerment and navigating stigma (Arora et al., 2022; Escobar, 2007; Windsor, 2018).

Limitations and Future Research Directions

Our finding presented here are not without limitation. Due to financial and institutional restrictions, we were not able to engage in various data collection activities such as member-checking and interviewing additional participants. As such, future research may find greater depth and properties to some of the areas discussed here. For example, Nealy (2011) noted that transgender clinicians may experience a “spotlight” on their identity with clients as they are exploring and developing their identity (p. 175). All but one clinician, Ri, expressed that their experience of identity exploration and transitioning occurred when they were not seeing clients. As such, it may be that there are components of pressure and influence from clients in identity exploration that are not accounted for in our model. Therefore, we recommend future research examine in greater depth the decision process, factors, and outcomes for clients and clinicians during nonbinary psychotherapists’ identity exploration and self-disclosure.

We recruited participants via convenience sampling using LGBTQ and mental health professional networks and listservs. As such, our sample is not representative of the entire population of nonbinary mental health therapists and was less likely to include individuals who are at lower levels of outness and comfort with their gender identity status and/or less advanced in their identity development. Future research might use different recruitment methods to reach clinicians at earlier stages in their gender identity development. Some of our participants noted the influence of their mental health professional training programs on their identity development and practice. As such, future qualitative research might examine nonbinary students’ experiences in their training programs.

Qualitative research is particularly suited for providing rich, contextual understandings of phenomena in areas where little is known. Building on the insights gleaned in this study, future research might move to quantitative methods to (a) examine if, when, and how nonbinary identity disclosure and use of self as a clinical tool impacts the therapeutic relationship, (b) investigate nonbinary clinicians experiences of dehumanization in their various professional roles and how it relates to their mental health and job-related outcomes, and (c) develop workshops to improve nonbinary cultural competence in both mental health training programs and workplaces and examine their effectiveness.

Implications for Nonbinary Psychotherapists

This study is among the first of its kind to look directly at how holding a minoritized gender impacts the clinical work of psychotherapists and presents some interesting implications for nonbinary psychotherapists. Given that nonbinary psychotherapists group their praxis in their personal and professional identity, being able to utilize this praxis when pursuing advocacy work or undermining oppression in the larger system of psychotherapy can also be broadly grounded in understanding power, privilege, and oppression for their clients as well as for themselves. By being able to

empower themselves and help their clients do the same, nonbinary psychotherapists have a unique positionality from which to work from. This positionality, in turn, may be able to have them experience a unique understanding of client presentations and being able to think more laterally about client presenting concerns.

However, the present study showed some negative implications as well. Nonbinary psychotherapists seem to be more at-risk for experiencing dehumanization and experiencing microaggressions from colleagues and clients. Being more at risk for these experiences may lead to burnout, especially from an earlier career psychotherapist. Nonbinary psychotherapists should be attuned to taking care of themselves in the face of these experiences of minority stress, and may want to discuss the implications of this potential burnout with clinical supervisor or trusted colleagues.

Implications for Coworkers, Employers, and Training Programs

It is becoming more likely that supervisors will have nonbinary trainees, programs will have nonbinary students, and practices will have nonbinary professionals; however, our findings suggest nonbinary psychotherapists are generally unsupported. As such, it is important that organizations and individuals who work with nonbinary psychotherapists understand the unique experiences of their colleagues and students. From our findings, we recommend that colleagues of nonbinary practitioners examine their organizational systems and policies, such as dress codes and filing systems, which erase and delegitimize the experiences of nonbinary clinicians and clients. Furthermore, we recommend colleagues review the emerging literature on best practices to support nonbinary colleagues (e.g., Matsuno et al., 2020) and engage in critical reflection of personal participation in systems and norms which support the dehumanization of nonbinary individuals in general. As our participants note, support from colleagues and organizations can greatly aid in self-empowerment, professional development, and resilience.

CHAPTER SIX

CONCLUSION

This qualitative study is one of the first to explore nonbinary psychotherapists' unique experiences within their professional roles. For nonbinary therapists, identity is an integral component to how they engage with the field, their clients, and their colleagues. Nonbinary clinicians also find ways to empower themselves and their clients while navigating systems of oppression. However, employers, coworkers, and training programs seem generally unprepared to support nonbinary psychotherapists. Thus, it is essential that the field of psychotherapy understand and address the barriers and dehumanization that are often characteristic in nonbinary psychotherapists' experiences. Finally, it is our hope that findings from this study can aid nonbinary psychotherapists—both current and aspiring—in their professional development and personal and communal empowerment.

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APPENDIX

Appendix A: Initial Nonbinary Therapist Experiences Semi-Structured Interview Questions

Identity Development

1. Describe your process or journey of developing a nonbinary gender identity?
2. How has your nonbinary gender identity influenced your development as a therapist?
3. What does it mean to you to be a nonbinary therapist? How has your identity as a nonbinary therapist changed over time?
 - a. Could you elaborate on specific time where you saw a change in your identity as a nonbinary therapist? What do you think contributed to this change?
 - b. How have your work environments (e.g., clinic, office, counseling center) impacted your experiences and identity development process as a nonbinary therapist? If you have worked in multiple settings, how has this changed?
4. What are the unique issues of having a nonbinary gender identity and being a therapist?
 - a. What are the positive aspects of having a nonbinary identity as a therapist?
 - b. What are the challenges? How do you deal/cope with the challenges?
 - c. How does your nonbinary gender identity influence your counseling practice and work with clients? When working nonbinary clients, how do you see your nonbinary identity informing your work with these clients? How does your nonbinary gender identity influence other professional roles or work that you engage in (e.g., teaching, supervision, advocacy)?
5. Are there other aspects of your identity that influenced your development as a nonbinary therapist?

Identity Disclosure

6. Do you disclose your nonbinary gender identity to clients?
7. What factors contribute to your decisions to disclose or not disclose your gender identity with clients?
8. How have clients responded to your disclosures? (Ask if participant has disclosed. If they have not disclosed, skip to question 9).
 - a. Can you tell me about a specific situation where you disclosed your nonbinary identity to a client? What happened? How did the client react? How did you react?
 - b. Can you tell me about a specific incident where your disclosure went well? How did you feel/react? How did you handle it?
 - c. Can you tell me about a specific incident where your disclosure didn't go well? How did you feel/react? How did you handle it?
 - d. What has worked and not worked when disclosing your nonbinary gender identity to clients?

9. Has the way you navigate gender identity management and disclosure in therapy changed over time? If so, how?

Microaggressions

10. Gender identity-based microaggressions are verbal or behavioral indignities, whether intentional or unintentional, which communicate hostile, derogatory, insensitive, or negative slights and insults about one's nonbinary gender. Have you ever experienced a microaggression from a client related to your nonbinary gender identity?
11. If yes, how often has this occurred? What types of microaggressions have you encountered?
12. Can you tell me about a specific incident where your client committed a microaggression against you?
 - a. How did you feel/react both emotionally and behaviorally?
 - b. What did you do or say when this occurred? What factors contributed to making this decision on how to respond?
 - c. How did you feel about your response? (both in the moment and later on)
 - d. How did this incident affect your view of the client?
 - e. How did this incident impact your relationship with the client and your counseling work with them?
 - f. How did you make sense of this incident in the context of the client's core issues?
 - g. Looking back, are there ways in which you would handle the situation similarly or differently?
13. How do you cope with microaggressions related to your nonbinary gender identity that you experience while providing therapy to your clients?

Recommendations as Nonbinary Clinicians

14. What advice or recommendations do you have for mental health providers or agencies who have nonbinary clinicians on staff?
15. What advice do you have for early career nonbinary clinicians or clinicians in training that will help them prepare for a career as a therapist?

Closing Question

16. Is there anything else you would like to share that would help us understand your development, identity, and experiences as a nonbinary therapist?

VITA

James “JD” Goates was born and raised in Utah. After receiving a bachelor of arts in psychology from Brigham Young University, they completed a master’s of education in bilingual mental health counseling from Teachers College, Columbia University. JD is currently a doctoral student in the Counseling Psychology program at the University of Tennessee, Knoxville and is serving as a host institution co-chair for the American Psychological Association’s (APA) Student Affiliates of Seventeen (SAS).