

Duquesne University Duquesne Scholarship Collection

Electronic Theses and Dissertations

Summer 8-11-2018

Re-Queering the Trans Binary: Gender Nonconforming Individuals' Experiences in Counseling and Therapeutic Settings

Michael Stephens

Follow this and additional works at: <https://dsc.duq.edu/etd>

 Part of the [Counselor Education Commons](#), and the [Education Commons](#)

Recommended Citation

Stephens, M. (2018). Re-Queering the Trans Binary: Gender Nonconforming Individuals' Experiences in Counseling and Therapeutic Settings (Doctoral dissertation, Duquesne University). Retrieved from <https://dsc.duq.edu/etd/1466>

This Immediate Access is brought to you for free and open access by Duquesne Scholarship Collection. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Duquesne Scholarship Collection. For more information, please contact phillips@duq.edu.

RE-QUEERING THE TRANS BINARY: GENDER NONCONFORMING INDIVIDUALS'
EXPERIENCES IN COUNSELING AND THERAPEUTIC SETTINGS

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Michael H. Stephens, LPC

August 2018

Copyright by
Michael H. Stephens

2018

**DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education**

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)
Counselor Education and Supervision Program

Presented by:

Michael Stephens, LPC
M.A., Human Development Counseling (University of Illinois-Springfield)
B.A., Psychology (University of Illinois-Springfield)

May 16, 2018

**RE-QUEERING THE TRANS BINARY: GENDER NONCONFORMING INDIVIDUALS'
EXPERIENCES IN COUNSELING AND THERAPEUTIC SETTINGS**

Approved by:

_____, Chair
Debra Hyatt-Burkhart, Ph.D., LPC
Associate Professor & Direction of Program Practices of Counselor Education and Clinical
Facilitator
Department of Counseling, Psychology, and Special Education
School of Education
Duquesne University

_____, Member
Matthew J. Bundick, Ph.D.
Assistant Professor of Counselor Education
Department of Counseling, Psychology, and Special Education
School of Education
Duquesne University

_____, Member
David L. Delmonico, Ph.D., NCC, ACS
Professor of Counselor Education
Department of Counseling, Psychology, and Special Education
School of Education
Duquesne University

ABSTRACT

RE-QUEERING THE TRANS BINARY: GENDER NONCONFORMING INDIVIDUALS' EXPERIENCES IN COUNSELING AND THERAPEUTIC SETTINGS

By

Michael H. Stephens, LPC, NCC

August 2018

Dissertation supervised by Dr. Debra Hyatt-Burkhart

This study sought to unearth the narratives of gender nonconforming (GNC) individuals' experiences of mental health services. The term gender nonconforming refers to individuals who do not identify with a strictly male or female concept of gender identity. There is an insubstantial research that has been conducted into the provision of effective mental health services for gender nonconforming individuals. Most of the studies in the literature review used the term transgender to highlight gender minority experience of counseling.

This study used gender nonconforming to separate from this terminology confusion. Individuals who identify with the identity label of transgender can be gender nonconforming, but not always is this the case due to the varied individual meanings of these terminology. In order to uncover the narrative of the target population, the participants of the study were purposefully selected to include only those who hold a nonbinary definition of their gender identity.

This hermeneutic phenomenological study was informed by Queery theory and Hycner's (1985) guidelines to phenomenological research. The study was conducted with a total of nine interviews who identified with the study's definition of gender nonconforming. The results of the study identified themes that address the participants queer identity development, internal and external barriers for therapy, and factors that promoted positive and negative experiences of counseling. The limitations, implications of the study, suggestions for future research, and questions for future research are included.

DEDICATION

“This dissertation is dedicated to my mother. Not only is she the one responsible for my existence on this earth, she is the one that sacrificed so much so that I made it to this point. I appreciate everything you’ve done and given up for me. I’m proud of you for all that you have managed. You’re my real-life, living embodiment of my favorite super hero: “Wonder Woman”.

Love you, Mikey-Poo”

ACKNOWLEDGEMENTS

“Be who you are and say what you feel, because those who mind don’t matter and those who matter don’t mind” - Dr. Suess/Bernard Baruch

_____ * _____ * _____ * _____ * _____ * _____ * _____ * _____ * _____ * _____

To my mother, Kim Stephens, who taught me the meaning of courage and strength. Shown me by example of how to overcome life struggles and obstacles, while taking them in stride, and teaching me how I can do this on my own. These are the skills that got me this far.

To my father, Shane Stephens, thanks for caring for me and teaching me how to be a man in this world - sans the very binary I write against in this dissertation.

To my partner, Garrett Churley, thanks for believing in me, cheerleading, and sticking through the harder times which enabled me to complete this leg of my scholarly journey. And ultimately thanks for being my genuine partner, without whose love I would not be the same.

To the matriarchs of the family, Lisa and Gram, love you and appreciate all you’ve done for me to get me this far.

To my chair and mentor, Debra Hyatt-Burkhart. Thanks for convincing me “I know some stuff about some stuff…” and how to prove it.

Thank you to my committee members, Dr. Bundick and Dr. Delmonico for your time and energy on this project.

To my “always roommate”, Dustin Matos, for always being my “sane-ish” ear to vent to and giving me undying support. I always know that you understand what I’m going through. Thanks for being one of my truest and best friends.

To JC, my twin, my love, and my brother. Thanks for being there and helping me through life. Without your support, love, and all of our talks and laughs; I definitely would not have made it to this point or even felt confident enough pursue my dreams.

To Liza Cattani - “my always love” - thanks for showing me that life is not about the amount of texts or hangouts, but rather the genuine fun one can have from simply being around each other. My sides still hurt thinking about “cold tub”, “Krogles”, and starting the day off with your lunch break. I appreciate our undying connection that we have fostered ever since you wandered into my dorm room freshman year.

To CR@!G. I appreciated the cheerleading and support you’ve supplied with me this past year — and throughout the years. I’m so thankful that life has lead us back together… not so sure I would have made it through this year without you!!!

To my work sister-wives: Brittany, Kristen, and Kristen, thanks for your support, the vent sessions, and pushing me to take the time I needed both for self-care and for productivity. I appreciate your friendships and support over this past year. To many more to come!!

To Ronda! Thanks for being my friend, colleague, support and "follower", I truly would not have made it through all my work and life stress this year without you.

To Jilly, Jillian Briggs, thanks for also being a wonderful and consistent support in my life. Thank you for also going the extra, extra mile for reading through this documents in its very early and rough stages!! Love you!!!

To Stacey and Troy Windisch, thanks for giving me a home and including me as a member of our eclectic little family. You were there for my in my stress and doubts for moving across the country to pursue this doctorate degree. Both of you encouraged me that I can do this and I worked to prove you right. Miss you both! Stacey you are one of the strongest people I know and I recalled this strength in some of my own weaker moments in this process.

To Amanda Davis. You, too, are a key figure in my life, my journey, and my path to get to this point. I appreciate you and miss you every day.

Christian Chan, another one of my confidants and supports in this process. You showed me how it's done and I worked to join you in the PhD club. Thanks for you guidance, support and friendship the past few years!

Rebecca, Rebkil, I lost you too early. I am sorry we lost touch and I'm even more sorry that we do not have you here on this earth anymore. You were one of my first friends and college and without you I know I would have dropped out with one of my many "quarter life crises".

To Kerry Poynter. Without the experiences gifted to me by our work at the resource office, I don't know if I would have found my passion for this concentration. I appreciate you for your trust in me as a graduate assistant and miss our work together at the office.

To Duh-nise, Lisa, Sean, Michelle T., Heather, Gabbi, Ryan, Michael C., & Jeremy; my fellow cohort members whose support also got me through our program.

Thanks to Michael Pulido for editing this document and being patient with all my verb-tense agreements, over-comma usage, and the many past/future tense issues!

To the many other family members and friends that supported me and showed me kindness and support which also enabled me to work through my process of becoming a scholar.

TABLE OF CONTENTS

Committee Page	iii
Abstract	iv
Dedication	vi
Acknowledgments	vii
List of Tables	xv
Chapter I: The Problem	1
Introduction	1
Background of the Problem	2
Statement of the Problem	3
Purpose of Study	5
Research Questions	6
Significance of Study	6
The Study	9
Participant Selection	9
Data Collection	10
Theoretical Foundation and Conceptual Frameworks	11
Explication of Data	13
Definitions	15
Overview of Dissertation	17

Chapter II: Review of the Literature	18
Introduction.....	18
Terminology.....	18
Sex, Gender, and Intersex	19
Sexual and Gender Identity.....	20
Gender Identity Development.....	22
Gender Identity Categories	25
Transgender and Transsexual	25
Cisgender	26
Gender Nonconforming	26
Gender Nonconforming Prevalence.....	27
Global Examples of GNC	28
Politics / Bathroom Bills.....	29
Protests and Gender-Based Violence.....	29
Historical GNC Individuals / Media.....	31
Topic Relevance.....	33
GNC and the Helping Profession.....	34
Previous Research On Counseling Experience for GNC.....	37
Positives Therapy Experiences	37
Negative Therapy Experiences	39
Theoretical Foundation of the Study.....	40
Phenomenology.....	41
Hermeneutic Phenomenology.....	41

Queer Theory	42
Chapter Summary	44
Chapter III: Methods	46
Purpose of the Study	46
Research Design.....	47
Qualitative Inquiry	47
Sample.....	48
Purposeful Sample	50
Participant Recruitment	51
Selection Criteria	51
Data Collection	52
Semi-Structured Interviews	52
Transcription.....	53
Interview Questions	54
Instrument	54
Researcher as the Instrument	55
Researcher Journaling and Note-Taking.....	57
Ethical Considerations	57
Informed Consents	58
Treatment of Participants.....	59
Confidentiality	59
Data Storage and Retention	60
Report Findings.....	60

Data Analysis	60
Bracketing and the Phenomenological Reduction	61
Listening to the Interview for a Sense of the Whole	61
Delineating Units of General Meaning	62
Delineating Units of Meaning Relevant to the Research Questions.....	62
Clustering Units of Relevant Meaning	62
Determining Themes from Clusters of Meaning	62
Summary Review and Modify Theme	63
Dependability of the Data Credibility.....	63
Chapter Summary	64
Chapter IV: Research Findings	65
Introduction.....	65
Demographic Information.....	66
Individual Interviews	67
Presuppositions	67
Analysis of Interviews	69
Case-By-Case Analysis.....	72
Interview 01	72
Interview 02	83
Interview 03	93
Interview 04	101
Interview 05	115
Interview 06	129

Interview 07	137
Interview 08	153
Interview 09	172
Cross Case Analysis.....	184
Chapter Summary	187
Chapter V: Discussion	188
Introduction.....	188
Discussion of Findings.....	189
Queer Theory and Identity Development	190
Theme #1. Queer Identity Development.....	190
Implications.....	192
Research Question #1	194
Theme #2. Internal Barriers	194
Theme #3. Environmental and External Binary Pressures	196
Implications.....	198
Research Question #2	200
Theme #4. Feeling Heard.....	200
Theme #5. Open and Safe Environment	201
Implications.....	201
Research Question #3	203
Theme #6. Negative Factors of Therapy Experiences	203
Theme #7. Positive Factors of Therapy Experiences.....	206
Implications.....	206

Research Question #4	208
Theme #8. The Works Not Done Yet	208
Implications.....	209
Limitations to the Study.....	210
Implications for Future Research.....	212
Questions Generated by Research	214
Conclusions.....	214
References.....	217
Appendices.....	226
Appendix A: Demographic Questions	226
Appendix B: Semi-Structured Interview Questions	227
Appendix C: Email to Faculty Requesting Participant.....	228
Appendix D: Recruitment Flier	229
Appendix E: Informed Consent	230

LIST OF TABLES

Table 1. Summary of Participant Demographic Information	68
Table 2. Participant 01 Phrases of Significance.....	82
Table 3. Participant 02 Phrases of Significance.....	93
Table 4. Participant 03 Phrases of Significance.....	101
Table 5. Participant 04 Phrases of Significance.....	113
Table 6. Participant 05 Phrases of Significance.....	127
Table 7. Participant 06 Phrases of Significance.....	137
Table 8. Participant 07 Phrases of Significance.....	150
Table 9. Participant 08 Phrases of Significance.....	166
Table 10. Participant 09 Phrases of Significance.....	184
Table 11. Cross Case Analysis & Common Themes	190
Table 12. Master Themes Delineated From The Research Questions.....	215

CHAPTER I: THE PROBLEM

Introduction

This study sought to unearth the narratives of gender nonconforming (GNC) individuals' experiences of mental health services. The term gender nonconforming refers to individuals who do not identify with a strictly male or female binary concept of gender identity. Such individuals' gender identity falls on a spectrum between male and female, but all experience some incongruence between their gender identity and their birth sex assignment. This study is important as it adds to the insubstantial research that has been conducted into the provision of effective mental health services for gender nonconforming individuals. As we continue to see more awareness and openness about such gender identity issues and more individuals are coming out as gender nonconforming, helping professionals must become more competent in providing intervention and assistance. The aim of this study was to use the narratives of GNC individuals who have experienced mental health services to inform future practice.

Due to the variance in language used to describe the many identities contained in Pettitt's (2000) "transgender umbrella," it is difficult to determine if the present research highlights gender nonconforming experiences. Some of the language can be used interchangeably and it is hard to discern the intricacies of identity and experiences due to this language barrier (Lev, 2004; Pettitt, 2000). Most of the studies found for the literature review used the term *transgender* to highlight gender minority experiences in counseling (Benson, 2013; Bess & Stab, 2009; Mizock & Ludquist, 2016; Joy, 2008). This study used the term gender nonconforming to avoid this terminology confusion. Individuals who identify with the identity label of transgender can be gender nonconforming, but this is not always the case due to the varied individual meanings of these terminologies (Fassinger, 2000; Lev, 2004; Pettitt, 2000).

Background of the Problem

A review of the literature revealed four studies that have qualitatively explored the experiences of transgender individuals in counseling (Benson, 2013; Bess & Stab, 2009; Mizock & Ludquist, 2016; Joy, 2008). Although all these publications used the word “transgender,” these writers are not all referring to “gender nonconforming individuals.” As noted earlier, these are identity labels and due to the independent and personal meanings of these terms they can carry varied meaning (Fassinger, 2000, Lev, 2004, Pettit, 2010). There are some people who use the term “transgender” as an umbrella term to capture the wide range of experiences for those whose identities and expression of their identities challenge traditional expectations of gender expression as it relates to their assignment at birth (Fassinger, 2000; Lev, 2004; Pettitt, 2010). This study used the term gender nonconforming (GNC) to avoid this confusion that exists in the literature.

Alternatively, the literature review revealed disproportionately higher rates of depression, anxiety, somatization, and overall psychological distress occurring for the transgender population, which was not better categorized as gender dysphoria (Bockting, Miner, Swineburne, Hamilton, & Coleman, 2013). Additionally, reports have shown that 63 percent of transgender individuals experience serious acts of discrimination that significantly impacted their quality of life (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Due to stigma present in our society, this population can also face numerous risks such as racially-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, and health care discrimination (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Norwood (2012) stated that transgender individuals are even more at risk for being marginalized than sexual orientation minorities. Since the transgender and GNC population faces considerable threats of

marginalization and discrimination, they may avoid seeking counseling for the fear of further marginalization (Farmer & Byrd, 2015; Morgan & Stevens, 2012).

The transgressing of gender identity norms is not a new concept, these transgender practices date back as far as the Middle Ages according to Hines (2007). There was documentation of gender transgressive practices as early as the nineteenth century specifically noting transgender labels (Hines, 2007). Gender has been described as a social construct, meaning that through social discourse and language norms have been formed and enforced along the years, this includes perception, discussion, and expectations of sex and gender (Fassinger, 2000; Gagnon and Simon, 1973; Lev, 2004; White, 2007). Gender and sex are presented and treated differently within different societies and cultural practices (Lev, 2004). Despite the historical visibility, the transgressive gender minority population faces societal pressure and systemic discrimination that make it difficult or even impossible to live by the truth they know about themselves.

Statement of the Problem

Scholars have not directly engaged with gender nonconforming experiences of counseling services. Previous attempts to examine the services provided to the gender nonconforming community have used the term transgender, which means that for the purposes of our study, these individuals could either be comfortable with a binary identity or are comfortable opposing the binary—or neither. The identity label of transsexual typically entails one seeking of physical body change (Lev, 2004 & Norwood, 2012). The exclusion or merging of gender nonconforming experiences can be accurate, but only if the individual is nonbinary—that is to say, if they identify with one of the socialized “poles” of the gender binary they are not the demographic that this study seeks to highlight. The identity of gender nonconforming does not

derive merely from what one does with their physical body, but rather their understanding, internalization, & expression of their identity (Boskey, 2014; Brown & Rounsley, 1996; Davidson, 2007; Lev, 2004; Norwood, 2012; Pettitt, 2010).

As mentioned, transgender individuals are more likely to face higher rates of depression, anxiety, somatization, and overall psychological distress than non-transgender individuals (Bockting, Miner, Swineburne, Hamilton, & Coleman, 2013). Transgender individuals are 63 percent more likely to face racial-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, serious acts of discrimination, and health care discrimination (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Transgender individuals are even more likely to experience these occurrences than gay and lesbian individuals (Norwood, 2012). Due to previous experiences, transgender and GNC individuals may avoid mental health professionals out of the fear that they could re-create these negative responses to their gender identity and expression (Farmer & Byrd, 2015 & Morgan & Stevens, 2012).

According to the ethical codes of the Counseling profession published by the American Counseling Association, it is the clinician's responsibility to be informed and nondiscriminatory toward clients (American Counseling Association, 2014). This research study sought to better inform current and future clinicians of this nuanced form of gender identity based on these patients' experiences with mental health services. Due to the higher likelihood of discrimination and risk factors stemming from the current climate of acceptance to this population, it is important for clinicians to understand the differences in the language, experiences, and presenting concerns of the different identities for gender minorities. This understanding can assist clinicians to provide more adequately and non-prejudicially services with their clients.

Purpose of the Study

The purpose of this study was to examine gender nonconforming individuals lived-experiences of mental health services. In previous studies, GNC individuals' experiences were lumped in with transsexual and transgender experiences (Brown & Rounsley, 1996; Faust-Sterling, 2000; Lev, 2004; Lev, 2007; Pettitt, 2010). As noted, some of these individuals may have been gender nonconforming in these studies, but GNC identity was not specifically screened for binary versus nonbinary identities. Additionally, there is an abundance of research discussing the best and appropriate practice for this population, it does not however appear to be coming from those who carry these identities (Lev, 2004).

When discussing best practices for a minority group, it is important that it is those individuals within the minority group voice their own concerns, rather than those outside of it (Lev, 2004 & Fassinger & Arseneau, 2007). This study sought to include the GNC voices and to talk to them about their experiences of finding supportive services. Further, the study wanted to see what these clinical experiences were like, both helpful and non-helpful, to better inform best practices and support for this population. From the results of the study, the goal of this project was to add to the literature and shift attention to GNC individuals' experiences. Most importantly, the study sought to inform clinicians of the differences in the language, experiences, and presenting concerns of the different identities of gender minorities, in order to inform best practices of working with GNC individuals.

Research Questions

The central question of this study is: What is the lived-experience of gender nonconforming individuals in counseling and therapeutic settings? The following subsidiary questions assisted the researcher to gather the whole experience:

- What challenges did GNC individuals perceive in counseling sessions?
- What factors were present in counseling experience GNC individuals felt were successful?
- What factors did the GNC participants detect that caused these interactions to be positive or negative?
- How did GNC participants perceive counseling services meeting their needs? How could these services have been changed?

Significance of the Study

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was published in May of 2013 (American Psychiatric Association [APA], 2013). This book is used as a diagnostic tool for many clinicians in the United States, which can guide treatment practices with clients for health care providers. With the addition of the DSM 5, the newest edition of the manual, there were a variety of updates to the criteria and classifications for different disorders; relevant to this study are the updates concerning Gender Identity Disorder. Specifically, Gender Identity Disorder was changed to Gender Dysphoria, which affects the way we clinically perceive, interact, and treat gender identity.

The term gender dysphoria used in the DSM-5 relates only to those individuals who are facing clinically significant distress based on their issues with gender identity (APA, 2013). The shift to focus on dysphoria rather than the overall experience of gender transition is a good step

towards reducing stigma in the work with transgender or gender nonconforming clients. Gender related disorders have adapted and changed throughout the many editions of the DSM from sexual disorder categories into its very own category. Initially gender identity was being likened and lumped together with sexual minority characteristics and the shift of diagnosis was a first step for the mental health profession to treat them individually (Fassinger, 2000). Farmer and Byrd (2015) highlighted the effect on this population with their feelings of being lumped into one category and left out due to the major focus and priority in our society on gay, lesbian, and heterosexual populations.

The changes in the DSM 5 were intended to move to more openness in the field of psychological services with focusing more on the dysphoric experience rather than stigmatizing and pathologizing variability of gender expressions and identities (Bess & Stabb, 2009 & Rachlin, 2002). Despite this effort, this change was neither present nor reflected in the available research about gender nonconforming individuals and their lives. Often when the term “transgender” is used, it is generally followed by a discussion of physical body change. But, many individuals do not seek physical or biological change to align themselves with their preferred gender identity (Brown & Rounsley, 1996; Lev, 2004; Lev, 2007; Pettitt, 2010). Not all individuals who are gender transgressive seek physical body change to be congruent with their sense of a congruent gender identity and do not have dysphoria (Boskey, 2014; Dargie et al, 2014; Davidson, 2007; Morgan & Stevens, 2012; Norwood, 2012; & Pettitt, 2010). Gender nonconforming individuals may seek physical body change to express physical aspects of their gender, however the identity beyond that is not as simple as a binary of surgical or non-surgical.

In the literature, the few studies that investigated the current climate of gender minorities experiences uncovered a number of negative feelings associated with their previous counseling

experiences (Bess & Stabb, 2009; Ellis, Bailey, & McNeal, 2015; Mizock & Ludquist, 2016; & Rachlin, 2002). This study sought to keep the momentum of inclusiveness in the counseling field going to help clinicians affirm, help, and validate gender minorities in their experiences of mental health counseling. Bess and Stabb (2009) and Rachlin (2002) also highlighted positive and helpful experiences in what they defined as transgender individuals. This study hoped to continue this work in order to highlight the experiences of gender nonconforming individuals and improve the quality of work that is administered to this population.

In the previously mentioned contemporary research, there was not a wide variety of research that specifically focused on GNC identity as defined in this study or contained efforts to specifically screen for these experiences. Fimore & Ginicola (2017) and Goodrich & Ginicola (2017) focused on LGBTQIA People to identify a better practices of inclusion and support in counseling. Biddel & Stepleman (2017) focused on the full spectrum of sexual and gender minorities to promote a discussion of working with these populations. Other studies such as McCullough et al (2017), Mizock & Lundquist (2016), and Elder (2015) used the gender nonconforming label to encompass the wide spectrum of queer gender identities, but did not screen for those who specifically identify as gender nonconforming as this study uses the term. A lack of screening is not to say that some of these individuals are not relevant to this study, it just is not explicit because some of them could be more “binaried” in their identity understanding and expressions. This study attempts to deviate from this trend in the literature and make the case there are some who believe their identity as GNC as separate from the binaried definitions or expectations of their identity and expressions. These prior studies mentioned here were and are important building blocks to counter privileged notions of gender especially in counseling with this population.

The Study

The study aimed to reveal the experiences of gender nonconforming individuals with mental health services. To uncover the narrative of the target population, the participants of the study were purposefully selected to include only those who hold a nonbinary definition of their gender identity. Plainly speaking, the study sample included only those individuals who do not identify with the gender assignment that they were given at birth and who do not identify as the polar “other” of that identity as well. These are individuals who experience their gender identity as falling between or outside of the polar “opposites” of male and female along spectrum of gender identities. The participants were recruited by various mediums from clinical and social settings that cater to this population from various areas of the United States.

Participant Selection

The study used purposeful and snowball sampling methods to recruit individuals whose identities and experiences are related to the studied phenomenon, which is necessary for a qualitative study (Berg, 2009 & Kruger, 1981). In order to have met the criteria for the study, individuals must be in alignment with the study’s definition of gender nonconforming in order to highlight the overlooked experiences in the literature of GNC individuals. Individuals who expressed willingness to participate in the study were first provided with a demographic screening instrument that was designed to assess a participant’s fit for the study (Appendix A). After the participant’s fit was verified, the researcher contacted them to schedule and assess what medium of inquiry would best fit their needs. The researcher then also reviewed the informed consent to ensure that all participants were fully informed of the study’s intent and methods, institutional review board approval, their rights as a participant in the study, and the potential for distress or harm they might experience by participating in the study.

The researcher used a variety of methods to gain his purposeful sample including, networking with supervisors, facilitators, and directors of various community centers; posting to social media groups; and community events and groups in order to recruit a diverse sample of GNC individuals. Community centers used for recruitment purposes of the study included community agencies and university gender and sexual orientation resource offices. Social media groups for both counseling and online identity groups were used to disseminate the flier (Appendix E). Community events and groups included events specifically catered to the LGBTQ community such as trivia nights, drag bingo events, Pride celebrations, and the Stonewall Sports league events. In all of these resources for recruitment the researcher reached out to the supervisors or directors of these services asking for them to both disseminate the recruitment flier (Appendix E) and to inform individuals that they know would be interested and able to participate.

A notable hurdle in the process of recruiting members for participation was to identify ways to recruit those who may not be currently in therapy or who do not attend community LGBTQ events or services. The danger of recruiting only from clinical agencies that target this population is there could have been a skew in perspective as these individuals are likely to have had more positive experiences as they are still attending services. This may repeat the pattern that was in the research to only highlight certain members of the gender minority population. The researcher chose to recruit from as many means as possible to avoid this potential bias.

Data Collection

As this is a qualitative study, the data is the narrative collected through interviews with the participants (Madrigal & McClain, 2012). The researcher conducted in-person or electronic interviews with each participant in order to obtain geographically diverse needs of the sample.

The use of electronic meeting, while offering the availability of in-person options, was intended to meet the needs of the participants who also may not feel comfortable meeting in person. This also required individuals to be comfortable with being recorded electronically. The interviews were semi-structured in format. Participants were asked questions to provide understanding and background of their identities and experiences of therapy. The interview questions were grounded in the primary and subsidiary questions of the study and discussed in great length in Chapter 5 (Appendix B). Electronic interviews were conducted over the phone and Go-To Meetings sessions. The server used to collect this data was protected and secure. The goal of these interviews were to gather the “data” of lived-experiences of gender nonconforming individuals experiences of counseling and therapy.

Theoretical Foundation and Conceptual Frameworks

In reviewing the literature, it was clear that there was a distinct absence of the voice of the GNC population with respect to their experiences with mental health services. To unearth these experiences not covered in previous literature, this study sought for these individuals to discuss their own experiences of mental health services. These spoken reiterations of experience served as data to extrapolate larger themes and meanings to inform later work with this population. The theoretical framework of this study was oriented in hermeneutic phenomenology and Queer theory (Hycner, 1985; Jagose, 1996; Kafle, 2011; Minton, 1997).

Hermeneutic phenomenology is a research framework that allows the researcher to interpret individuals’ rich descriptions of the recollection of an experience of a specific phenomenon (Kafle, 2011). The researcher used these concepts in tandem with Hycner's (1985) guidelines to phenomenological research for analysis of these spoken reiterations of their experiences mental health services. Hycner’s (1985) guidelines, albeit not the end-all, be-all of

conducting qualitative research, are suggestions for conducting phenomenological analysis of qualitative research. Hycner's (1985) guidelines allowed the researcher to delineate meanings behind the themes to describe the common experiences and needs of the results.

Queer theory is a post-modern critical theory building on feminist framings of gender and gay and lesbian studies in the social construction of the ascribed roles for men and women (Jagose, 1996). Queer, in the context of research and educational studies, pertains to issues of homosexuality and refers most to the lives and practices that are considered abnormal (Dilley, 1999). Queer theory is a tool for researchers to challenge the language and arbitrary binary distinctions decided by those in power positions and to examine what is typically considered 'normal and abnormal' (Dilley, 1999; Halperin, 2003; Jagose, 1996; Minton, 1997). This deconstructing process assists the researcher to examine the norming that occurs in society and to look plainly at the power structures that have regulated these experiences or identities as the norm (Beasley, 2005; Goldman, 1996).

Dilley's (1999, p470) proposed that all studies assessed that used queer theory had at least one of the following three features in their research: a) examining the lives and experiences of those considered non-heterosexual, b) illustrating the juxtaposition of those lives and experiences with those of who are considered 'normal', and c) examining how and why those lives and experiences are considered outside of the norm. This study uses Dilley's proposed tenets of Queer theory in a specific way to better understand GNC individuals' experiences of Mental Health Services. This understanding was intended to better understand what further marginalizes these GNC individuals and what professionals can do to better serve this community.

Explication of the Data

This process began with the recorded individual semi-structured interviews. During this process the researcher transcribed the recorded audio and they were explicated using Hycner's (1985) guidelines for phenomenological analysis of interview data. There are eight steps or phases to explicate the data from these interviews. Hycner's (1985) eight phases are meant to ensure that the explication unearths the lived experience of the participants and are as follows:

1) *Transcription* is a written recounting of the interviews. All transcripts will be derived from the audio recordings of the interviews, typed up verbatim (Hycner, 1985).

2) *Bracketing and Phenomenological Reduction* refers to the process of taking meaning from the transcribed data (Hycner, 1985).

3) *Listening to the Interview for a Sense of the Whole* is the process of listening to the audio-recorded interviews and reading the transcriptions multiple times, listening for themes and meaning (Hycner, 1985).

4) *Delineating Units of General Meaning* requires the listener to search for the essence of meaning of the interviews into manageable units of information and create categories to sort and chunk the information of interviews (Hycner, 1985; Kruger & Stones, 1979).

5) *Delineating Units of Meaning Relevant to the Research Questions* requires taking these themes to the research questions and getting rid of the themes that did not relate to what is being measured (Hycner, 1985).

6) *Clustering Units of Relevant Meaning* is the process of discerning units of meaning which cluster naturally by their shared meanings and themes (Hycner, 1985).

7) *Determine Themes From Clusters of Meaning* or as Hycner (1985, p290) calls it “interrogating the clusters of meaning” or in other words, what does the combined messages of the themes present and what is being said.

8) *Return to Participants with the Summary and Themes and Modify* depicts the process of the research touching base with the participants on the themes unearthed and collaborating on their truths and potential misunderstandings (Hycner, 1985).

Definitions

Cisgender - The term is generally used to describe those of the gender experience majority; they are comfortable in their assigned birth sex role. These individuals are not included in the Trans umbrella and may or may not identify as Trans Advocates or Allies (Benson, 2013; Lev, 2004; Pettitt, 2010).

Gender - The societal construction of masculinity or femininity as it aligns with designated sex at birth in a special culture and time period, which may or may not correspond to one's sexual anatomy (Diamond, 2002; Fassinger, 2000; Lev, 2004; Pettitt, 2010).

Gender Dysphoria - Individuals' gender identity conflicts with one's gender assignment, gender attribution and physical characteristics; a great deal of pain/distress often results (Bess, 2006).

Gender Identity - Individuals' sense of their identity as male, female, both or neither in relation to society's definition to male/female (Brown and Rounsley, 1996; Diamond, 2002; Pettitt, 2010).

Gender Identity Disorder - A diagnosis found in DSM (4th ed); strong/persistent cross-gender identification & persistent discomfort about one's assigned sex (APA, 2013).

Gender Nonconforming/Variant/Queer - People who find other gender categories constraining; their gender identities and/or expression is consciously not consistent with conventional standards for masculine or feminine behavior or appearance. These expressions are outside of the binaries of identity. Some identify as a blend, as androgynous, or as neither gender (Brown and Rounsley, 1996; Pettitt, 2010).

Sex - The medical assignment of "male" or "female" based upon the external genitalia that an individual possesses at birth; biological sexes are commonly seen as mutually exclusive, and it is

often believed that a person's assigned sex dictates their gender expression, chromosomal, and hormonal make-up (those born with "male" genitalia should behave in a masculine way and those born with "female" genitalia should behave in a feminine way) (Brown & Rounsley, 1996; Pettitt, 2010).

Sexual Orientation - A person's self-description of the romantic, sexual, and/or emotional relationship with another or others such as heterosexual, gay, lesbian, bisexual, asexual, etc. Much like gender identification, sexual identity labels are constantly being created or both unite communities and divide members from others (Fassinger & Arseneau, 2007; Lev, 2007; Pettitt, 2010).

Transgender - An "umbrella term" for someone whose self-identification, anatomy, appearance, manner, expression, behavior, and/or perceptions by others challenge traditional societal expectations of congruent gender expression and designated birth sex (Feinberg, 1996; Pettitt, 2010).

Transsexual - An individual whose designated sex at birth does not match their personal sex/body identity and who, through sex reassignment surgery and hormone treatments, may seek to change their physical body to match their gender identity.

Transsexual can be male-to-female (MTF) or female-to-male (FTM). Transsexuals' sexual identification can be heterosexual, gay, lesbian, bisexual, etc. (Bess, 2006; Boskey, 2014; Brown & Rounsley, 1996; Davidson, 2007; Lev, 2004; Lev, 2007; Norwood, 2012; & Pettitt, 2010).

Overview of the Dissertation

Chapter 1 reviews the highlights of the study's background, study's focus of problem, purpose of the topic, and its significance. Chapter 2 reviews the current literature, as organized by the following seven categories: terminology; gender identity development; gender identity categories; GNC & the helping profession; previous research of GNC therapy experiences; historical presence of GNC; and the theoretical foundations of the study. Chapter 3 contains a breakdown of the design and methodology that shaped the study. Chapter 4 provides the results that the study yielded. And finally, Chapter 5 provides the discussion of the data explication and analysis of the study's data. It also discusses implications for the field and suggests areas for future focus for further research.

CHAPTER II: REVIEW OF THE LITERATURE

Introduction

The goal of this study was to unearth the narratives of gender nonconforming (GNC) individuals' experiences with mental health services. As mentioned, the term GNC refers to individuals who do not identify with a strictly male or female binary concept of gender identity. To make sense of these experiences, it is essential to understand the vocabulary used by individuals who are gender nonconforming (GNC). The only true way to determine meaning of each person's experience is through dialogue with that individual, and this has not always been the method used in the available literature on gender minorities (Lev, 2004). Chapter II reviews this literature as it relates to the terminology of transgender identities, background of how individuals arrive at their concept of gender identity, historical forms of gender variance and events where individuals fought for equal rights, and the role the mental health field has played with this population. The chapter concludes with an overview of the theoretical framework of the study.

Terminology

In order to effectively explore the full continuum of gender identity, it is important to have an understanding of the common terms and their applications for this form of identity. Lev (2004) argues that finding inclusive language that respects and pays homage to the variety of experiences and expressions that make up gender variance is challenging because the language used to describe identity can be personal and changes over time as cultural norms progress through time (White, 2007). Gender nonconforming people have been called by, and call themselves, various labels; what follows is a discussion of these labels and their import to the study.

Sex, Gender, and Intersex

The basic concepts that make up gender identity are sex and gender (Fassinger, 2000; Gagnon & Simon, 1973). Both sex and gender are socially constructed and they play into the ways that people associate and interact with one another (Fassinger, 2000; Gagnon & Simon, 1973). Social construction refers to the way cultural perceptions are formed out of collective societal assumptions, beliefs, and expectations of certain groups (Fassinger, 2000; Gagnon and Simon, 1973). Specific to this topic, social construction relates to the societal expectations imposed on individuals regarding how to express, communicate, or perform their gender.

Sex is the classification made by a medical doctor categorizing people as male or female based on external genitalia at birth (Brown & Rounsley, 1996; Diamond, 2002; Fassinger, 2000; GLAAD, 2015; Norwood, 2012; Pettitt, 2010). This distinction can also include a combination of biological characteristics beyond genitalia, including chromosomes, hormones, internal/external reproductive organs, and secondary sex characteristics (Brown & Rounsley, 1996). Scientific in nature, the concept of the medical identification of sex is still a societal construction which relates to the way we sort people into categories (Fassinger, 2000).

Gender, however, is a social construct that dictates norms for how one is supposed to act or appear related to male or female sex characteristics (Fessinger, 2000; Lev, 2004; Pettitt, 2010). Gender is generally established by the sex that is designated at birth and how, in today's culture and time period, societal norms define gendered behavior (Fessinger, 2000; Lev, 2004; Pettitt, 2010). Gender can fluctuate over time and can change its manifestations along with the maturation of individuals (Diamond, 2002). Gender is also expressed differently between different cultures (Diamond, 2002).

Another term related to sex and gender identification is “intersex.” Intersex is a label for someone who was born with physical characteristics that align with both male and female presentations (Diamond, 2002; Pettitt, 2010; Stryker, 2008). In the past, individuals who had both male and female sex characteristics were called hermaphrodites (Diamond, 2002; Lev, 2004). The term hermaphrodite has been “since thought of as offensive and more people have been known to identify with the identity or describing label of intersex” (Diamond, 2002, p321). The rationale for why the term is offensive is that it is stigmatizing and confusing; wherein it is suggested that someone is born with two set of genitals, which is not physically possible (Intersex Society of North America, 1993). Within the framework of this study, this population can be included on the gender nonconforming spectrum depending on how they identify. Such a distinction is important to the study as it highlights the importance of self-identification and how the use of language to describe identity is often quite personal.

Sexual and Gender Identity

Diamond (2002) used the term identity to describe the phenomenon of how people link themselves with an idea of themselves or a behavior. The relationship between gender and sexual identity has been inexorably linked throughout the years, whereas contemporarily they are looked at as distinct parts of one’s identity (Diamond, 2002). The term sexual minority has been used to link common experiences. Sexual minority as a category has typically been broken down into four subcategories: lesbian, gay, bisexual, and transgender (LGBT) (Fassinger & Arseneau, 2007).

Although this grouping of “sexual minorities” consists of people who face similar struggles with societal oppression related to their sexual minority status, there are notable and distinct differences between the groups (Farmer and Byrd, 2015). Farmer and Byrd (2015) stated that

those who identified outside of the binary definition of both sexual and gender identities experience themselves to be at the bottom of the perceived hierarchy of sexual minorities. Bi, trans, or gender nonconforming individuals described in-group experience differences of being ignored, rejected, and excluded from the rest of the LGBTQ community and that group's calls for equal rights (Farmer & Byrd, 2015).

Gender identity relates to individuals' perception of their gender role in society, despite or in tandem with their assigned birth sex (Diamond, 2002). In other words, gender identity relates to how well the roles scripted by society mesh with a person's internal sense of themselves. For some, individuals, the societally scripted behaviors fit with their views of themselves; a common term for these individuals is cisgender. For those who are transgender, these scripted roles do not always align with their personal understanding and expressions of themselves. The venues to transgress these gender roles, however, are not limited to physical surgery. Gender can be expressed in individuals' language or the terminology they describe themselves, how they interact socially, the clothes they wear, their body movements, and numerous other personal actions that "corresponds to their true gender identity" (Morgan & Stevens, 2012). These individuals that do not fit in the societal construction of male and female categories, who reform what gender presentations look or sounds like, are the focus of this study. These individuals are considered by researchers to be gender nonconforming.

According to Lev (2004), sexual identity is a term comprised of four biopsychosocial parts: biological sex, gender identity, gender role expression, and sexual orientation. As previously mentioned, "biological sex" is determined by biological sex characteristics and "birth and gender identity" refers to how the role that is played in the world as male or female is internalized (Diamond, 2002; Farmer & Byrd, 2015; Lev, 2004; Morgan & Stevens, 2012). Gender role

expression is the manifestation of the gender identity with which an individual is aligned (Diamond, 2002; Lev, 2004; Morgan & Stevens, 2012). Neither of these experiences can be discerned by merely looking at someone, but rather only through conversing with an individual and getting a thicker description for what their internal identity experience is (Lev, 2004).

Sexual orientation relates to a person's self-described romantic, sexual, and/or emotional relationships with other individuals (Fassinger & Arseneau, 2007; Lev, 2007; Pettit, 2010). The language used to describe these identities is just as vast and individual as with gender-based concepts of self. A person cannot establish someone's sexual orientation based on the disclosure or an assumption of one's gender identity (Diamond, 2002; Lev, 2004). In other words, one does not equal the other.

Gender Identity Development

Gagnon and Simon (1973) describe the gender-typical gender roles that begin to manifest for children who are in congruence with their birth assigned sex and gender roles. They note that in these pre-scripted roles, boys and young males are typically more aggressive, combative, and competitive than their female counterparts whereas girls and young females generally are more likely to be nurturing, compromising, and softer than their boy counterparts (Gagnon & Simon, 1973). Gagnon & Simon (1973) clarify that gender and gender roles are taught through parental upbringing and social messaging. Moreover, these experiences of value imprinting and social messages are greatly affected by the area in which one lives, the culture in which they are submersed, and an individual's internalization of self. Gagnon & Simon (1973) stated that internalization of gender and gender roles may have little to do with biology. The early resistance and emergence of a dissonance within the self to these roles may be where transgender

or gender nonconforming identity develops (Ehrensoft, 2013; Levitt & Ippoolitoo, 2014; Morgan & Stevens, 2012).

Harry Benjamin was one of the first and earliest scholars to advocate for the humane treatment of transsexuals (Lev, 2004). He began to look at possible etiologies of transsexualism, which he thought was neuroendocrine in nature (Benjamin, 1967). Benjamin (1967) hypothesized that *transsexualism* is somehow a result of events that occur during the critical period of a fetus' development. During this period the fetus undergoes a process of maturation wherein the primary sex characteristics are coded to develop. Benjamin (1967) postulated that a biological "error" of sorts occurs with this coding in individuals, and they later go on to become transsexual. He later also hypothesized that some other factors may be at play as well, including human imprinting and a genetic disorder (Benjamin, 1967).

Glicksman (2013) states that the biological evidence for gender identity is not particularly strong. Various studies have also suggested that both biological and environmental variables may play a role in transgender development. Research has uncovered similar manifestations of dissonance with gender minorities' gender identity development such as early sense of body-mind dissonance, negotiating and managing identity, and the process of transition (Morgan & Stevens, 2012). This process of identity formation can occur when a person notices dissonance between their identity and the physical realities of his or her own body (Morgan & Stevens, 2012). From this dissonance identification, they may explore or negotiate their conflicting thoughts regarding identities and how they wish to express themselves to be harmonious with their internalization of gender identity (Ehrenssoft, 2013; Levitt & Ippoolitoo, 2014; & Morgan & Stevens, 2012). Transgender identity development is an individual process that is affected and dictated by many factors such as access to support, knowledge of options, or the venue of

expression an individual selects to express their preferred gender (Ehrensaft, 2013; Levitt & Ippolito, 2014; Gagnon & Simon, 1973; Norwood, 2012). Therapy that is affirming and informed of these topics can be beneficial in negotiating and understanding the experience of dissonance from their experiences of societal expectations and what they want for their own personal identity (Morgan & Stevens, Ehrensaft, 2013).

Ehrensaft (2013) created a type of therapy to assist with individuals who have noticed a dissonance in their gender expression and assigned gender role. His therapy is called “True Gender Self Therapy.” This therapy identifies three components of self, which are “true gender self,” “false gender self,” and “gender creativity.” “True gender self” refers to an individual’s truest form of themselves and who they know themselves to be; this can be private and hidden. “False gender self” refers to a situation when individuals understand their identity on the terms of social norms and expectations or how they act or speak with others. Gender creativity relates to the mixture of things that a child or individual combines to create and be their authentic gender self. The basic advice Ehrensaft (2013) gives to clinicians and parents for children is essentially to allow the child to choose and describe their gender. Parents can contribute to the children’s gender health, but not their ideas of gender identity. It is not a disorder for children, but rather a “healthy, creative variation of gender” (Ehrensaft, 2013, p11). This is important to this study, because whether or not the individual has a binary-form of identification, Ehrensaft (2013) allows for individuals to describe or define their own identities.

Shealy (2015) surveyed clinicians from New York and Virginia who have experience working with transgender and gender nonconforming clients. Shealy’s (2015) study findings suggest that treatment approaches that work with most clients will also work with transgender and GNC clients. However, Shealy (2015) also reported some interventions vary in their success

and reasons for their success for GNC clients comparable to cisgender clients. Theories that clinicians learn in their education and training need modification, just as they do for any client they work with (Shealy, 2015). Specific to transgender and GNC individuals, clinicians in Shealy's (2015) study stated they must normalize the physical and emotional experience, while exploring the multiple expressions gender can take with these clients. This validation and collaborative exploration of identity was suggested as the core of clinical work and the most important piece of therapy with GNC individuals.

Gender Identity Categories

Transgender and Transsexual

A common go-to cliché to describe the transgender experience is “people who feel they are in the wrong body” (Morgan & Stevens, 2012). According to Morgan and Stevens (2012), this cliché can be overly simplistic, as there are many manifestations of gender expression and not all of these include physical body change. As mentioned before, the term transgender describes individuals whose self-identity does not align with the societal construct of what it means to be of male or female gender (Feinberg, 1996; Pettitt, 2010). The similarities between transgender and transsexual relate to the rejection of norms in gender identification, but both have distinct differences in what they do allow one to express their true gender self to be congruent with their gender identity.

According to many definitions, transsexuals are those who seek physical body changes to express their desired gender, yet individuals are not limited to this one venue of transitioning to their preferred gender identification (Boskey, 2014; Brown & Rounsley, 1996; Davidson, 2007; Lev, 2004; Norwood, 2012; & Pettitt, 2010). Although the identity of transsexuals is comprised in the transgender umbrella, it is notable that not all transgender individuals seek physical body

change as their method of alignment to their preferred gender identity (Boskey, 2014; Dargie et al, 2014; Davidson, 2007; Morgan & Stevens, 2012; Norwood, 2012; & Pettitt, 2010). Norwood (2012) suggests these individuals could transition using many methods including modifications to their name and pronoun usage, changes in their clothing, expression changes to their facial and cranial hair, or the use of gestures and voice to customize their unique gender identity. The purpose of highlighting gender nonconforming experience in this study is to shed light on the breadth of identities that may not have been highlighted previously.

Cisgender

The opposite definition of transgender is cisgender. The term “cisgender” relates to the dominant and privileged reality where a person experiences a balance and comfortability with their birth-sex assignment, gender-based socialization, and the perceptions held by others concerning their sex and gender (Benson, 2013; Lev, 2004; & Pettitt, 2010). These individuals do not fit under the transgender umbrella or on the GNC spectrum of identities. Individuals who are cisgender are considered by society as the gender majority (Benson, 2013 & Lev, 2004). This is not to say that these individuals do not have to adapt the gender role for themselves. Thus, everyone is on a continuum of performing their own gender (Benson, 2013 & Lev, 2004). However, for cisgender individuals, the prescribed societal roles fit more congruently than for those who fit under the gender nonconforming or transgender umbrella of identities.

Gender Nonconforming

This research uses the term Gender Nonconforming (GNC) to discuss the nuanced gender identity category. As noted, changes to the physical body does not necessarily entail someone to *not* be gender nonconforming, rather it is more specific to the way someone views and internalizes their identity with respect to the gender binary “poles.” Some researchers have

described this complexity and importance of self-labeling due to the inadequacy of group definitions to describe a very individual and personal experience (Fassinger & Arseneau, 2007). Due to the mixed usage and meaning of the word “transgender” in the literature, *gender nonconforming*, for the purposes of this research project is a term used to represent the spectrum of identities as wider than a recreated binary between cisgender and transsexual.

The term *gender nonconforming* is an identity label that describes individual who are binary-free in their gender description and expression (Lev, 2004 & Norwood, 2012). Transsexual identities in the research were categorized as binary-based due to the individuals knowing that their identity lies on one side of the binary. This is not to say that transsexual experiences are “wrong” or “misled,” however, the term *gender nonconforming* is used in this study to separate the two experiences and highlight a different experiences, a shortcoming in the current literature. Participants were not forced to use the term “gender nonconforming” to describe their identity experience, but rather, the term was used to highlight these individuals’ distinct and nuanced experience with gender identity. Additionally, the use of “their” was a conscious choice of pronoun over “his or her,” which can be perceived as furthering gender norming, and thus this decision help to avoid farther marginalization of the individuals involved in the study.

Gender Nonconforming Individuals Prevalence

Coverage in the media aside, transgender is not a new phenomenon, states Lev (2004), but rather, transgressive gender behaviors have been part of humanity as long as there have been expectations of sexual and gender expression in culture. This section reviews this historical reality and its manifestations over time.

Global Examples of GNC

Hines (2007) points out that transgender practices date back to the Middle Ages. As early as the nineteenth century, there were documented conceptualizations that discuss transgender specifically and designated distinct ways of thinking about transgender individuals (Hines, 2007). Lev (2004) notes that gender variant expression has been documented in many different human cultures, including many American Indian and African tribes, Southeast Asian communities, and throughout pre-modern as well as contemporary European societies. Gender and sex are different within different societies, as is the way that gender variance is experienced, and how gender transgression and sex differences have been addressed within cultures (Lev, 2004). It is impossible to cover the full history and etiology within the confines of a dissertation literature review, so this section covers a few noteworthy examples.

Gender variance was an important and prevalent feature of gender construction in more than 155 North American tribes (Lev, 2004 & Roscoe, 1998). The Navajo culture has five categories of gender (Thomas, 1997). The Chukchi of Siberia culture has seven categories of gender in addition to male and female (Cromwell, 1999). In the Islamic tradition, gender is divided into four groups: hermaphrodites, transsexuals (SRS seeking/cross dressers who reject it), male, and female (Teh, 2001). The American Indian culture had the tradition of two-spirit/Berdache traditions, which is when an individual has both a male and a female spirit and they can see in both directions (Lev, 2004). This was a term that was assigned to them by the European explorers and is not without its problems and potential to offend.

Nanda (1994) also discussed the Hijra of India, which the culture treated as having a third gender - neither man nor woman. Amazons were mythical tribes of women warriors who were depicted as strong independent women who rejected male domination and thought of themselves

as an “androgynous race” (Feinberg, 1996 & Lev, 2004). Green (1998) stated that the Roman courts also featured a cross-dressing component, which was common among members of the royal family. The Roman royal culture accepted the idea of changing sex as a possibility. Lev (2004) also notes Molly houses and bordellos, where, in the eighteenth century, homosexual and cross-dressing men performed mock marriages, played fake births, and engaged in homosexual activities.

Politics/ Bathroom Bills

Politically in the United States, gender identity has been a topic of controversy due to the bathroom bans and bills. Presently in 2017, there are 12 state legislators seeking restricting their access to multiuser restrooms (Kralik, 2017). There are many individuals that feel that this restriction of bathroom usage is a violation of their civil liberties, based on no truth or precedence of transgender individuals harming others, especially in bathroom settings (Kralik, 2017). The states seeking these “bathroom bans” include: Alabama, Illinois, Kansas, Kentucky, Minnesota, Missouri, South Carolina, South Dakota, Texas, Virginia, Washington, and Wyoming. These legislators have filed legislation that would restrict access to multiuser restrooms, locker rooms, and other sex-segregated facilities on the basis of a definition of assigned birth sex (Kralik, 2017). Karlik (2017) also stated that legislation in 10 states is pending as of February 1, 2017. These bills are a current focus of the media, however these are not the first or only instances of cultural practice of discrimination of gender minorities.

Protests and Gender-Based Violence

As discussed in the previous section with bathroom legislature, gender minorities’ rights have been called into question or even restricted by society throughout the years. Stryker (2008) stated that in 1850 several cities began passing municipal orders that aimed to outlaw individuals

in attire inappropriate for their sex. Stryker (2008) stresses that there is very little historical research to explain why cross-dressing became the focus for legal reprimanding. This cultural pressure and a lack of understanding greatly impacted the levels of minority stress for this population (Lev, 2004). Due to increasing problem of systemic repression and social outcasting, there were numerous riots and protests to counter and fight for the civil rights of this population.

One of the first of these instances of resistance discrimination was at a diner called Cooper's Donuts (Lev, 2004 & Stryker, 2008). This action was organized by transgender and gay individuals who protested against injustices their community was experiencing in what they labeled a "collective resistance" (Stryker, 2008). In 1966, the Compton Riots occurred, where trans women took a stand against discrimination and police harassment (Lev, 2004 & Stryker, 2008). In 1969, the Stonewall riots occurred, and these consisted of trans women and gender nonconforming people standing up to the discrimination they were experiencing with police in their community (Lev, 2004 & Stryker, 2008). The Stonewall riots are commonly cited as the birthplace of the modern LGBT movement (Lev, 2004).

To illustrate the historical climate, it is important to note the number of hate crimes and murders that have involved this community. GLAAD (2012) reported on some of the known hate crimes and murders on the transgender community. As stated before, this population is already subject to violence and misunderstanding, and in turn, many transgender individuals might avoid reporting crimes for fear of further prejudice or discrimination (Bockting, Miner, Swineburne, Hamilton, & Coleman, 2013 & Farmer & Byrd, 2015). Unfortunately, GLAAD's (2012) report only include the instances that have been reported.

The first noted incidence of violence toward the transgender community by GLAAD (2012) was in 1993, when Brandon Teena was violently murdered in Nebraska. The next was in

1998, when Rita Hester was murdered in Massachusetts. In 1999, Barry Winchell, an infantry soldier, was murdered by his fellow soldiers after they discovered he was in a relationship with a trans woman. In 2008 Angie Zapata was a victim of a violent hate crime and her attacker and was convicted of the crime. Angie Zapata's case was the first instance where the attacker of a gender minority was convicted of a hate crime. In 2011, CeCe McDonald was arrested in Minnesota, and was sentenced to 41 months in prison for stabbing a man who violently attacked her (GLAAD, 2012).

Historical GNC Individuals /Media

Transgender visibility in the media has shifted over the years. Stryker (2008) discussed Google trends in 2008 stating that the word "transgender" had been used in searches over 7.3 million times; "transsexual" netted 6.4 million searched; "transvestite" 3.1 million; "drag queen" 1.9 million; and "Drag king" and "Genderqueer" nearly 200,000 hits (Stryker, 2008). Google has the capability to track search trends, which describe the popularity of a search term at a given time of year, ranked on a scale of 0-100 (Google Trends, 2017). The popularity of transgender on this trend tracker fluctuates, but in the past three years, the term has increased to its peak popularity of usage. In December of 2012, "transgender" as a search term received a popularity rating score of 19, in June 2014 it was ranked at 32, in May 2016 it reached its peak rating of 100, and finally in February of 2017 it was down to 90 (Google Trends, 2017).

Along with the increased focus on transgender identity in the media, politics, and Google searches, television has witnessed an increase in the number of characters and storylines that highlight transgender, transsexual, and gender nonconforming experiences. In television shows like "American Horror Story: Hotel," "Glee," "Orange is the New Black," "Sense8," "Shameless," and "Transparent" have major characters who have a storyline that revolves around

their gender identity and expression. Two reality shows that explored the “real lives” of individuals identified as transgender or transexual, are “I Am Cait” and “I Am Jazz.” Recently, “Survivor” was a source of controversy with an intentional outing of one of their transgender contestants (Blistein, 2017).

These recent depictions in the media are not the only places that gender minorities have been portrayed. One of the earliest popularly covered cases of gender transition was the story of Christine Jorgensen back in 1952 (Townsend, 2012); at the time, she became the first trans person to be covered by mainstream media (Lev, 2004). In 1977, Renee Richards was a well-known name due to her Supreme Court case against the US Tennis Association in which she gained the rights to play professional tennis as a woman (Townsend, 2012). Kim Coco was one of the first out trans individuals to be elected to public office, when she was elected to the Hawaii Board of Education in 2006. The next transperson elected to public office was Stu Rassmussen who became the mayor of Oregon in 2008. Amanda Simpson became the first transgender presidential appointee as the technical advisor in the Commerce Department’s Bureau of Industry and Security in 2010. This year, Danica Roem was elected to the Virginia House of delegates.

Other depictions of out trans advocates have found fame in popular culture. Chaz Bono, child of singer Cher came out in 2009. The media closely covered Chaz Bono’s coming out and transitions (Townsend, 2012). In 2011, Key Allums played Division 1 basketball for George Washington University as the first openly trans man in sports. Also in 2011, Janet Mock, People.com editor came out and shared her story to Marie Claire. Laverne Cox stars in popular Netflix series “Orange is the New Black” since 2013 and became a vocal advocate and speaker for the trans community. Finally, it has been nearly five years since Vanity Fair covered Caitlyn

Jenner's experience of coming out as transgender, which in turn reignited the media's fascination with this identity phenomenon (Townsend, 2012 & Bissinger, 2015).

Topic Relevance

Transgender people have disproportionately high rates of depression, anxiety, somatization, and overall psychological distress that was not better defined as gender dysphoria (Bockting, Miner, Swineburne, Hamilton, & Coleman, 2013). Family and peer support, as well as identity pride, were described as protective factors and to be negatively associated with psychological distress (Bockting et al, 2013). Bockting et al (2013) went on to say that there is a great value to transgender individuals connecting with "similar others." Group work can provide these individuals with opportunities to question the stigma or intolerance that they have faced from the majority culture and allow them to rewrite their experiences in a self-affirming way (Bocking, Miner, Swineburne, Hamilton, & Coleman, 2013).

The National Center for Transgender Equality and National Gay and Lesbian Task Force released a report revealing that 63% of transgender people experience serious acts of discrimination which significantly affect their quality of life (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Risk factors that transgender individuals face include racial-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, and health care discrimination. Norwood (2012) suggested that transgender individuals are at a higher risk of marginalization than their sexual minority counterparts. These experiences of exclusion can also occur within group of similar others within the LGBTQQIA community (Farmer & Byrd, 2015, p296). These negative experiences can push these gender nonconforming individuals to fear that these interactions will repeat themselves in mental health services (Morgan & Stevens, 2012).

The GNC population, whose identities fit outside of the binary system—bi, trans, gender nonconforming—viewed themselves as being on the bottom of the hierarchy of sexual minorities (Farmer & Byrd, 2015). They also noted feeling ignored, rejected, and excluded from the rest of the gay and lesbian community and that group’s struggles for equal rights (Farmer & Byrd, 2015). Instead of focusing on the needs for the whole spectrum of LGBT, these individuals felt that the focus has been predominantly for gay, lesbians, and heterosexual populations (Farmer & Byrd, 2015). In many ways, feelings of injustice and invisibility to members of the LGBTQ community prompted this study’s focus on gender nonconforming individuals in this study. This research project hopes to highlight these individuals’ experiences to advocate for their needs in the field of mental health. The next section will review the history of how previous ways the helping profession has understood and treated gender minorities.

GNC and the Helping Profession

Lev (2004) described gender minorities reported having felt like they were abandoned and ridiculed at times due to their identities when they have needed support the most. During these instances, these individuals also felt that some of their clinical experiences were ones in which they were misdiagnosed, mistreated, and misguided by uninformed clinicians, which added to the level of isolation they already felt. Historically, gender minorities are not the only ones who have felt diagnoses encapsulated in the DSM are used for social repression, rather than empowerment and healing (Bayer, 1981 & Lev, 2004). The DSM has had allegations of racism, sexism, and heterosexism in the nature of their diagnostic criteria, specifically classifying problematic policy issues as pathological illnesses (Lev, 2004). Kirk and Kutchins (1997) discussed the relationship of racism, discussing diagnostic manuals that predate the DSM reporting inflation in insanity rates to minority groups. In the earlier forms of the DSM, women

were being diagnosed for behaviors that were thought to be only found in women (Brown, 1994 & Caplan, 1995). These diagnoses were removed in later incarnations of diagnostic criteria.

This shows the clear shift that occurred in diagnostic criteria due to a shift in politics.

The previous example of heterosexism in diagnosis and the DSM is closely related to the struggles with the GNC population. Homosexuality was long considered a psychopathology and was only removed in 1973 (Bayer, 1981& Lev, 2004). The diagnosis started under sociopathic personality disturbance in the DSM-I and was reclassified under sexual deviations, along with fetishism, pedophilia, and transvestitism in the DSM II. Psychologist Evelyn Hooker researched the first nonclinical sample of homosexual men in 1957, discovering that this population did not exhibit the mental health issues that had been attributed to them (Hooker, 1957). This research played a pivotal role in the removal of homosexuality in the DSM, which shows that these decisions change as cultural views do. Homosexuality was misunderstood by society and more specifically the mental health profession. The norms behind this lack of understanding were illustrated through mental health diagnosis. This is important to the study as it is parallel to the problem of the problematic view of gender minority identity affiliation as a disorder (Lev, 2004).

Transvestite fetishism was contained in the paraphilia along with the homosexuality diagnosis (American Psychiatric Association, 1968). Transvestite fetishism was framed as the erotic experience of cross-dressing behaviors, while manifesting with significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 1968). From this point, in the DSM-III-RE, gender identity disorders were included within the section on sexual and gender identity disorders (American Psychiatric Association, 1980). This change in classification had both positive and negative effects. What they mistook as a problematic condition has since been normalized opening the door for sex

reassignment surgery (SRS) to be viewed as a legitimate form of treatment and as not elective or cosmetic. The negatives parallel the same problems that homosexual diagnoses had, which were that the identity affiliation was viewed as disordered (Lev, 2004).

Bess & Stabb (2009) studied their participants' views and reactions to the diagnostic labels in the DSM-IV-TR for gender identity disorders. These participants stated that 86% of their participants strongly objected to the diagnostic labels listed in the DSM-IV-TR and to the implication that having a transgender identity implied a mental disorder (Bess & Stabb, 2009). Many of these individuals stated that their belief was that their transgender identity was not a symptom of a disorder, but rather one aspect of human diversity. Benson (2013) agreed and stated in the literature review that GID was derived more from a conflict between the individual and society rather than an individual's mental health. Finally, Benson's (2013) participants stated that they did not view their gender identity as problematic and just wanted counselors who affirm and support them as the gender with which they identify. This is another reason for clinicians to be knowledgeable about these experiences and how to avoid them; much of this involves simply supporting and affirming their clients and their gender identity classifications of themselves.

Gender nonconforming individuals' past experiences of not being understood or being marginalized can cause fears and function as major barriers to pursuing both medical and mental health treatment. Without seeking these services, gender nonconforming individuals are left to rely on their already established supportive systems. Having to rely on previously established supports, depending on the family or friend group that these individuals belong to, could be a positive or negative thing. The concept of the gender binary is deeply engrained in the US

culture; this binary approach to gender usually extends to the traditional notion of the roles individuals have or “play” within their family constellation (Bauerband & Galupo, 2014).

Due to the internalization of traditional roles, this means that individuals coming out as transgender face a range of supportive and non-supportive reactions (Bauerband & Galupo, 2014). Research has shown that disclosure and the transitioning process of transgender individuals might affect their personal relationships, both romantic and familial (Norwood, 2012; Bauerband & Galupo, 2014). Those who face negative reactions to their disclosure may experience strained family relationships and potential loss of support (Bauerband & Galupo, 2014). This leaves an already vulnerable population facing greater isolation, shame, and stress.

Due to the fear of adverse reactions or experiences, individuals may shy away from disclosure of their gender identity within their existing support system and this could result in a significant lack of supportive resources (Bauerband & Galupo, 2014). Often transgender individuals, like their sexual minority identity counterparts, have a unique type of familial support where friendships function as “family of choice” and serve to combat social isolation and rejection (Bauerband & Galupo, 2014). For the transgender individuals in the study, all forms of support shown to have both barriers and benefits (Bauerband & Galupo, 2014). General features of this support can be just having someone to talk to, emotional support, acceptance, and shared experiences and understanding. Although microaggressions occurred most in cisgender heterosexual friends and least often from those with the same or similar identity category, transgender participants described the microaggressions from the like-identified transgender peers as more painful. Bauerband & Galupo’s (2014) study illustrates that there is even a fear of rejection and isolation by their peers within the trans community. In-group rejection and

discrimination occurred in the experiences of the participants in Bauerband and Galupo's (2014) study, which furthers the isolation these individuals already face.

Previous Research on Counseling Experiences for GNC

Positive Therapeutic Experiences

In her study of transgender individuals, Rachlin (2002) found that 37% of the sample reported having accessed mental health services for problem areas such as depression, anxiety, and relationship distress. In cases where the individuals presenting concerns are not gender dysphoric, counselors do not necessarily require specialized training in gender identity topics (Rachlin, 2002). Bess and Stabb (2009) reported the average number of therapy sessions was 65, which is much higher than is typical for therapy in the age of brief and managed care. Bess and Stabb (2009) concluded that gender identity development is a lengthy and involved process for which brief therapy is not suitable.

Bess & Stabb (2009) found that their participants generally had positive therapeutic experiences when the factors of expertise, empathy, and trustworthiness were noted as critical to therapeutic alliance. Bess & Stabb's (2009) research countered some of the previous research studies that reported transgender individuals have more negative experiences more often. Bess & Stabb (2009) also stated that those with positive experiences generally were those counselors identified counselors who provided a space for clients to express their struggles and who validated them while they worked through their gender identification process. Additionally, Bess and Stabb (2009) reported that participants with positive experiences noted they were more comfortable with female therapists than male therapists.

Bess & Stabb (2009) reported that more than half of their participants were involved in group as well as individual therapy and found that the group work served as a beneficial outlet.

Bess & Stabb (2009) explained that these individuals sharing and conversing with like-identified individuals gave them a beneficial outlet for support as well as recourses from fellow group members (Farmer & Byrd, 2015). Rachlin (2002) reports that the parts of therapy found most helpful by participants were acceptance, respect for the person's gender identity, flexibility in the treatment approach, and connection to the transgender community. Rachlin (2002) reported that more than 87% of respondents reported that positive change occurred in their lives as the result of psychotherapy.

Negative Therapeutic Experiences

Not all participants felt that therapy was a positive experience. Bess and Stabb (2009) reported that two of their participants have described their negative experiences of mental health services as even involving hostile reactions from their clinicians. One participant reported that their clinicians were not competent in gender issues and that they felt disregarded and even rejected by their clinician (Bess and Stabb, 2009). Rachlin (2002) stated that with less experienced counselors, gender topics are less likely to be a focus in treatment. In these cases, the client doesn't bring it up and the therapist does not have enough experience to know what to do and avoids the subject.

Bess & Stabb (2009) noted that some of their participants reported that when they tried to discuss their gender issues, the therapist ignored them or reacted negatively. Bess & Stabb (2009) cited specific criticisms of therapy by participants, for instance: counselors were reported as having a lack of competency; patients experienced overt expressions of hostility; and therapists approached the patient by attempting to eliminate pathology, rather than facilitate wholeness. At least two participants explicitly stated that they do not feel that practical training is enough to assist and support them. Rachlin (2002) states that "provider ignorance and

insensitivity to transgender issues” are prevalent in the mental healthcare system (Rachlin, 2002, p103). Rachlin (2002) also suggests that small efforts to increase cultural sensitivity to gender identity issues by providers can have significant positive effects for the transgender community (Rachlin, 2002).

Rachlin (2002) stated that negative experiences in therapy were often associated with a perceived lack of provider experience. Being up-to-date on current queer, Transgender, or FtM issues was also cited as a perceived need for therapy. Many people also indicated that the experience was not as worthwhile when the provider was extremely passive or distant (Rachlin, 2002). Mizock and Lundquist (2016) stated that previous experiences of transphobia and minority stress could potentially lead to the expectation that these things will take place in the therapeutic relationship, thus weakening the therapeutic alliance and causing previous patterns played out in these negative experiences.

Mizock and Lundquist (2016) explains GNC individuals’ avoidance of mental health services as an attempt to avoid farther marginalization or discrimination. Mizock and Lundquist (2016) reported that problematic psychotherapy experiences can affect symptom severity and the willingness to look for other service providers. Another key major factor in an individual’s negative clinical experiences includes the use of diagnosis, adding to the perception of being judged, labeled, or stigmatized (Ellis, Bailey, & McNeil, 2015). Given these dangers, this study seeks to focus on the GNC population and their experiences in clinical settings.

Theoretical Foundation of the Study

This inquiry is a qualitative, exploratory study guided by an interpretive phenomenological approach while using Queer theory to break free from the normative culture’s binaried view of gender (Halperin, 2003 & Minton, 1997). Van Manen (1990) stated that the researcher should have a sincere and honest interest in the phenomenon being researched. With my previous

research and professional experiences, I was driven to specifically research GNC individuals and their experiences of counseling. Further, the lack of GNC voices in the literature also encouraged my prioritization of this topic.

Phenomenology

Phenomenology is the focus and study of the lifeworld (Van Manen, 1990).

Phenomenology began with philosopher Husserl and later Heidegger, who moved the practice of phenomenology “away from a philosophical discipline which focuses on consciousness and essences of phenomenon towards elaborating existential and hermeneutic dimensions” (Kafle, 2011, p181). The focus for Hermeneutic is on the “way things appear to us through experience or in our consciousness” (Kafle, 2011, p182).

The challenge ahead for this line of research is to take what is given and draw new meanings, but without being “obstructed by pre-conscious and theoretical notions” (Van Manen, 1990). This study employs hermeneutic phenomenology as described by Van Manen (1990) to gather lived experience while seeking to unearth the structures that are essential of the lived experiences of individuals and groups.

Hermeneutic Phenomenology

As mentioned previously, Heidegger shifted study from the traditional forms of phenomenology to focus on the hermeneutics of experience. The premise of this approach is to get underneath the “subjective experience” while finding the genuine objective nature of how individuals perceive their experience (Kafle, 2011). In other words, hermeneutic phenomenology focuses on the subjective experiences of individuals and groups of individuals. The process of hermeneutic phenomenology requires the researcher to take the interpretation of the world and describe them through an interpretive process.

Hermeneutic phenomenology is a research modality that allows for interpretation of an individual's rich descriptions of the recollection of experiences of specific phenomena (Kafle, 2011). By recounting the narrative or experience, a deeper understanding of the meaning of the phenomenon can be sought (Kafle, 2011). The study utilized Hycners' guidelines for phenomenological research in order to apply phenomenological analysis to these concepts discussed in this chapter. A more thorough review of these guidelines will be addressed in chapter III.

Queer Theory

Queer theory is a post-modern and critical tool that draws from feminist notions of social constructions and the ascribed roles that exist in society for men and women (Jagose, 1996). The term "queer" is used to describe what is "not normal" and historically not heterosexual (Dilley, 1999). The term has been used both inclusively and derogatorily to describe sexual and gender minorities (Dilley, 1999; Jagose, 1996). Since 2008, the term has been reclaimed by members of the LGBTQ community and is used by them to refer to individuals within this marginalized group (Dilley, 1999).

Queer theory, in the context of research and educational studies, pertains to issues of homosexuality and refers most to the lives and practices that are considered abnormal (Dilley, 1999). The concepts of queer theory are also used to research the experiences of those who are in the LGBTQ spectrum of identities. One major role of research that uses queer theory is challenging the language and arbitrary binary distinctions decided by those in power positions (Dilley, 1999; Jagose, 1996). Queer theory also pushes for others to examine what is "normal" and "abnormal," while highlighting the marginalizing effect that it has on those who are not considered 'normal' (Dilley, 1999; Halperin, 2003; Minton, 1997).

In his research, Dilly (1999, p469) postulated the process of queer theory has more to it than researching homosexual lives, by analyzing what and when the lives of those “queered” outside of the norm. Dilly (1999) reviewed studies that used queer theory and found that all of the studies focused on at least one of the three classifications. The three forms that Dilly (1999, p470) found that queer theory research took were a) examining the lives and experiences of those considered non-heterosexual, b) illustrating the juxtaposition of those lives and experiences with those of who are considered “normal”, and c) examining how and why those lives and experiences are considered outside of the norm. All of these forms question what is considered to be normal and how it affects those who are marginalized.

Dilley (1999) and Beasley (2005) note a flexibility and wider applicability to queer theory. In their minds, theory focuses on societal power structures, how norms are established, and how these norms marginalize those who do not fit in (Beasley, 2005; Dilley, 1999). Due to Queer theory’s prime position to explore and question “normal” ways of thinking, Dilley (1999) proposes that qualitative and queer theory as a combined approach is a way to reach pure understanding of “queered people and those we currently consider straight” (p470). This study uses queer theory in a specific way to use the descriptions of GNC individuals’ experiences of mental health services and unearth a better understanding of the forces and conditions that marginalized these individuals and what can serve to better help them.

Chapter Summary

Identifying inclusive language that respects and pays homage to the variety of experiences and expressions that make up gender variance is challenging. Gender nonconforming people have been called by and call themselves various labels. The basic concepts that makes up gender identity are sex and gender, both of which are socially constructed and affect the ways that people associate and interact with one another.

The relationship between gender and sexual identity has been inexorably linked throughout the years, whereas contemporarily they are viewed at as distinct parts of one's identity. Although this group of people face similar struggles with societal oppression related to minority status, there are notable and distinct differences between the groups; especially those who are nonbinary in their definition of identity.

For those who are transgender, the socially scripted roles do not always align with their personal understanding and expressions of themselves. Transgressing norms of gender expression are not limited to physical surgery. These individuals who do not fit in the societal construction of male and female categories and reform what gender presentations look or sounds like are the focus of this study. These individuals are considered to be gender nonconforming.

Transgender is not a new phenomenon. Transgressive gender behaviors have been part of humanity as long as there have been expectations of sexual and gender expression in culture. Transgender practices date back to the Middle Ages. Another phenomenon that is not new is the discrimination and marginalization of gender minorities. Due to the prevalence of violence and discriminatory experiences, transgender individuals might avoid reporting crimes or even seeking mental health services for fear of further prejudice or discrimination.

Transgender people have disproportionately high rates of depression, anxiety, somatization, and overall psychological distress, which were not better defined as gender dysphoria. Risk factors that transgender individuals face include racial-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, and health care discrimination. Gender minorities are at even higher risk of being marginalized than their sexual minority counterparts.

In previous research, individuals noted that some of their clinical experiences were ones in which they were misdiagnosed, mistreated, and misguided by uninformed clinicians, adding to the level of isolation they were already feeling. Without seeking these services, gender nonconforming individuals are left to rely on their already-established supportive systems. Depending on the family that these individuals belong to, this could be a positive or negative thing. Positive factors identified in counseling included expertise, empathy, and trustworthiness as well as acceptance, respect for the person's gender identity, flexibility in the treatment approach, and connection to the Transgender community (Bess & Stabb, 2009 & Rachlin, 2002).

The study was a qualitative, exploratory inquiry guided by an interpretive phenomenological approach while utilizing hermeneutic phenomenology, Hycner's steps to phenomenological analyses, and queer theory to break free from the normative cultures' binaried view of gender.

CHAPTER III: Methodology

The review of the literature revealed only four studies that have highlighted transgender individuals' experiences with mental health services (Benson, 2013; Bess & Stab, 2009; Mizock & Ludquist, 2016; & Joy, 2008). Most of these studies used the term "transgender" and did not focus solely on the experiences of gender nonconforming individuals (GNC). Although the term "transgender" can be used as an umbrella term, this study introduces a new argument to highlight the experiences of the nuanced, nonbinary experiences of gender transgression (Fassinger, 2000; Lev, 2004; & Pettitt, 2010). This chapter includes discussions of the study's theoretical framework, research methodology, sampling, participant recruitment, research design, and data collection and analysis processes.

Purpose of the Study

The purpose of this study was to highlight the lived experience of GNC individuals in counseling and therapeutic settings. Few previous studies have investigated transgender experiences of counseling in a qualitative manner nor have they focused on nonbinary forms of gender expressions. Due to the number of risk factors such as racial-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, and health care discrimination (Bockting, Miner, Swineburne, Hamilton, & Coleman, 2013; Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; & Norwood, 2012), it is vital that those working in the field are informed and capable of helping GNC individuals. Morgan & Stevens (2012) suggest that transgender individuals' previous experiences with marginalization can lead them to avoid situations in which they might relive these experiences and can even prompt individuals to avoid seeking help from mental health services. This study aims to unearth the experiences of

those who have not had a voice in the literature, specifically regarding their experiences with finding and partaking in mental health services.

Research Design

The study used a hermeneutic phenomenological approach grounded in Queer theory (Dilly, 1999 & Minton, 1997) to understand gender nonconforming individuals' experiences of counseling. Finlay (2011) described the researcher who seeks phenomenological analysis as one who engages in describing experience in all its richness and layers. This study sought to increase clinical understanding of the needs of GNC individuals with their mental health services.

Hycner's (1985) guidelines for phenomenological analysis were used to analyze the research transcriptions. This chapter will explore rationales behind the study's qualitative design, sample description and size, purposeful sampling, and the study's recruitment and participant criteria.

Qualitative Inquiry

This study utilized a qualitative design to unearth meaning, rather than testing a hypothesis which a quantitative method might explore (Denzin et al, 2000 & Neuman, 2007). From the interviews conducted in this study, the researcher can interpret and gather specific meanings in aggregate (Neuman, 2007). Qualitative methodology focuses on meanings, symbols, metaphors, and concepts (Berg, 2009). With the interviews conducted with the GNC sample, the researcher conducted analysis informed by these practices to uncover themes that existed in each of their experiences.

Qualitative research is meant to describe qualities and characteristics of a phenomenon (Madrigal & McClain, 2012). Although this process cannot be easily reduced to numbers, as is the case in quantitative research analysis, numerical representation can sometimes be achieved through the coding process (Madrigal & McClain, 2012). Hermeneutic qualitative research can

provide rich detail of human behavior, emotion, and personality characteristics that quantitative research cannot (Madrigal & McClain, 2012). To provide this information, rather than using results of statistical analysis, qualitative researchers look for themes that are identical across different participants (Madrigal & McClain, 2012). As the purpose of this study is to highlight the lived experience of GNC individuals in counseling and therapeutic setting, qualitative design was chosen by the researcher because it aligns with the study's goals of exploring and uncovering participant narratives. This research study will use qualitative interviews of GNC individuals to highlight their experiences with counseling, their views of positive and negative factors in counseling, and hopefully to garner insight on the potential needs of their sought services.

Sample

Berg (2009) suggests that the intent of using a sample of participants enables the researcher to make inferences about a larger population. In qualitative studies, making inferences about the larger population is not usually the goal, nor is there an ability to make sweeping generalizations. Rather, the purpose of qualitative research is to unearth meaning and significance within a specific setting or incident (Van Manen, 1990). To find this meaning and significance in qualitative research, the most appropriate sampling methods are non-probability based in nature (Berg, 2009 & Merriam, 1998). The first task related to this non probability sampling was defining a population of interest. For the present investigation, this refers to those who align with the study's definition of gender nonconforming (Kruger & Stones, 1981). The next task is selecting a sample from those interested in participating who have experienced the phenomenon or incident under study, to get these experiential commonalities (Kruger & Stones,

1988). For this study's purposes, appropriate participants are those who identify with the experiences defined here as GNC.

Robinson (2014) noted that before determining the sample size of a study, one must first define the inclusion and exclusion criteria and set the universal sample. The inclusion data specifies an attribute that participants must possess in order to qualify for inclusion, whereas exclusion data must stipulate why a participant is not appropriate for participation (Robinson, 2014). The universal sample or population for this study is GNC individuals—those who employ nonbinary methods to portray or perform their gender identities. Exclusion criteria used for this study pertained to those who identify as “binary” and sometimes transsexual, as this form of identity aligns a binaried form of gender congruence wherein the individual knows that they are the opposite gender than their birth assignment. This is not to say that they are completely unrelated; however some of these experiences have already been highlighted in the literature. This study seeks to illuminate those experiences between the spectrum of the majority group also known as cisgender, and those who are binary in their gender identity.

As it is impossible to reach and interview all GNC individuals in the population, it is vital to select a sample size range that offers a “scope for developing cross-case generalities” (Robinson, 2014). Sample ranges are different for all studies. The goal of sample size is to gather enough data so that adding another participant to the sample would not result in additional perspectives or for themes to become repetitive and similar (Glaser and Staus, 1967). When new themes stop emerging in the analysis of the interviews, the research is considered to have reached a point of saturation. According to Morse (1994) this type of research should have at least six participants. Participant recruitment was halted only after saturation of the data was reached with the inclusion of a total of nine participants.

Purposeful Sample

As aforementioned, the first step in conducting a purposeful sample selection is to gather individuals whose identities and experiences are related to the studied phenomenon. The participants in this study were recruited by networking with supervisors, facilitators, and directors of various community centers; posting to social media groups; and community events and groups to recruit a diverse sample of GNC individuals. Community centers used for recruitment purposes of the study included community agencies and university gender and sexual orientation resource offices. Social media groups for both counseling and online identity groups were used to disseminate the flier (Appendix E). Community events and groups include events specifically catered to the LGBTQ community such as trivia nights, drag bingo events, Pride celebrations, and the Stonewall Sports leagues. With all of these recruitment sources, the researcher reached out to the supervisors or directors of these services and asked them to both disseminate the recruitment flier (Appendix E) and to communicate with those who might have interest in taking part in the study.

Participants were recruited from various areas of the United States to provide a geographically diverse sample. The geographic variance of the sample is intentional in order to include as wide a range of experiences as possible. It is axiomatic that different areas of the country exhibit cultural, economic, and political characteristics. The setting in which an individual resides may present naturally occurring differences such as a more conservative versus liberal political affiliation; rural versus urban communities; racially diverse versus racially homogeneous regions; and religiously fundamental versus religiously progressive settings. Such differences could play a role in how supportive and understanding services are offered to the GNC population.

Participant Recruitment

The researcher used a variety of methods to gain a purposeful sample, including networking with supervisors, facilitators, and directors of various community centers; posting to social media groups; and posting at community events and groups in order to recruit a diverse sample of GNC individuals. Community centers used for recruitment purposes of the study included community agencies and university gender and sexual orientation resource offices. Social media groups for both counseling and online identity groups were used to disseminate the fliers (Appendix E). Community events and groups used to recruit for the study included events specifically catered to the LGBTQ community such as trivia nights, drag bingo events, Pride celebrations, and the Stonewall Sports leagues. In all of these resources for recruitment the researcher reached out the supervisors or directors of these services asking for them to both disseminate the recruitment fliers (Appendix E) and to communicate with those who might have interest in taking part in the study.

Selection Criteria

The criteria for inclusion in the study included people who were over the age of 18 and who identified with the study's definition of gender nonconforming. It is understood that such individuals may have a different preferred term to describe their identity, however the identity experiences of being nonbinary in their gender expression and identity remains the same. Participants must have had some type of experience with mental health services. Finally, in order to be considered appropriate for the study, individuals had to feel comfortable with or be able to talk about their experiences of seeking and partaking in mental health services.

Data Collection

The data in this study was composed of the themes and reiterated messages of the participants' lived experiences of GNC individual's experiences of mental health services. The procedure for gaining this information was through semi-structured individual interviews. This section discusses the procedures used for conducting these interviews, the guiding questions, and the methods for handling and interpreting the data.

Semi-Structured Interviews

A semi-structured interview format was used to obtain information from participants in this study. Semi-structured interviews are well-suited to explore the perceptions and opinions of participants regarding certain complex and sensitive topics and offer the ability to probe for more information or to seek clarification of responses (Barriball & While, 1994). The objective of this method is to "standardize the stimulus" by keeping the prompts the same, but then adding clarifications and using probing questions as differences amongst the respondents come to light (Barriball & While, 1994, p329).

Alternatively, structured analysis relies on the fact that all participants' common vocabulary and the hope that each participant's words carry the same meaning, which can be a major hindrance to the study (Barriball & While, 1994). Semi-structured interviews allow the interviewer to change the wording and not the meaning; additionally, it respects individuals' differences in vocabulary and understanding of the questions (Barriball & While, 1994). Reliability and validity depend on the researcher's ability to keep the core meaning of the questions consistent, rather than the repetition of words used to describe these questions (Barriball & While, 1994). Semi-structured interviews also offer the researcher the ability to use probing questions. Probing questions in semi-structured interview format can assist in ensuring

reliability, due to their ability to clarify and prompt in the exploration of new topics, thereby getting more information than the question originally sought (Barriball & While, 1994).

Interview lengths ranged from 45 minutes to an hour. Interviews were conducted through multiple mediums to cater to the needs of the participants. Some of the interviews were conducted in person, in confidential and safe environments, so that the participants felt comfortable sharing their experiences. The interviews were audio recorded. The researcher also took field notes describing participants' nonverbal communications, initial themes, and reactions to the content shared. The recordings will then be transcribed for further analysis.

Transcription

For this procedure, the researcher reviewed all the audio recordings himself. To begin the process, the searcher first only listened to the recorded interviews, taking in the narratives while paying close attention to the wording and intonation of the participants' responses. The next stage of this process was to listen to the recordings a second time, only this time typing verbatim the questions and probes spoken by the researcher as well as the responses given by the participant. During the facilitation of these interviews, the researcher took field notes to document observations or clarifications, which were later combined into the margins of the typed transcriptions margins as suggested by Hycner (1985). The transcripts were provided to each participant for feedback to determine their accuracy. All participants replied confirmation the accuracy of the transcripts, while three participants stated they were accurate but also suggested some changes that were lost in the transcription process. The transcription were only reviewed by the primary researcher and his dissertation committee. The transcriptions were redacted of identifying information and kept locked when not in use by the researcher.

Interview Questions

In order to conduct a semi-structured interview, some initial structure has to be set before the interviewer can proceed into the interview. The interview questions were formatted in wording that were less clinical than the research questions. The format was intended to provide necessary detail and background to the questions, while highlighting the intended content in the research questions and subsidiary questions. The structured questions composed to administer as a starting point for the interview were the following:

- 1) What is your earliest memory of your gender identity?
- 2) What was the reception of your identity from peers and family?
- 2) What experience led you to seek out mental health services?
- 3) How did you feel seeking mental health services?
- 4) How would you describe your experiences of therapy or mental health services?
- 5) Did you accomplish your therapeutic goals in your experiences of mental health services?
- 6) What do you think went well in your mental health services?
- 7) What do you think did not go well with your mental health services?
- 8) Was finding supportive, understanding, and helpful services hard to do in your area?
- 9) What is it like to be a person who is GNC in your community?
- 10) Is there anything that you think that I should know about your experience as a GNC Individual with MH services that I did not ask?

Instrument

Within the confines of a qualitative study, the researcher is looked upon as the instrument of the study (Patton, 2002 & Van Manen, 1990). Patton (2002) explored this phenomenon

stating this process requires skill, competence, and rigor of the interviewer. In other words, the researcher must be mindful of their own biases and emotional responses. This section will provide an overview of the researcher's qualifications, experiences, focus in the field, and initial impressions for potential biases that can arise.

Researcher as the Instrument

As a clinician, I have worked in the field of mental health since 2011, which is approximately seven years. My first clinical experiences involved facilitating in-home Applied Behavioral Analysis (ABA) for individuals with autism and their families. After this, I had my first graduate level counseling position working at a university lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ) resource office. In this position, I worked with sexual and gender minorities and assisted them in developing social networks and facilitated programs that offered opportunities for identity exploration and development. Since then I have worked in the mental health field in various positions, such as in-home Applied Behavioral Analysis, in-home Family Based Services, School Based Mental Health Services, and Out-Patient Services.

As a clinician, I employ a Narrative Therapy framework, through which I view each clients' worldview and the language with which they choose to describe it as hallmark in their needs of change. Each of these world views are singular and are affected by who we talk to and the experiences that we have had in this world (White, 2007). I am a Licensed Professional Counselor (LPC) in the state of Pennsylvania. For the last seven years, I have worked with various individuals with differing identity descriptions.

My experiences at the resource office offered me some insights into the struggles that the GNC population can experience in seeking supportive services. This can relate to the lack of

understanding and knowledge of GNC challenges that mental health providers can have. Since then, I have continued my work with gender and sexual minorities and the wide range of presenting concerns they have when visiting the office. Furthermore, many of my academic projects during my doctoral program have been devoted to topics involving the spectrum of GNC identities. I have also attended numerous conference sessions, workshops, and trainings programs to better understand and serve this population. Due to my background and passion for working with the GNC population, it seemed only fitting that I assess and explore whether these experiences helping this population are far more general than I interpreted.

Some of my experiences working as the graduate assistant for the University of Illinois Springfield LGBTQ Resource office were that many of my students who were gender nonconforming and/or transgender did not feel that their mental health workers understood or knew how to work with them on their gender identity issues and concerns. After these experiences, I began to hear some of my fellow coworkers express either disinterest or confusion when it came to these identities. Because of these more negative narratives of GNC and the Mental health field, my experience can also serve as potential bias. A potential outlet for this bias is assuming that the GNC individual being interviewed must have had a negative clinical experience, before analyzing the data. Patton (2002) noted that bias is something for the researcher to be aware of.

Another potential source of bias is my own identity. I am a cisgender, white male, who is comfortable with the masculine pronouns of he and him. This life narrative can serve as bias in the sense that my gender experience carries some privileges which may not reflect the lives of the GNC population. I am also a queer male, which has subjected me to certain discriminations, such as being called derogatory names, feeling isolated by my peers and community, and facing

in-group discrimination. These discriminatory experiences are not necessarily the same as those faced by GNC individuals. These experiences allow me to have more empathy and a level of understanding that must be monitored during the course of the research.

In order to avoid the opportunities for bias, I sought consultation with my committee to ensure that I avoided these biased ways of thinking and relied on what was actually being said in the participants' narrative. I also kept a research journal throughout the course of the project to personally process through my considerations and to assess areas where my bias might be at play. These two procedures, in tandem with keeping my own privileges in mind, will hopefully reduce the implications of bias in my work with this topic and population.

Researcher Journaling and Note Taking

During each interview, the researcher documented nonverbal behaviors that may not be captured in the recorded interview. With these notes of nonverbal behaviors or cues, the researcher included the question and client number so that later it can be matched up in the typed transcription. Patton (2002) stated that journaling is a good method of assisting the researcher in the explication process. After each interview, the researcher wrote in this journal documenting his initial thoughts and reactions in order to monitor and avoid his own potential biases. The researcher reviewed these journals before working on the explication process. Some of these journals were also discussed and processed with my chair at a later date to ensure success in avoiding the influences of biased thinking in the explication process (Hycner, 1985).

Ethical Considerations

This study was submitted, reviewed, and accepted by Duquesne University's Institutional Review Board. In order to prepare for this process, the researcher carefully constructed the informed consents and thoughtfully refined measures taken to ensure the following:

confidentiality; the ethical treatment of participants; compliance with the time limits related to data gained from the study; and how to adequately report findings.

Informed Consents

The process of informed consent consisted of reviewing with participants their rights, roles, and responsibilities as participants in this research project (Appendix F). This procedure took place on two levels, verbally and in writing. Informed consent began at the stage of recruitment discussed in previous sections by letting individuals know the purpose of the study from the start. Next, when individuals reached out by phone or email and conveyed interest in participating, the researcher expressed his excitement and requested that they fill out an initial demographic questionnaire. This initial questionnaire would assess their identity descriptions and how well they aligned with the features of the targeted population, which is gender nonconforming individuals (Appendix A).

Those individuals who did not align with the study's framing of GNC identity were thanked for their interest and were informed they did not fit within the study's parameters. Those individuals who were interested and who fit the parameters for participation were informed of the time and length of the study; intent and purpose of participation; confidentiality policies; and methodology. The researcher then verified that they wished to proceed with the study, reminding them that they could withdraw their participation at any time. After obtaining verbal consent from the participant, the researcher scheduled them for an in-person interview, or made arrangements for another form of meeting, such as Skype or Go-To Meeting.

A written version of the informed consent document was also distributed to each participant prior to the enactment of their interview. It included procedures of the study, confirmation that their participation is voluntary and can be revoked at any moment, a review of

the risks and benefits of participants, and confidentiality efforts (Appendix F). These consents were reviewed with the participants and signed before the researcher conducted the semi-structured interviews. Copies of results and transcriptions were offered to participants to ensure transparency in the process. This was explained to the participants and was free of charge.

Treatment of participants

Ethical treatment of participants was the top priority for the researcher in conducting the study. In terms of risks, the researcher discussed the small potential for risk that could be involved with their participation in the study. It was also discussed with participants that in talking about these negative experiences, some people can experience negative feelings or reactions. Participants were also informed that if they are feeling this way, and that if participation in the study is bringing something negative up for them, they are within their rights to revoke their participation status at any time during the process of the research project at no penalty to them.

As a licensed counselor, I am well-versed in supportive factors, crisis intervention, and de-escalation techniques. Risk was evaluated as low during the inception process of this project; this was deemed especially true with the foreknowledge that this process can be stopped at any time for the needs of participants. The researcher also worked to identify follow up options for affirming services to support the participants that they can access if needed.

Confidentiality

Participants were informed of the boundaries of confidentiality for this study and what their participation and how the data is reported at the end of the process. Their identifying information was redacted from transcriptions and the results of the study were reported in aggregate. The actual identities of participants were only known by the primary researcher,

meaning even the committee only knew them by their participant pseudonym. All names and identifying information of the participants or those in their recollections were redacted from transcriptions. All recordings and printed copies of transcriptions were kept locked away or under password protection to ensure that the researcher and committee will only have access to their interviews.

Data Storage and Retention

Participants were informed that the interviews will be audio-recorded and later transcribed. Any notes or documentation were kept locked away and only the primary researcher had access to these documents and files. Electronic media was password protected. Audio recordings were destroyed upon the completion of the study. Documents related to the study were stored until the completion of the study and then were destroyed as well.

Report Findings

Participants were informed that their interviews will be used to inform the study's findings on experiences of GNC individuals in mental health services. This information was later reported without the inclusion of their names or specific identifying information. Part of the process was to send the transcriptions to the participants to give them an opportunity to validate the transcriptions. Participants were also offered the option to obtain a copy of the findings of the study if they were interested.

Data Analysis

As aforementioned, to mine for information, this study utilized Hycner's (1985) steps for interview narrative data explication. With each step, hermeneutic phenomenology and queer theory framework were used as the lens through which the researcher could interpret and find

saturation of the themes mined from the narrative data. This section reviewed the guidelines that informed the practice of analysis of the transcribed interviews.

Bracketing and Phenomenological Reduction

Once the transcriptions were typed, the researcher read through them going line-by-line remaining “open to whatever meanings emerge... [which is] an essential step in following the phenomenological reduction necessary to elicit the units of general meaning” (Hycner, 1985, p280). The use of Queer theory provided a framework to conduct analysis, assisting the researcher to counter cultural biases and messages or hear when they may be present in the participant’s response. As a cisgender male this researcher had to be mindful of his own privilege and listen carefully to what was stated in the interviews. This is where the supervision of the committee and personal reflections written in the research journal became vital: the researcher was more aware and conscious of potential biases.

Listening to the interview for a sense of the whole

Listening for the whole of the interview is the process which entails the researcher listening to and reading the interviews numerous times (Hycner, 1985). It is important during these reviews to listen for the “non-verbal and para-linguistic levels of communication... intonation, the emphases, the pauses, etc.” (Hycner, 1985, p281). Journaling on these topics is cited by Hycner to be helpful to enter the lived experience and begin to gain a better understanding of the context of what was spoken in the interview. In these journal entries, Queer theory was used to be mindful to highlight the queer experience countering majority cultures’ framing and bias.

Delineating units of general meaning

This step in the process entails the researcher getting the essence of meaning expressed in each interview (Hycner, 1985). This is a process free from the previous structures that facilitated the interviews, but rather these themes are to emerge from the process itself (Hycner, 1985). The goal of this step was gaining units of general meaning which express “unique and coherent meaning (irrespective of the research questions)” (Hycner, 1985, p282). It is essential in this process to consider these themes from the data in the interviews, the process of reading the transcripts over and over again was a step in order to avoid filling in the gaps from a place of bias, as well as supervision with committee and conferring with them on potential areas of bias.

Delineating units of meaning relevant to the research questions

Now at this stage, the units of meaning are applied back to the research questions (Hycner, 1985). Themes that emerged that were not relevant to the original research questions were not included for further analysis. Units of meaning that were considered “ambiguous or uncertain” were included to err on the side of caution.

Clustering units of relevant meaning

Clustering in the process of qualitative analysis requires the researcher to sort through the interviews for relevant units of meaning (Hycner, 1985). The researcher reviewed the interviews multiple times until common themes and similar meanings emerged organically (Hycner, 1985). The lens of queer theory was employed to understand the reception and internalizations of GNC individuals with the mental health profession.

Determining themes from clusters of meaning

This part of the process requires the researcher to widen the lens once more and analyze “all the clusters of meaning” to ascertain whether there are central themes which speak to the

essence of these clusters (Hycner, 1985). This is a judgment call, and just as with all the other steps, the researcher must guard against bias when formulating conclusions. To avoid this, the researcher met with the chair and committee to confirm that these themes were appropriate and rooted in the interviews as opposed to the researcher's biases or presumptions.

Summary Review and Modify Themes

As previously mentioned, results and transcripts were offered to participants as a way to ensure accuracy (Hycner, 1985). Another option for feedback was giving participants an opportunity to review the themes and what they thought of them. This review process ensures better accuracy in reporting results of the interviews and offers another form of analysis that stays true to the experience of the participant being portrayed (Hycner, 1985).

Dependability of the Data and Credibility

The transcripts were provided to each participant for feedback to determine its accuracy as suggested by Hycner (1985). Field notes and observation notes were also resources to attain triangulation of data. The transcriptions were done by the researcher to attain another level of reliability to the text, and the recordings were transcribed verbatim to ensure open availability for critique and assessment. The use of supervision and consultation through the committee interactions also ensured that the researcher was minding biases and to limit the effect on data interpretation. The researcher used Hycner's (1985) steps of analysis and Queer theory in order to highlight the experiences of the GNC population in a manner as free from bias and ignorance as possible.

Chapter Summary

The purpose of the study was to highlight the lived experience of those self-identified as gender nonconforming (GNC) individuals in counseling and therapeutic settings. Previous studies have investigated transgender experiences with counseling in a qualitative manner, however they do not highlight nonbinary forms of gender expressions. This study was designed with a qualitative format informed by queer theory as a lens through which the researcher could break through the heteronormative socially constructed views to highlight the spoke experiences of the GNC population themselves (Halperin, 2003; Minton, 1997).

Participants of the study were recruited using purposeful and snowball sampling methodologies. Once fit of participant was deemed appropriate, individuals participated in semi-structured interviews. Field notes were taken to capture observations and data that would not be apparent in the audio-recorded interviews. These field notes were included in the margins of the verbatim-typed transcriptions to offer different methods to data triangulation (Patton, 2002).

The narrative data of the interviews was explicated using Hycner's (1985) guidelines. The process allowed for themes to surface from multiple interviews. Future considerations for research was also illuminated using this approach. Chapter four will detail these themes by each interview. The saturated themes and future considerations for research are included in Chapter four and five.

CHAPTER IV: RESEARCH FINDINGS

Introduction

The findings of this inquiry helped illuminate the lived experiences of those who identify outside of the gender identity binary and who have been involved with mental health services. The researcher used qualitative research to identify language that naturally emerges and the meaning people assign to the language they use (Berg, 2009). Qualitative research is a recursive and iterative process to find meaning behind participants' spoken iterations of their experience (Berg, 2009). The experiences portrayed in this study represent the variety of presentations and experiences that someone who is Gender Nonconforming (GNC) may carry, as well as some of the missed opportunities and positive helping factors they faced in their therapies.

The study was informed by the theoretical lens of hermeneutic phenomenology and queer theory (Hycner, 1985, Jagose, 1996; Kafle, 2011; Minton, 1997). The premise of this approach and the semistructured layout of the interviews was used to unearth the subjective experiences along with the individual perceptions of these individuals' experiences (Kafle, 2011). This chapter provides a narrative review of the data collected on a case-by-case analysis. Hycner's (1985) guidelines to phenomenological research served as a foundation to approach the interpretation of the participant interviews.

The data was first bracketed to find meaning from the transcripts, which is essential to the phenomenological reduction to find "general meaning." From there, the researcher reviewed the narratives to delineate the central categories and clusters of meaning derived from the interview data. The categories were organized into tables that provide what the significant phrases were chunked into the analytical categories. From this point, the researcher reviewed the interview data again across the cases for the relevant themes that emerge from across the different

interviews. The chapter will conclude with a discussion of the cross-case analysis in order to provide a deeper understanding of the lived experience of GNC individuals and their therapies.

Demographic Information

There were nine participants in this study. Each participant either engaged in the semi-structured interviews electronically through Go-To Meeting or in person. All participants acknowledge that they are in alignment with the study’s definition of Gender Nonconforming identity. The participants ages ranged 19 to 53. The education level of the participants varied: one did not finish high school, two held bachelor’s degrees, one attended college, four had master’s degrees, and one earned a doctorate degree. Participants were also asked about their locations, which were reported by state. One participants identified that they came from Florida, two from Illinois, one from Missouri, three from Oregon, one from Tennessee, and one from Pennsylvania. Table 1 provides a summary of the demographic information reported by the participants.

Table 1
Summary of Participant Demographic Information

ID #	Age	Level of Education	Race	Location
01	26	Bachelors	White	Florida
02	25	Masters	Biracial	Illinois
03	45	Masters	White	Missouri
04	53	Bachelors	White	Oregon
05	30	Masters	White	Oregon
06	19	< High School	Native American/White	Tennessee
07	45	Doctorate	White	Oregon
08	27	College	African American	Illinois
09	29	Masters	White	Pennsylvania

Individual Interviews

All interviews were formatted as semi-structured and were audio recorded. The mediums to conduct the interviews were either through GoTo Meeting or were in-person. All interview recordings and data were kept in a password-locked storage device. The interviews were then transcribed verbatim. The researcher used a reflective journal to assist in the process of bracketing of his suppositions, to monitor any bias throughout the process, and to record initial impressions of themes during the interview process. Interviews ranged from 45 to 60 minutes in length.

Presuppositions

As the primary researcher behind this study, I acknowledge a certain degree of influence to its outcome (Berg, 2009). To mitigate such influences when working with the interview data, I used reflexivity. In order to enact reflexivity, I, as the researcher, had to have “an ongoing conversations with [myself]” (Berg, 2009, p198). This practice helped me identify presuppositions, assumptions, and potential biases that might affect the study.

The first presupposition I uncovered was the idea that most participants would have negative therapy experiences as a result of their clinician’s lack of understanding. The source of this bias comes from living in a time where topics such as bathroom restrictions for transgender individuals have become quite contentious, as well as occasions where this population has found themselves denied services under the guise of religious freedom. I presumed that gender nonconforming and transgender clients alike have all faced clinical forms of microaggression or mistreatment in their clinical experiences. This presupposition is also based on my clinical experience, working with many individuals who were struggling or exploring their gender identity and expression. Many of these individuals have detailed very negative past experiences

with clinicians and they felt that they had to educate their clinicians, correct their doings, or had that their helper came from a place of gender bias.

I also presumed that clinicians would not be familiar with gender nonconforming individuals due to the limited body of research in this area. As reviewed in the literature review GNC identity is not something that has been expansively explored. This presupposition is also informed by my clinical and professional experience working in environments where I have found my colleagues lacked knowledge of trans topics, especially regarding gender nonconforming identities.

The third presupposition was that I believed that there would be a theme of the participants describing the formation and utilization of family of choice; family that they created, as opposed to the one into which they were born. This presupposition was fueled by the research that suggested the high instances of stigma in our society led to high levels of discrimination for these groups in social, professional, and familial realms (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). This was a source of bias that I corrected by reflexivity and only noting this when the participant directly stated that they were choosing to make their own family through peer or friend and online connections.

Another presupposition I uncovered was that I believed that many, if not all, participants have faced either peer rejection or instances of bullying for their gender expression or identity. This presupposition was based on my experience working with people within the trans community and literature that states many transgender individuals have faced high levels of peer rejection or harassment (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011).

My last presupposition was the idea that gender nonconforming identity would display itself more uniformly than my participants' experiences showed. The notion that the internalized

meaning behind these identities would manifest as feelings of being “in the middle” or “outside of” the gender binary stemmed from my biases. As it is for many individuals, identities are neither fixed nor outside of the culture in which one was raised in. As discussed at length in the literature review, these are personal and social identities, and thus concepts are not clear cut. Due to this presupposition, I had to be cautious while researching so as not to binarize the nonbinary in my attempts to analyze the data and understand.

Throughout the process of the study, I have kept a reflective journal and worked with my colleagues in order to be aware of and challenge my assumptions so as to counter my own beliefs and bias that might skew my work with the interview data. The goal here was to allow for the participants’ voices to fuel the emerging themes. There were some interviews that I had to self-monitor and constrain my desire for theme representation when a participant may not have gone where I wanted them to go or thought they were heading. I also had to counter this tendency by avoiding the use of leading questions or prompts, which could have resulted in distorted data. There was one journal entry where I questioned fit of a participant based on my own bias, which I processed with my committee chair and categorized this as an unintentional attempt at “binarizing the nonbinary”. The bias was informed by my aforementioned presupposition of uniformity of presentation for GNC individuals. The participant had read through the informed consent documents and identified themselves as GNC. At this point, it was not for me to exclude them based on my perception of polarity in their identity, this would be me telling them how they identify.

Analysis of Interviews

As noted above, the interviews were either completed using GoTo Meeting software or in person. The in-person interviews were at location chosen by the participant to ensure comfort

while respecting their confidentiality. During these interviews, the informed consent documents were reviewed as well as the “next steps” of the research project. Participants were reminded that this meant recording their interviews, transcribing the recordings, and redacting any identifying information possible. The interviews would be summarized narratively and an analysis of the interviews seeks words of significance between sessions. All of the interviews followed the same general structure, as shown in Appendix B. Each interview started with the participant’s demographic information, the labels or terminology they were comfortable with, their definitions of gender and gender identity and personal meanings connected to these definitions, their impressions of community support and reception of their identities and expression, their impressions of their family’s and peer’s support and reception of their identities, and their earliest recognition of their identities.

After the initial interview questions, each participant were offered the opportunity to speak on an aspect of their identity or their upbringing that they did not have the chance to talk about yet or wanted to share. Then the research questions transitioned to specific mental health experiences of the participant. Each participant was asked about what led them to seek mental health care, the positive and negative experiences associated with these experiences, whether or not they felt that they accomplished their goals in therapy, and whether or not finding affirming and knowledgeable services was easy to do in their community. The researcher finished each interview with the opportunity to share anything not discussed or anything that they were hoping the study was going to cover, but was not addressed in the interview. Each interview lasted between lasted between 45 and 60 minutes.

Interview data was explicated by use of the Queer theory and its central tenants to analyze the interview data. The first tenet that was applied to the explication process was that the

contention that socially ascribed roles for men and women exist and that there are power structures that hold them in place (Beasley, 2005; Goldman, 1996; & Jagose, 1996). The next is that societal and interactional pressures underpin what one considers to be normal or abnormal (Dilley, 99; Beasley, 2006; & Goldman, 1996). Next is that language is used to deliver these meanings and harden these arbitrary binary distinctions and that marginalizes groups of individuals (Dilly, 1999; Halperin, 2003; Jagose, 1996; & Minton 1997).

Most importantly, this research aimed to highlight individuals' own views of their experience and identity and used Hycner's (1985) steps to realized this objective. In the explication process using Hycner's (1985) steps, the researcher explored the raw interview, delineated units of meaning in the interview data, and clustered units of meaning to identify themes that ran through the interviews. The goal here was to reduce the volume of information encapsulated within the nine interviews into manageable pieces of information (Hycner, 1985; Kruger & Stones, 1979). The themes emerged from the research organically.

After saturation was reached in the ninth and final interview, these themes were related back to the research questions. The study reached saturation by way of themes versus the individual details which would be impossible to do with a group that is so individual. Any information that was unrelated to the research questions was excluded from further analysis. These units of meaning were then combined in to chunks of data, while preserving the participant's wording to address the actual perceptions of the participants' experiences. The final stage of the process was to interrogate the clusters of meaning (Hycner, 1985) to find the central theme contained in the interview data. These significant themes could be divided into ten general categories related to the research questions. These themes are discussed in greater detail in Chapter 5.

The ten major categories are as follows:

1. Language and Terminology
2. Creating Own Gender Experience
3. Social and Binary Pressures
4. Support and Barriers to Support
5. General Barriers (in Mental Health Services)
6. Participant Barriers (to Identity or Share)
7. Therapist Barriers / Missteps in Therapy
8. Therapist Competence
9. Knowledge and Education
10. Goals in Therapy (Met/Not Met)

Case-by-Case Analysis

This section presents information in a case-by-case fashion using a narrative context with each participant. Each narrative discusses each participant's relationship with the nine themes discussed in the previous section.

Interview 01. Participant 01 is a 26-year-old individual who utilizes “they” pronouns. They are presently in university completing their bachelor's degree. They identified as white. They also shared that they live in Florida and trace their heritage to Germany. This participant noted the labels that they feel most comfortable with are “nonbinary,” “trans,” or “androgynous.” This interview was conducted electronically by use of GoTo Meeting. They were excited in their communication to set up the interview and for this opportunity to share their experiences in a study with a focus on nonbinary identities.

We started the interview with general introductions and researcher sought confirmation that participants were fully aware of their rights in the study. The researcher also reminded participant 01 that they could withdraw their participation at any time. They confirmed their understanding of the process, their rights, and stated that they wished to continue their participation in the research project. Prior to starting the interview, the researcher requested either an electronically written statement of acceptance and understanding of the informed consent documents or that they send a scanned signed copy of the consent documents.

The initial moments before getting into the study were quiet, with moments of silence between questions and prompts. There was some nervous laughter from Participant 01, but a note of excitement in their voice as they answered the study's questions. After several questions, Participant 01 had moments of exaggerated sighs, which the researcher noted in his journal, tying it to the question that was asked. It was later added to the transcription. Participant 01 never suggested that the questions were hard for them to answer, however.

After reviewing the necessary demographic information, the interview transitioned on to the structured questions of the study (Appendix B). The researcher asked Participant 01 to discuss their thoughts regarding gender and gender identity. They responded "it's different for everyone..." They further described their thoughts saying:

"I would say, for my definition, nonbinary is just neither man nor woman. It's as simple as that... I am neither of those things. And—I mean I guess more complexly, to say is that a gender by itself by being neither or does it mean I do not have a gender—I don't have the answer to that. I just like and use it as an umbrella term for neither, because just that—even though it's vague—encompasses how I view myself."

The researcher then asked for their impressions and experiences living in their community with their identities and expression. They noted having “a lot of friends who are trans in general” as well as having “a lot of friends who are nonbinary or gender nonconforming”. The researcher wrote in his notes that this related to social supports and noted that it was in a positive context. Participant 01 also noted that in the “broader sense” there are gender neutral bathrooms, however they also shared experiences of people around them “not realizing gender binary is a thing” and being mislabeled with inappropriate pronouns. Here, the researcher noted this part of the conversation relating to a few different emerging themes: lack of language, barriers to support, heterosexism, and barriers to feeling supported.

In order to get a fuller perspective of their experience of their community, the researcher encouraged them to talk and elaborate more on these experiences. Participant 01 then went into their experiences at work and their struggles with being out along with certain binary pressures that came with having to explain their reasoning for changing their name. They described a few microaggressions and the emotions that came up from them, stating:

“It’s a very anxiety inducing experience to come out and having to explain that to people and just like be enduring being misgendered is rough... even though I explain it, it’s just like not taken seriously or—I don’t know, maybe people think it’s a preference or something and I don’t think they realize the impact it has... it causes me to have dysphoria mentally.”

Again, in the researcher’s journal, he noted the experiences of people lacking knowledge or education on these topics, as well as the binary pressures of having to explain one’s identity and how that can affect social supports.

After Participant 01 discussed their community experience, the researcher asked about their family and peer reception of their gender identity and expression. Participant 01 then described being outed by their sibling, negative support from their father, and the undying support of their mother. They also discussed some of their mother's difficulties with language and terminology. They shared:

"my dad is just like not a good person who is homophobic... transphobic... racist... etc. My sister outed me to him on purpose, just to hurt me... and my mom like found out that he called me an "It" and that "I would always be by my birth name and stuff like that" and I went to my room and my mom knocked on the door and hugged me and I was like sobbing and she was like really supportive and said "I support you 100% and I love you, you're my child..."

In this passage, the researcher noted a level of mixed content in Participant 01's support. As Participant 01 spoke about their sister and her outing them, there were some sounds of sadness in their voice. The researcher also noted that even in a supportive relationship with their mother, Participant 01 recalled some difficulties surrounding affirming language and terminology: "She doesn't use pronouns like 99% of the time." But what stood out was that Participant 01 clarified that "she was like really supportive" and punctuated that at that time, they felt like "people were against [them]."

Participant 01 further described support experiences as a youth, in terms of their peers' reception of their identity. The researcher noted in his journal during this point in the process that there were themes of being bullied, people's lack of knowledge regarding trans or nonbinary identities, and binary pressures to express themselves as more feminine. Participant 01 also

explained a point where they began to really play with gender expression and express themselves more androgynously, stating:

“I was very androgynous... in middle school I was bullied really badly, so I forced myself to be really feminine and fit in that role. Which made me really depressed, but I didn’t realize at the time I was doing this, it was subconscious and I was not aware that I was trans or nonbinary... I had no way of connecting those things, just knew that I was more uncomfortable but I thought it was more about not getting bullied. I don’t know how it became about the way my gender was expressed, because I don’t think anyone made fun of me for being androgynous, but for some reason I felt like I had to conform in that way. In high school I started reverting back to being androgynous and stuff, that’s when I more started to realize.”

The researcher noted after this quote the creation of own gender experience in the face of pressures to express their self in a certain way. After this, the researcher inquired if there was anything else in terms of their identity and support that they had yet to address. Participant 01 discussed having to find their own community and knowledge of gender nonconforming identity options in the online community, which in turn helped them to “have that language.”

When the participant was finished talking about their experiences and barriers to finding support and affirmation, the researcher inquired on their experiences with mental health services. First, the researcher asked them to describe what led them to mental health services. The researcher noted an occurrence of nervous laughter when they spoke of the more negative experience with family, peers, or mental health workers. When asked this question, Participant 01 jumped in to share the following:

“In the beginning it was very bad... [laughs] at 15-17 years old, I had the worst therapists ever... Oh they were terrible... well I was misdiagnosed with bipolar and basically saw a nurse that would just give me medication and i felt they didn't care about me. And the therapist that I saw in connection to the nurse would just make weird assumptions about me that were meaningless... like her not even knowing me and coming up with things that didn't even apply to me.”

The researcher probed further for what made these experiences “very bad” and what factors contributed them to be so starkly negative. In response, many of the things Participant 01 went on to describe were clinician missteps, lack of boundaries, lack of education and skills, and lack of competence in working with them. They stated:

“Oh [the nurse] had like no compassion. I can tell that she didn't care about me... I wasn't even out as, like, trans... but it was like me as a person. And then I saw like this religious counselor guy—which was not a good fit for me and he was also horrible to me and would like yell at me about random stuff that didn't have to do with me, like my beliefs, trying to argue with me.”

Participant 01 went on to give more examples of clinicians overstepping boundaries, fear of therapist retaliation, feeling “dehumanized,” or not having the education and making heterosexist comments countering their disclosure of their identity.

Next, the researcher asked if there were any experiences of positive elements in their therapies. There was a distinct change of tone when Participant 01 discussed their current therapist and the level of competence they displayed in their therapeutic work.

“He's one of the most amazing people I've ever met and he really supports / cares about me. It's a miracle. Um, he will like compare/contrast the past/now and like really build me

up. Giving me credit, because I'm a perfectionist but I'm also really self-critical and mean to myself, so he'll help me with that. Um, he really encouraged me—with me being trans, cause I was out to him completely from the get-go. I was using [preferred name] with him only, but he was like “do you want to use that with other people?” He was very encouraging and helping me to work through top surgery... because I had a lot of internalized things about that.”

Participant 01 also shared other positive elements, which were “caring,” “listening and being supported,” and being “accepting”. Due to a theme of binary pressures, the researcher then asked about the binary that can exist within the trans community based on surgery or presenting in certain binary manners. Participant 01 discussed their views of individual options and how surgery does not dictate one's identity or make them “less.” Their full reply is as follows:

“Well like any trans person, it really doesn't matter or make them any less trans. I don't think they should be put in a category. Because I think that's just like the societal expectations of having to fit in a category of man or woman... that means you have to have this genital and this look and do this... With nonbinary people, I don't know what they expect us to do either, but whether we go on hormones or get surgery that's up to our personal and what we want.. and our own body... not everybody who is nonbinary experiences body dysphoria... could not even be that, it could be just changing name or nothing above... they're just fine how they are. Is so individual and it doesn't validate or invalidate them and their trans identity.”

When asked about therapeutic goals, Participant 01 noted that they “definitely say so” with their current therapist. They also shared that they felt that previous therapies were “pointless,” stating the following:

“Um, I would definitely say so. Definitely in terms of gender and self-esteem... the encouragement and support I needed is definitely met... Like with other therapist I felt like it was a waste of my time and like “why am I doing this” but now I always look forward to seeing my therapist and talking with him every week. SO it’s definitely helpful because I feel like it’s actually working and I want to see him which is a stark contrast from before when I felt like it was a chore and it was pointless... you know?”

The researcher asked the final study question of whether or not the participant felt that finding services was an easy or difficult task. Participant 01 replied with a mixed review, stating “I wouldn’t say hard, but it’s very, very limited.

As the interview concluded, the researcher spoke on their gratitude for them sharing their experiences and asked if there was anything that they did not get the chance to speak on but were hoping to cover. Participant 01 answered this question about struggles with finding affirming friendships in person as well as their struggles dating when it comes to coming out and the disclosure of identity. The researcher noted this in their journal under barriers to support. By the end of the study, Participant 01 endorsed having exhausted all of what they were hoping to discuss in the study and did not feel like they had anything else to share. The interview with Participant 01 provided numerous phrases of significance that related to the analytical categories noted earlier in the chapter. Table 2 provides a visual representation and review of these phrases of significance from the narrative above.

Table 2
Participant 01 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“It’s different for everyone... I would say, for me and my definition, nonbinary is just neither man nor woman...”

“Nonbinary is a thing” but 18-19 was when I was like becoming self-aware with my struggles and really acknowledging those things and trying to find language and piecing it together like what I meant...”

Creating Own Gender Experience

“At one point, I was in the process of legally changing my name...I changed my full name, not just my first name...”

“[Surgery] really doesn’t matter or make them any less trans... I think it’s more just like the societal expectation of having to fit in a category of man or woman...whether we go on hormones or get surgery, that’s up to our personal selves and what we want...”

Social Binary Pressures

“With nonbinary people, I don’t know what they expect us to do... whether to go on hormones or to get surgery... it’s just options a person has, it doesn’t mean anything...”

“And like I said there were some people I came out to, they didn’t understand it, or they would be like “okay” but then still misgender me, so it was like pretty pointless to come out...”

“I was also in a relationship with a cisgender, straight guy which was one of the worst, abusive relationships ever”

“unless you’re interacting with someone who has that knowledge to not assume gender or their pronouns, that person is going to put you in a box, so there’s a lot of pressure to automatically come out..”

“Most people don’t realize gender nonbinary is a thing and they just kind of put me in whatever binary gender they think I am... kind of just assumes it for me...”

“I wasn’t sure if that was me and I think I was just struggling with a lot of internalized transphobia and fear and stuff... Like I would drive at night and cry and just wonder “what is wrong with me?”

Support and Barriers to Support

“Well I never got to come out and explain to them [family], because I was outed by my sister... my own voice was completely taken from me, which sucks...”

“Um, friendship is extremely hard... unless you’re interacting with someone who has that knowledge to not assume gender or their pronouns, that person is going to put you in a box, so there’s a lot of pressure to automatically come out.. So most of the friends I met, I meet online or a queer event or through other friends

“All my life, I had friends that were seen as freaks or outcasts, so that helped because I don’t think they cared about social or gender norms either... I surrounded myself with queer people so I think that helped me...”

“Well, my last job was Target. I wasn’t really out. I was out to a select few people as non binary, but they didn’t understand it...”

“My mom found out that he called me an “it”... my mom knocked on the door and hugged me... and said “I support you 100% and I love you, you’re my child”

“[My mom], she doesn’t use pronouns like 99% of the time, but her first language isn’t English, it was German, so I think that makes it more difficult for her”

General Barriers (in MH Services)

“When I was 18 I was forced to see a school counselor, I was struggling with suicidal thoughts...”

“I was going to get another therapist, but I didn’t... I found a stray cat and took him in... My mom said “I guess you don’t have to go to therapy for a while, this seems to be helping you..”

Participant Barriers (to Identify or Share)

“Just like the fear of Baker Act [being hospitalized] - like being a threat to yourself and being sent away... so I couldn’t trust them to talk about it, it would just be like punished

Therapist Barriers / Missteps in Therapy

“I saw this religious guy... he was horrible to me and tried to argue with me... yelled at me... he wasn’t therapeutic at all... he would just try and read to me from the bible and I’m atheist...”

“No empathy or compassion... if you only have the science, not caring... there’s an odd power dynamic where you’re just being analyzed and deciding things for me...”

“Well I was misdiagnosed... would just give me medication... I felt that they didn’t care about me... the nurse would make weird assumptions about me...”

“So I could never really speak or explain how much I was deeply hurting... but in the same time they were so quick to categorize me and misdiagnose me”

“then there would be worksheets but they never really applied to me or my needs”

“Like with other therapists I felt like it was a waste of my time and like “why am I doing this?”

Therapist Competence

“They are caring... the root of it is compassion and caring my therapist, he just emits it immediately”

“Just listening and being supportive and being uplifting”

“He also reduces stigma with things... he accepts me, like when if I say “I know this is weird or irrational”, he’ll say “not that’s completely rational given what you’ve been through”... so I never feel bad, just like that I’m normal”

“[My therapist], he will like compare/contrast the past/ now and like really build me up... Giving me credit... I’m also really self-critical and mean to myself, so he’ll help with that... he’s encouraging”

“the encouragement and support i needed was definitely met... I always look forward to seeing my therapist and talking with him every week... it’s working”

Knowledge and Education

“Um, friendship is extremely hard... unless you’re interacting with someone who has that knowledge to not assume gender or their pronouns, that person is going to put you in a box “Most people don’t realize gender nonbinary is a thing and they just kind of put me in whatever binary gender they think I am... kind of just assumes it for me...”

Goals in Therapy (Met/Not Met)

“Um, I would definitely say so... definitely in terms of gender and self-esteem... I feel like it’s actually working”

Interview 02. Participant 02 is a 25-year-old individual who identifies with “he/him” pronouns. He has a masters degree in Fine Arts. He identified himself in terms of race and ethnicity as being biracial. He shared that he lives in Illinois. The labels that he identified and uses most is “queer man.” He further explained that he is most comfortable with “gender queer,” but [uses] “he-him” pronouns a lot, mostly for convenience.” The interview was electronically held through GoToMeeting.

As with the first interview, the researcher began with a general overview of the study and his rights as a participant. Participant 02 noted that he understood the informed consent process and that he was still interested in partaking in the study. The researcher reminded participant 02 that he can withdraw his participation at any time. The researcher requested either an electronically written statement of acknowledgeable and acceptance of the informed consent documents or a scanned signed copy prior to starting the interview.

After the informed consent process was completed, the interview began with a discussion of Participant 02’s views of term “gender and gender identity” as a category and any general thoughts that came up with this prompt. Participant 02 jumped right into his description of gender being a “personal identity” and delved into the way we, as a society, use language to “identify for convenience sake” and to “communicate a common ground.” He also noted the “unique experience” of gender and gender expression. His spoken statements are as follows:

“Okay, usually when I think of gender identity, I think of the personal identity... they develop their own unique that makes them feel comfortable... not that gender doesn’t exist, but it’s like a construct that’s meant to be, like, not manipulated. Each person’s experience... like we use pronouns and all these labels to identify for convenience sake, you know, to communicate a common ground. But I think that it’s each person’s each

unique experience—even when people say their cisgender, it’s still like they’re still their own, how they express themselves, how they feel, and how they identify is their own unique experience. To me it’s a very personal experience.”

The researcher noted in his journal that Participant 02’s ways of explaining things from the get-go were very much in line with Queer Theory. The researcher also noted themes of “creating own gender experience” and the fact that he specifically talked about language that carries these marginalizing separations of identity. The researcher also noted the themes were already correlating between the interview completed prior to this one.

The interview flowed naturally as a conversation and the researcher did not have to probe for further information from Participant 02 at this stage of the interview. The researcher then asked about community and his feelings of reception to his gender identity and expression. He then spoke positively of the community he lives in presently, describing his internal experience. He stated that one aspect of his positivity was that he gained the ability to be more “comfortable in [his] skin” while comparing it to his previous experiences in West Virginia. He described an experience with binary pressures growing up and not feeling like he was “meeting expectations of boyhood.” Participant 02 went on to say that he did “not having the words or knowledge for it.” He also discussed just not having a discourse for it in the following:

“I just personally I just felt that I was never fully meeting the expectations or “boyhood” in West Virginia. I wasn’t—I felt off... I felt like I was different, but I didn’t really have the words and knowledge for it. I was like ‘well I don’t really like these things’ and ‘I don’t really like these expectations, but I will work with them now’. So back in college, this was a bigger college town in the northern part of the state [in West Virginia], but for most of like childhood and high school even in my own sexuality there was not a lot of

discourse or I didn't have the words for that until I was older—just not a lot of information. So you just kind of feel “off” a lot. I never really had the words for it until later in life.”

This part of the interview turned to early notions of gender identity and his experiences of this early identity emergence. He described his family's part in teaching him gender roles and how early understanding of these roles different from his peers. He described this experience as follows:

“I learned more conventional masculine roles from my grandmother, a strong Appalachian woman, so like yard work, some gardening, and my mother taught me more about the value of education. My siblings, we would all play together regardless of whether it was with dolls or like wrestling—and my mom never said anything about it, so I think that in childhood I didn't have a strict concept of gender. I never really — I was like “oh, I'm a boy, that sounds right” but I never—I wasn't overtly aware until people like in middle school or high school that people would play up things that were “off,” like in school or people in church would insult or make fun... that's when I sort of noticed that I'm not following expectations—some things were different. And I think also at that time, sexuality and gender were kind of blurred for me... like I knew from a young age that I was different but, again, just not having the words for it. Not knowing, but feeling different or other.”

He described in this a theme of having to work with binary expectations and figuring it out on his own. He also shared getting feedback from peers and how he experienced an isolation and not having the words to describe his experience.

Participant 02 went on to describe his family's assumptions of his experience or not having words to describe their views themselves, with labeling such as "sensitive" or "oh, you know, he's sensitive and he's softer." He continued with some experiences of peer reception stating that it was the "classic standard queer kid gender school experience". He elaborated:

"People were making fun of things that weren't matching the social masculine roles, but not really knowing what was expected for those roles. Like in High School, I thought I was doing—like my "masculine" was normal and right, but people would poke and make fun. Like with my immediate family—I think this is why i have a more nebulous gender... I was [just me]. I was just me amongst them."

He went on to describe some of the social or binary pressures experienced, which he internalized as "feeling that there were things I wanted to do that I shouldn't say aloud." He further explains these pressures and confusion on where they originate:

"And I don't know if it was because of media or religion or from like my environment, but there were definitely things that—like I would wear certain things when I was alone in my room or whenever I would play dolls it would always be with my sister, but when no one was home and I wanted to play dolls by myself, I was afraid of not having her there as a mediator... things I was feeling that I wasn't really talking about, like even at a young age."

Participant 02 finished this portion of the interview explaining that in his undergraduate study, he took classes focusing on art and gender and that got him "thinking — not just personally, but also it changed my perception of society and gender." Education in this way opened up the ideas of gender fluidity and has helped him "shape my own identity."

It was at this point Participant 02 seemed to have exhausted all he was prepared to talk about in terms of his experiences and barriers to finding support and understanding. The researcher then asked questions relating to the experiences of mental health services. The researcher asked Participant 02 to describe what led him to mental health services. He described being young and “familial issues” bringing him to “some therapy sessions.” He also described struggling to rely on a “full time” therapy and the feelings of pressure to solve things on his own, saying:

“I never in my adult life had a full-time therapist... and in navigating my own traumas I had sought out counseling in college and in high school to navigate things. I don’t know if it’s middle child syndrome or what, but I tend to try and navigate things on my own, but in high school and college I was like “oh, I need a little bit of guidance in this part of my life”

The researcher asked Participant 02 how he felt about his research experiences and he replied that most of his therapy experiences “were mostly positive.” He stated there were times when he was younger that he “felt patronized,” but corrected himself stating this as “just being a child.”

The researcher probed for a better idea of what Participant 02 felt were the factors that lead him to have a more positive experience in therapy and he shared the following:

“Um, it was just a very calm, open environment. The feeling of receptiveness and acceptance from the person I was talking to, like, they listened. I don’t know if it’s middle child syndrome or what but I always feel like to internalize these things and not wanting to bother anyone with my problems... But being in an environment that someone sits and just listens and were receptive of what I was saying and just letting me fully complete thoughts and finish them and to think about them was—it was a very positive experience.”

In Participant 02's iteration of positive experiences, he brought up once more the pressure and internalized need to "not bother anyone with [his] problems." This was something that the researcher noted in his journal as a reiterated theme of Participant 02's narrative, which later revealed to not carry across the other interviews.

The researcher asked whether any his therapy experiences had every touched on his gender identity or experiences of this process of identity development. He shared that it had "not completely" covered that and much of that was because he didn't really stay in services long enough. He clarified with the following:

"I feel like if I were to have gone more, it would have eventually like dove into that... but I think that I was really good at compartmentalizing issues and so I could focus more on other things and try to hide away... like not being out at the time, so it didn't come up a lot"

He noted that a lot of this was his own "personal barriers," where he knew "it was an open environment" however he described not being "comfortable with talking about it" to himself just yet and did not want to touch on it until the point where he had that conversation with himself. This portion would later fall in the category of participant variables, meaning the things that are more specific to the client and not the therapist-client dynamic.

Participant 02 farther described this hiding of himself and not having the knowledge or terminology of identity options as follows:

"Like knowing most of my life, as long as I've been consciously aware of myself I have known I was not—like my sexuality and gender were not conventional. And getting older, I was starting to hear more terminology and like hearing about things about "queerness" and being gay and once I had that vocabulary it was always in the back of my head, but I

didn't have that conversation with myself until mid-college and I moved into my own place on my own and I kind of said it aloud to myself—it kind of kept coming up and resurfacing and resurfacing and it was always there, but I would gloss over it. I would always dread and panic when someone was like “oh are you gay?” and I was like “no,no,no” or when people would be like “are you into this” and I would be on the spot and one day I said it aloud to myself and I was like “there it is” it was made tangible.”

The researcher noted in his journal a code of “not ready,” which was present in numerous interviews after this one with Participant 02.

The researcher segued the conversation to address whether he felt that he met his goals that he had set out for himself going into mental health services. He stated, “I think so.” He continued to describe his internal “hang-ups” to sharing and the need to “not bother someone.” The researcher concluded the interview with the question of whether finding affirming services was an easy or difficult thing to do in his community. Participant 02 shared a mixed review of a personal lack struggles but noted hearing his peers struggle in finding services. His description is as follows:

“It's sort of a mix up. Like I've heard people having some awful experiences of therapy and then there are resources here and local LGBT organizations... Like I don't know a lot of therapists aside from those who work at universities, but I know there are resources to find good ones. I know that a lot of people have had to travel to Chicago to find some of them, but there are some here.”

To conclude the interview, the researcher asked if there was anything that they did not get the chance to discuss but that they were hoping to cover. Participant 02 replied that he did not think so and then continued to describe his excitement for this topic of research, stating:

“I was mostly just excited. I’ve never in my personal research found anything about gender and mental health aspects and thinking outside the binary. It’s just not talked about.

I was like “I’ve never thought about this”.

By the end of the study, Participant 02 endorsed having exhausted all of what they were hoping to discuss in the study and did not feel like they had anything else to share. Table 3 provides a visual representation of the many significant phrases that came up in relation to the analytical categories of this study.

Participant 02 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	<p>“like we use pronouns and all these labels to identify for convenience sake, you know, to communicate a common ground... it’s their own personal experience</p> <p>“when I had the words for it, it was always in my head... but it took that personal switch and personal conversation with myself to make it real”</p> <p>“I felt like I was different but I didn’t really have the words and knowledge for it...”</p> <p>“And getting older, I was starting to hear more terminology and like hearing about things about “queerness” and being gay and once I had that vocabulary it was always in the back of my head, but I didn’t have that conversation with myself until med-college...”</p>
Creating Own Gender Experience	<p>“When I think of gender identity I think of the personal identity... they develop their own uniqueness that makes them feel comfortable... it’s like a construct that’s meant to be, like, manipulated”</p> <p>“My siblings, we would all play together regardless of whether it was with dolls or like wrestling”</p> <p>“I felt like I was different but I didn’t really have the words and knowledge for it... I was like “well I don’t really like these things’ and “I don’t really like those expectations”, but I will work with them for now...”</p>

Social Binary Pressures

“I’m more gender queer, but I use “he-him” pronouns alot, I think mostly for convenience... but gender queer is where I feel most comfortable...”

“People were making fun of things that weren’t matching the social masculine roles, but not really knowing what was expected for those roles. Like in High School, I thought I was doing like “my masculine” was normal and right, but people would poke and make fun”

I think I tried to compensate for it like in the way I dressed or approached certain things... to come across more masculine”

“I just felt that I was never fully meeting the expectations of “boyhood”... I felt off... I felt like I was different but I didn’t really have the words and knowledge for it...”

Support and Barriers to Support

“Like with peers in middle school and high school, I dealt with the classic bullies being mean...”

“Like with my immediate family, I think this is why I have more of a nebulous gender... I was [just me]. I was just me against them”

“[my location] gave me the space to explore these sides of myself... There is a good queer community [here] as a whole. I have had a lot of people help me and guide me”

General Barriers (in MH Services)

“All of those resources are 2.5 hours away... so they’d have to travel far... Like I don’t know a lot of therapists... but I know there are resources to find good ones... I know a lot of people have had to travel to Chicago to find some of them... but there are some here”

Participant Barriers (to Identify or Share)

“So the barrier in my mind, if I didn’t say anything... If I don’t give the word power, it’s not real... but it took that personal switch and personal conversation with myself to make it real”

“I feel like if I were to have gone more, it would have eventually like dove into [my gender identity], but I was really good at compartmentalizing issues and so I could focus more on other things and try to hide away”

	<p>“Even though it was an open environment... I wasn't comfortable talking about it myself yet... so it was a personal barrier of not wanting to touch it until I had that conversation with myself”</p> <p>“I don't know if it was middle child syndrome or what but I always feel like to internalize these things and not wanting to bother anyone with my problems”</p>
Therapist Barriers / Missteps in Therapy	n/a
Therapist Competence	<p>“Um, it was just a very calm, open environment”</p> <p>“The feeling of receptiveness and acceptance from the person I was talking to, like, they listened...”</p> <p>“but being in an environment that someone just sits and just listens and were receptive of what I was saying and just let me complete thoughts and finish them... was a very positive experience”</p>
Knowledge and Education	<p>“when I had the words for it, it was always in my head... but it took that personal switch and personal conversation with myself to make it real</p> <p>“Um, in undergrad, I was taking classes that were specifically focused in art and gender that it got me thinking — not just personally, but also it changed my perception of society and gender... as I got older, it was easier to navigate my own identity, because there was so much discourse and books out there now”</p> <p>“it was a weird experience not having a full concept of gender/sexuality and knowing that there are expectations and acting on those...”</p>
Goals in Therapy (Met/Not Met)	<p>“I think so. I had a tendency to, sort of, gloss over my own problems. When it became the focus of conversation, I would be like “oh it wasn't that bad” — So I feel like on the surface level I met all my goals, but there was a lot of mulling over afterwards due to not wanting to bother someone... Like I didn't give everything I could have given.”</p>

“Not completely. I feel like if I were to have gone more, it would have eventually like dove into [my gender identity] but I think I was really good at compartmentalizing issues and so I could focus more on other things and try and hide away... like not being out at the time, so it didn’t come up a lot.... I think it was my own personal — even though I knew it was an open environment... I wasn’t comfortable talking about it to myself yet, so it was a personal barrier of not wanting to touch on it until I had that conversation with myself”

Interview 03. Participant 03 is 45 years old and identifies with “they/them” pronouns. They stated they have a masters degree in science. They live in Illinois and identify as white. They shared that they were located in Illinois. The labels that Participant 03 feels most comfortable with are “gender nonconforming or gender nonbinary.” The interview with Participant 03 was held electronically through GoTo Meeting.

The researcher repeated the process, and as with the former two interviews, commenced with a review of the research project and ensured that the participant understood their rights. Participant 03 replied that they understood the informed consent documents and wished to continue their participation in the project. The researcher requested that they submit either a written acknowledgement and acceptance of the informed consent or a signed copy of the informed consent document.

The interviewer then asked Participant 03 to discuss their views of gender and gender identity as a category, expressing anything that comes to mind with this prompt. Participant 03 described that their view of gender identity is a very broad spectrum, which is “more like a rainbow.” They further explained that they facilitate education on these topics in their life and expressed that people tend to get “stuck in the binary system.” Participant 03 concluded their

thoughts noting that they believe gender identity is “more about how you identify and how you express yourself.” Researcher noted in his journal at this point that they were discussing the theme that arose in the other two interviews of some form of creating your own gender experience. The researcher also noted a concern at this point in the interview that Participant 03 was focusing on their work with the population rather than detailing their experiences as a client. The researcher did not say anything on this to the participant at this point in the interview.

Next, the researcher inquired how they perceived their community they lived in in terms of their gender identity and expression. Participant 03 discussed the community in the area and concluded that the organization they are a part of is also trying to fill in existing gaps. They then compared it to the community they used to live in, discussing it’s resources as being “what you would expect from a larger city,” saying:

“They are well-organized. They are opening, welcoming, and confirming despite being in the conservative state, St Louis tends to be more liberal when it comes to, um, any kind of LGBTQ issues. So, there’s a lot more resources and options in St Louis.”

The researcher noted in their journal the theme of positive support and the good about of resources for the LGBTQ community and that their current community is “working on it.” Next, the researcher asked Participant 03 to discuss their earliest memory of their gender identity. Participant 03 replied with an anecdote of early notions of not being “comfortable with being a girl” and discussed the lack of available and appropriate terminology for their experiences and identity at that time, stating:

“So, I knew pretty early on that I wasn’t comfortable with being a girl and I, you know, was more of a “tom boy,” hate to use that word, but more of a “tom boy.” I always dressed more masculine and I really didn’t have an option when I was younger because I

had met a trans person early in my twenties and realized that I didn't want to transition fully to a man. And so I felt like it was easier for me to identify as a "butch lesbian" than it was to transition, because I didn't want to have that option. I wanted to be free to be myself. And it wasn't until I was about forty years old that I had a little situation [where I live] that really kind of forced me to address my identity concerns and my identity issues. And that's when I really found out that there was another option. And so for me, once I found out I had another option it was perfect."

The Researcher noted that their previous concern was not valid for these responses, noting that Participant 03 was getting quite personal in terms of their experiences with identity formation and their struggle to understand this aspect of their life.

Participant 03 transitioned without prompting into some negative situations where they were faced with heteronormativity regarding gendered bathrooms. They explained these situations and their reactions to them as follows:

"Um, well, the biggest thing for me was—every time I would walk out of a bathroom or went into the bathroom, I got grief or trouble. The thing that now—the thing that happened was that I was walking out of the bathroom and my spouse, who identifies as female, was arguing with another couple who was arguing about me coming in and out of the bathroom and at that moment I felt like it was something I needed to do, because I wasn't the protector of the relationship and that role had been change and then I knew it was at that time to do something different."

They also clarified their thoughts here with a discussion of the anxiety felt while dealing with these experiences, and noted a few other examples of pressures and negative community experiences they have encountered:

“For the most part, I never really dealt with anything until I went to the bathroom. Because I still had female on my driver’s license I had to go into the female bathroom. And so I’ve had a lot of harassment during those those periods and, you know, I suffer a lot of anxiety because of it, because, you know, I’ve been verbally assaulted and I’ve been, um, just yelled at... I’ve been—I’ve had security called on me. And all those pieces. And for me, that tends to be a big part of my anxiety issues.”

The researcher prompted Participant 03 to discuss their family and peer reception of their identity. They shared that their “parents at first didn’t really understand” and automatically assumed they were “gonna transition and gonna have a deeper voice” among other things. Participant 03 noted that “most of my siblings have been responsive, helpful, and loving.” They shared that socially they’ve never had anyone say, “I can’t accept your, you know, gender identity.” Participant 03 also noted that “pronouns are the biggest struggle” and that they are “fortunate” that they have not faced the level of discrimination and reactions that they know others have faced.

The researcher shifted the interview back to therapy experiences, by asking Participant 03 to comment on what led them to seek out mental health services. They shared that they began exploring their gender identity “five years ago” and were fortunate to have a clinician who “identified as transgender.” They then noted that the therapist a couple of years ago moved, leaving them without a trans-identified clinician “within a 100-mile radius.” The researcher noted in his journal at this time that this section reflects an emerging theme of clinician turnover and having to travel for quality services. The participant further explained:

“All of those resources are 2.5 hours away, so all of those resources for youth as far as medical care and some mental health, they’d have to travel far for. So part of my job is to

try and make sure that they don't have to travel. So most of the [providers] identify as gay or lesbian or cisgender, heterosexual individuals. So we're lacking that particular piece."

A majority of the factors of Participant 03's positive or negative experiences revolved around knowledge of gender nonconforming identities (themselves and clinicians) and their clinicians not having knowledge of the resources in the area to help this population. They stated:

"For me, it was knowing, first of all someone being well-versed in gender identity and gender expression. For me that was a very positive part, because like I said before, you know, I felt like there was only one true option for me, and that option really didn't fit for where I, kind of, was as a human. And I really felt like being well-versed and being able to explain all of those pieces; having someone say that it's okay that you want to be yourself and that you want to be the person who you are. And how you identify, you know, is this... kind of thing. And also being well-educated about what next steps are left in my life—my transition, like changing name or any of those pieces."

When prompted whether they could think of any specifics as far as negative or positive factors regarding their clinician, Participant 03 struggled to identify any new themes other than knowledge of gender topics and resources available in the community. Participant 03 offered a specific example of their struggles with a previous clinician that did not have the education or knowledge to help them, which was as follows:

"When I came out as a lesbian when I was in my early twenties, there was lack of affirmation and lack of resources and lack of knowledge from my counselor. So she just had no clue. And so that was probably the negative but that was also 25 years ago, so there is more knowledge and more education out there."

Participant 03 was also the only participant to mention that the DSM shift in getting rid of “gender identity disorder” to “gender dysphoria” and its positive notions to their treatment. The researcher concluded the interview by asking if finding affirming services in their community was an easy or difficult thing to do and they replied:

“Um, they are a little less harder.... a health center [opened up] about two years ago that offers social and eventually medical support for LGBT community within a 100-mile radius of [our community]. SO we have become a resource network for central Illinois, we’ve linked up with other organizations within a 100-mile radius that are already doing the work. So when pieces are lacking, our goal is to eventually fill those lacking pieces so then there’s more resources.... So it’s coming to the point where we’re having more resources, but we’re not 100%... But we’re close.”

The researcher did not ask Participant 03 whether they felt that they met their therapeutic goals. The researcher concluded the interview with an inquiry of whether there was anything that they did not cover that they were hoping to be able to discuss. Participant 03 stated that they did not and felt that we had “pretty much covered everything.” The researcher noted in his journal after this interview his concern that so much of the interview focused on employment and the lack of depth with regard to personal experience with therapy. Table 4 provides a visual representation of the many significant phrases that came up in relation to the analytical categories.

Table 4
Participant 03 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“gender is how you identify, how you feel in your mind and body... so but, for me, it’s more about how you identify and how you express yourself”

“I think the biggest hurdle that has always been, people see being transgender, gender identity, sex, and sexual orientation as being the same thing... once you explain those pieces to them, that tends to pretty much help them understand.”

“So I knew pretty early on that I wasn’t comfortable with being a girl and i, you know, was more of a “tom boy” - hate that word, but - more of a “tom boy”

Creating Own Gender Experience

“I always dressed more masculine...”

“I realized that I didn’t want to transition fully into a man... I wanted to be free to be myself”

Social Binary Pressures

“I had met a trans person early in my twenties and realized that I didn’t want to transition fully to a man... it was easier for me to identify as a “butch lesbian” than it was to transition, because I didn’t want that option. I wanted to be free to be myself.”

“Every time I would walk out of a bathroom or went into the bathroom, I got grief or trouble... For the most part, I never really dealt with anything until I went to the bathroom... I still had female on my drivers license and I had to go into the female bathroom...”

“so I’ve had a lot of harassment during those periods and, you know, I suffer a lot of anxiety because of it... I’ve been verbally assaulted and I’ve been, um, just yelled at... I’ve been — I’ve had security called on me.... and all of those pieces... that tends to be a big part of my anxiety issues...”

Support and Barriers to Support

“I think the biggest hurdle that has always been, people see being transgender, gender identity, sex, and sexual orientation as being the same thing... once you explain those pieces to them, that tends to pretty much help them understand.”

“I think the biggest hurdle is those folks aren’t willing to keep an open-mind and to see past that binary... you know, once I tell people who I really am, how I identify, I never have any other issues...”

“Every time I would walk out of a bathroom or went into the bathroom, I got grief or trouble... For the most part, I never really dealt with anything until I went to the bathroom... I still had female on my drivers license and I had to go into the female bathroom...”

“My siblings have been, other than one of my siblings, most of my siblings have been responsive, helpful, and loving to all of those pieces”

“as far as my peers, I don’t have any issues... no one ever said “I can’t accept your, you know, gender identity” but they just — pronouns are the biggest struggle...”

“Um, the community is what you would expect from a larger city. They are well-organized. They are opening, welcoming, and confirming despite being in the conservative state.... [where i live] tends to be more liberal when it comes to, um, any kind fo LGBTQ issues. SO there’s a lot more resources and options [here]”

General Barriers (in MH Services)

“we don’t have any trans-identified mental health providers in the [area]. So I’m talking within a 100-mile radius.”

“we were really super fortunate to have someone here intown that identified as a transgender individual...and then 2 years ago, they moved to California and since then we don’t have any trans-identified mental health providers in the [area]”

Participant Barriers (to Identify or Share)

“like I said before, you know, I felt like there was only one true option for me — and that option really didn’t fit for where I, kind of, was as a human...”

Therapist Barriers / Missteps in Therapy

N/A

Therapist Competence

“having someone say that it’s okay that you want to be yourself and that you want to be the person you are”

“So, when I first started dealing with my gender identity, 5 years ago, we were really super fortunate to have someone here in-town that identified as a transgender individual.”

Knowledge and Education

“For me, it was knowing, first of all someone being wellversed in gender identity & gender expression...also being well-educated about the steps are left in my life - my transition - like changing my name or any of those pieces...”
“When I came out as a lesbian when I was in my early twenties; there was a lack of affirmation and lack of resources and lack of knowledge from my counselor. So she just had no clue. And that was probably the negative but that was also 25 years ago...”
“Um, having a good idea on what resources we had here in town... what options were available for me locally was also another piece was very important.”

Goals in Therapy (Met/Not Met)	N/A
--------------------------------	-----

Interview 04. Participant 04 is a 53-year-old individual who identifies with using “they/there,” “she/her,” and “he/him” pronouns. Participant 04 further explain that it depends on the context and mood they are in. They stated that they have a bachelor’s degree. They identified themselves as white or Caucasian. They stated they were located in Oregon. The identity labels that Participant 04 stated that they felt comfortable with were “gender fluid” and “gender queer.” They also shared that they “try to be comfortable with transvestite or crossdresser.” Participant 04 stated that they “try not to get caught up on labels.” They noted one of the struggles of explaining or even identifying with gender nonconforming is as follows:

“That’s the hard thing with being someone who’s is gender nonconforming its, ‘yeah that fits, sometimes... yeah, so does that...’ [laughs] But I think gender fluid... we’ll stick with that.”

The interview like much of the other interviews were held electronically through GoTo Meeting, which was in completed in two parts due to technological difficulties. Participant 04 was quite patient and accommodating of these when it came to these issues. The researcher sought confirmation that they were fully aware of their rights in the study and reminded

participant 04 that they can stop participating at any time. Participant 04 replied that they were both understanding of the study's parameters and wanted to continue with the study. The researcher requested either an electronically written statement of their knowledgeable and acceptance of the informed consent documents or a scanned, signed copy prior to the start of the interview.

After reviewing the participant's demographic information, researcher asked about their general thoughts on gender and gender identity as well as any thoughts that come up while defining these terms. Participant 04 responded that the topic is "broad" and then discussed their views of the social construction of the gender binary and how gender is for them, a "personal thing," saying:

"I consider gender a social construct that's understood by the society in general and generally speaking people understand what's called the gender binary... and equate it with primary sexual characteristics. Sort of an external society-based construct for understanding people. Gender identity can be a more personal thing; it can be what I can identify and then defining where I'm gonna be in this three-dimensional plus space of gender. And that, obviously, is often outside of what the general society and populous at large understand about gender. I think that's where some of the conflict comes from."

The researcher noted in his journal that Participant 04 was very verbose and intellectual. At times, it was hard to interject and probe for specific information without completely interrupting Participant 04. Researcher also noted that Participant 04 was very much in tune with Queer theory's ideas of gender and social contraction of the ascribed roles of women and men.

Next, the researcher asked Participant 04 to discuss their impression and experience of what it is like to live in their community while identifying as someone who is gender

nonconforming. Participant 04 generally spoke positively of their community in terms of acceptance for gender fluidity and the resources available for these individuals. Participant 04 also stated that their “personal experience is that [they have] had some negative experiences...” but also pointed out that “that happens anywhere.” Participant 04 also noted that if you leave the areas they live in, it is more “rural” where people are “generally less accepting.”

When Participant 04 was finished discussing their community experiences, the researcher asked about their earliest memories of GNC identity and gender fluidity. Participant 04 shared an early memory of being bought a gendered present and feeling “confused and frustrated.” This recollection was followed up with a memory of a dream that elucidate some of their needs and desires, which were:

“I have a really early memory of a distant relative, just going off the name and not knowing me, getting me a dress for Christmas, and being confused and frustrated by it. Like ‘I’m not a girl, everybody tells me I’m not a girl, so this is wrong.’ And that was very early and though maybe around, somewhere between 3rd to 5th grade, I have memories of not feeling like my gender; my body not fitting what I wanted. I remember an early dream in junior high where I was ecstatic for dreaming I was a girl and was a girl in the world and how disappointed I was when I woke up and that wasn’t the case.”

From this point, the researcher asked Participant 04 to discuss their feelings about, and experiences with, peer and family reception of their identity and expression. Participant 04 quickly noted that “this of course, has varied throughout time with the society and my own acceptance and understanding myself so it depends (laughs).” Participant 04 also shared that in their struggle to “understand and accept” themselves, they also felt that what they received and

“understood from society made it harder” for them. Participant 04 shared the experience of their parents finding out about their gender expression, which is included here:

“So my parents are ex-hippies from the 60s but when they found out I was cross-dressing—even though it was in the context of Halloween, it was—and I’m not proud of this—but I stole my mom’s dress to be able to crossdress, because I didn’t want to go and buy something, I was *way too* embarrassed, you know, so long-term borrowed her dress and then when I was wearing it for Halloween, they were like, “okay, what’s going on here?” and “this is just a phase, right?” And I got the message pretty clearly that this wasn’t something that they were okay with.”

This anecdote was quickly followed by another, which related to the time when they came out to their brother in support of their niece. They said:

“Recently, last year, I came out to my brother that’s Pentecostal and conservative, because he has a trans daughter and, so, I wanted her to not be alone against her father and for her father to understand that it isn’t just a wild thing... So, he said “Well hey, I’m never going to—you’re always going to be my brother... I’m not gonna accept it as anything else.” I’m like, “Well it’s a bit more complicated for me than that, but, okay, whatever.”

Participant 04 then followed this story sharing more about their support systems, stating that their “spouse knew on the second date and has been super accepting.” They have gotten “various reactions” to their gender identity and expression in the past, but presently their friend group is accepting. They noted that they were not out in high school. There were binary pressures back then to “compensate” for, which they described as “macho.” Participant 04 also shared a memory of their friends feeling like they were the one that was making their gender identity and expression an issue. Participant 04 stated:

"I do have a pretty clear memory of saying something about—related to trans-ness or something like that and my friends saying, “We didn’t say anything about that, it’s you, who’s saying stuff about this.” I don’t remember the event clearly but I remember it enough to understand “Woah, I am not being true to myself and I am not interacting in as genuine of a way as I want to with others, while still protecting my privacy... So not out at school, not even in college.”

Next, the researcher asked them if there was anything that they were wanting to share that they have not gotten to talk on yet. Participant 04 explained their pressures of not coming out at work and the fear of what that might look like. They shared:

“Oh, and work, I basically keep a firewall between—I put a pin prick in it last year, but basically I keep a firewall between work and personal life around the gender stuff because I pretty firmly believe it’s a fairly conservative company and if I wouldn’t have been outright fired, it would have impacted my career... and given that one of the people with the most power, is a really conservative, Catholic guy... It just wasn’t worth it to be out at work... still isn’t worth it to be out at work. And, um, you know, that makes me sad because, yes, I’m limiting myself, but, um, I don’t feel like I can connect as well with people at work... it, uh—I’ve had this job for almost 19 years now... So it is a long-term commitment that I can’t be fully myself.”

Researcher transitioned the focus back to their therapy experiences by asking Participant 04 what prompted them to seek out their first therapy services. Participant 04 stated that they were unsure whether it was their parents that suggested they seek services. Suicidal thoughts and needing to accept themselves were identified as some of the presenting concerns they were

having when they sought treatment. They stated that at college was when they had their first memory that they specifically reached out for their own services.

The conversation transitioned organically into Participant 04's more negative clinical experiences. They shared a time where they were seeing a psychiatrist and tried to discuss documentation and their concerns of confidentiality to work. The psychiatrist was then described as getting defensive. Participant 04 shared the following:

“I did talk to a psychiatrist at one point, who I figured would be able to handle the mental, physical, and psychological parts... and they were very unreceptive of my asking—as ethically as possible—to keep my confidence and keep as much out of—about trans—because work paid for the insurance... work records... not wanting it to make it out there... Uh, so, he was angry about it though.”

Another recurring theme that Participant 04 discussed in their iterations of their experiences with therapy was having to educate and teach their therapist, one of these experiences was:

“So, I really felt like I had to do a lot of, um, educating of my therapists on trans stuff... the therapists just didn't really know much about trans-ness when I started and up through about five years ago, maybe? Still didn't know a whole lot... And that's in Portland where there is a large trans community (laughs) and fairly open... So it's been frustrating that I always felt like I was educating my therapist.”

Participant 04 also discussed experiences with a counselor where they would “[let] me talk and talk and talk... and then she would grab me by the shirt collar and spin me around and send me off on another direction.” They noted that in part this was their “personality” and also the therapist's style. Another self-reflective theme Participant 04 spoke about in the interview was the struggles with focusing on their gender and a disinterest in homework assignments in

therapy. They stated that the assignments at times were “overwhelming and sometimes they “just wanted to talk.” This was a point that Participant 04 would come back to a few times to explain their own struggles in therapy. The full description is as follows:

“I feel it’s important to say, when I was given homework, I didn’t always do it.... I would find reasons not to do it, because it was hard, get busy... so to be fair to my therapist there were times that I just wanted to talk about it, didn’t want to deal with it outside of that because it was too overwhelming....”

Participant 04 transitioned independently from this story to the next, about a counselor who practiced with “bad boundaries” and they had a mixture of emotions regarding their work, they said:

“It was very affirming, but not balanced. It was not addressing some of the realities I’m facing... I think the issue of attractiveness and me feeling like the “guy in a dress” that wasn’t really attractive... and the counselor said ‘No, I think you’re really attractive.’ And that was good for me, but also a dangerous thing for them, and walked a little to that line of boundaries... I wasn’t quite comfortable with and that was part of the reason why I was like “Yeah, okay, I need to walk away from this.”

The researcher asked Participant 04 to about their more positive counseling experiences, if there were any. Participant 04 discussed having some “good therapists,” but “not being ready,” which is a theme that came up between multiple interviews, saying:

“I have had a handful of really good therapists that did their best to bring in tools to guide me and challenge me to—work with me and, you know, gently fire me when I wasn’t doing the work or wasn’t ready for the work they were bringing me.”

In terms of positive experiences, Participant 04 struggled to identify specifics, however they did state that the gender of therapist tended to be helpful and that it allowed them to feel more “understood and connected.”

Participant 04 spoke independently next about the space that a clinician practices in, specifically the waiting room, and how that clinician may need to consider the experience of someone who is gender nonconforming in this space. The researcher noted in his journal that this was an “interesting consideration” that he had not previously considered in his own work. Participant continued with this point, saying:

“I think what’s made it difficult for me to go to any therapist at times was when I was struggling to be out in the world, presenting as the gender I felt at the time—I think that the office set up, often there wasn’t a private entrance, there was the public waiting space to sit in and that was uncomfortable for me... just getting there from my house to the therapist office dressed was difficult. Some of just the things around how the therapy office was structured made it hard for me to express myself physically... and have that presence with the therapist.. feeling more authentic.”

The researcher thanked them for their sharing this and emphasized how this was a good point and may be something that should be a part of the scheduling and debrief of the therapy experience at that location. The researcher then asked Participant 04 if they felt like they have met their therapeutic goals that they set when going into therapy. They said:

“Um, yes ** asterisk. [laughs] I feel—I don’t think I have any written goals or if I had it’s been a long time. I think a written goal or contract just hasn’t been a part of my therapy sessions... I think that a lot of times, I would ask to be challenged in the sessions and that wouldn’t happen so much... or I would get homework and I wouldn’t be good at doing

it... but currently—if I were to over simplify it a little... generally speaking, no. But that's not necessarily the therapists' fault all the time... you know, I'm facing some tough stuff and my ability to face that and to, um, meet my own objectives depends on how reasonable they are or how hard I work on them... and then, now that I've said that, in some great way, yes. I've done a lot of growth in the last 2-3 years and have grown a lot as a person and that has largely been under this relationship with my current therapist... So the therapy relationship has been really good and I've met a lot of my objectives and that being said they've never been really formal or written as far as I know... and individual therapy can only do so much... and I am pursuing couples work as well."

Next, the researcher asked whether they felt like finding affirming and supportive services was an easy or difficult thing to do in their community. They replied:

"I think as someone gender nonconforming... somebody gender fluid or somebody specifically... the simple answer even in the Portland bubble, I don't think it's easy. I think that people that fit the gender binary, have an easier time with it, but I don't know that it's easy for them either... For people that don't, mental health/therapy, I have presented to my therapists in a gender-queer fashion and felt very, um, supported and didn't have issues."

Researcher concluded the interview with an inquiry whether there was anything that Participant 04 did not get to talk about, they replied "No." They then reaffirmed some of the prior points they made about space and proper education and knowledge of gender topics. Participant 04 concluded their thoughts with a desire for a more specific certificate for therapist to have to illustrate competency, rather than them "slapping every major buzz words out there—saying 'I'm trans-knowledgeable,' but they're not in reality". The researcher thanked Participant

04 for participating and their patience with the technical problems. The researcher stated that he would be in touch with the transcription for further validation of its accuracy. Table 5 contains the many significant phrases that came up in relation to the analytical categories.

Table 5
Participant 04 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“I consider gender a social construct that’s understood by the society in general and generally speaking people understand what’s called the gender binary”
Creating Own Gender Experience	<p>“Gender can be a personal experience... often outside of what general society and populous at large understand about gender”</p> <p>“somewhere between 3rd and 5th grade, I have memories of not feeling my gender — my body — not fitting what I wanted... I remember an early dream in junior high where I was ecstatic for dreaming I was a girl and was a girl in the world and how disappointed I was when I woke up that I wasn’t</p>
Social Binary Pressures	<p>“that's the hardest things with being someone who is just gender nonconforming... “ yeah that fit sometimes, yeah so does that...”</p> <p>“I used to feel a lot of angst about [my gender fluidity], that like “why can’t I just have an identity and stick to it — like why, what's wrong with me I’m always changing” But at some point I was just like find with it and like “it changes over time and that's okay...”</p> <p>“Do I feel comfortable and safe finding - or even finding places to pee? Depends on if I’m ‘passing’ or not... that’s where the no comes from...”</p> <p>“I think that as someone gender non-conforming... someone gender fluid or some body specifically... the simple answer even in the Portland bubble, I don’t think it’s easy. I think that people that fit the gender binary have an easier time with it, but I don’t know that it’s easy for them either...”</p>

“I have struggled with thoughts of suicide off and on throughout my life... having a hard time accepting myself... feeling like, I, ugh, am someone who doesn’t fit into the world...”

Support and Barriers to Support

“I essentially was not out at school and, um, was in fact at time doing the compensating... being relatively macho, trying to hide the fem side of me... So not out in school, not even in college”

“So my parents are ex-hippies from the 60s but when they found out I was cross-dressing — even though it was in the context of Halloween, it was — ... I’m not proud of this but I stole my mom’s dress to be able to crossdress, because I didn’t want to go and buy something, I was WAY to embarrassed, you know, so long-term borrowed her dress... they were like “okay, what’s going on here?” and “this is just a phase, right?” And I got the message pretty clearly that this wasn’t something that they were okay with...”

“I came out to my cousin when I was pretty young and as recently as last year came out to my brother that’s Pentecostal and conservative, because he has a trans daughter and, so, I wanted her to not be alone against her father and for her father to understand that it isn’t just a wild thing... So he said, “well, hey, I’m never going to — You’re always going to be my brother... I’m not gonna accept anything else”. I’m like “Well it’s more complicated for me than that, but... okay, whatever

“Friends... you know, my spouse knew on the second date and has been super accepting. And her friends — a lot of them are counselors... al to of them are accepting but she has some that aren’t counselors and are accepting. My friends... I’ve told some... but you know, I’ve gotten varied reactions to people I’ve dated and from friends and so on...”

“I essentially was not out at school and, um, was in fact at time doing the compensating.. being relatively macho, trying to hide the fem side of me...I do have a pretty clear memory of saying something about - related to transness... and my friends saying “ we don’t say anything about that, it’s you, who’s saying stuff about this...” I don’t know, I don’t remember the event clearly, but I remember it enough to understand, “whoah, I am not being true to myself and i am not interacting in as genuine of as I want to with others...”

“Oh, and work, I basically keep a firewall between — I put a pin prick in it last year, but basically I keep a firewall between work and personal life around the gender stuff because I pretty firmly believe it’s a fairly conservative company and if I wouldn’t be out-right fired, it would impact my career... It just wasn’t worth it to be out at work... still isn’t”

“In general I think it’s really good in Portland area, based on what I’ve heard about and experienced.. There’s a group that meets in the local queer center, the Q center that isn’t particular gendered towards fem or masculine culture... ”

General Barriers (in MH Services)

“think that the office set up, often there wasn’t a private entrance, there was a public waiting space to sit in and that was uncomfortable for me... just getting there from my house to the therapist office dressed was difficult... hard for me to express myself physically...”

“Yeah, it was the only experience [with a psychiatrist] and they were super expensive. I’m super cheap and my out of pocket was going to be considerably more...”

Participant Barriers (to Identify or Share)

“I have a lot of shame over being trans that I’m aware of now and am working to be resilient against

“I guess fast-forwarding to recent therapy experiences, I think I have been able to find very trans-knowledgeable people... very mindfulness focused... I wasn’t able to hear at the time, but think I finally am now...”

“I feel it’s important to say, when I was given homework, I didn’t always do it... I would find reason not to do it, because it was hard... so to be fair to my therapist there were times I just wanted to talk about it, didn’t want to deal with it outside of that because it was too overwhelming”

“It was affirming but not balanced... not addressing some of the realities I’m facing... I think the issue of attractiveness and me feeling like the “guy in a dress” that wasn’t really attractive... and the counselor said “no, I think you’re attractive”... and that was good for me, but also dangerous... walked a little to that line of boundaries... I wasn’t comfortable with and that was part of the reason I was like “yeah, Okay, I need to walk away from this...”

“There was one therapist in particular, she would let me talk and talk and talk and if I was about to go off a cliff she would grab me by the shirt collar and spin me around and send me off on another direction... it didn’t challenge my assumptions or self-talk enough. It wasn’t interactive enough.”
“I did talk to a psychiatrist at one point... As far as I know, I framed our discussion as “look I have something that I have a hard time talking about and it’s really important for me that I be able to talk in therapy and, you know, I want to know if it is something that can keep out of notes or be careful about how it’s mentioned to protect my privacy...” because work paid for insurance... not wanting it to make it out there... Uh he was so angry about it though... the reaction was basically “you will not tell me how I will code this and what I will write down, I will do whatever I think is appropriate” Felt like “you’re an asshole”. You know, he could have said “I’m really sorry and here’s the law... and to be ethical and on the right side of the law I need to do these things...”
“I don’t think I have any written goals or if I had it’s been a long time... I would asked to be challenged in sessions and that wouldn’t happen so much... or I would get homework and wouldn’t be good at doing it... but currently... no.”

“It feels like the independent practitioners marketing themselves and there doesn’t feel like there’s a lot of focus by the organization regulating the training... I think there’s been some tendencies for therapist slapping every major buzz words out there and saying “I’m trans knowledgeable” but they’re not really...”

“[I feel] I shouldn’t have to inform my therapist on trans stuff...”

Therapist Competence

“So the therapy relationship has been really good and I’ve met a lot of my objectives”

Knowledge and Education

“[I feel] I shouldn’t have to inform my therapist on trans stuff...”

“So I really felt like I had to do a lot of, um, educating my therapists on trans stuff... the therapist just didn’t really know much about trans-ness when I started... up through about five years ago, maybe, still didn’t know a whole lot... and that’s in Portland where there is a large trans community (laughs) and fairly open... so that’s been frustrating that I always felt like I was educating my therapist”

“I think that I fired a lot of therapists that the therapy experience just wasn’t meeting my needs and ultimately I’m paying them to work with me and make it productive for me... so just those who didn’t fit for me or just weren’t educated enough to deal with what I was bringing

“It would be helpful to know if someone has a certificate or a stamp of approval on some level that says they’ve met some minimal level of knowledge or competency in these areas, i think that would probably be good...”

Goals in Therapy (Met/Not Met)

“Um, yes **asterisk. (laughs)... I don’t think I have any written goals or if I had it’s been a long time. I think a written goal or contract just hasn’t been a part of my therapy sessions... I would asked to be challenged in sessions and that wouldn’t happen so much... or I would get homework and wouldn’t be good at doing it.... but currently... no. Now that I’ve said that, in some great ways, yes. I’ve done a lot of growth in the last 2-3 years and have grown a lot as a person and that has largely been under this relationship with my current therapist... So therapy has been good and I’ve met a lot of my objectives and that being said they’ve never been really formal or written as far as I know...”

Interview 05. Participant 05 is 30 years old and he likes to use “he/him” pronouns. He identified himself as white. He stated he was 90% done with his master’s degree, but he left his program due to some personal struggles and issues with some professors. They stated that they were located in Oregon. The identity labels that Participant 05 felt most comfortable with were “trans masculine nonbinary” and “gender fluid.” This interview was held electronically through GoTo Meeting.

Researcher sought confirmation that he was fully aware of his rights in the study; reminding participant 05 that he can withdraw his participation at any time. He replied with his understanding and willingness to continue in participating in the research project. Prior to starting the interview, the researcher requested either an electronically written statement of knowledgeable and acceptance of the informed consent documents or a scanned and signed copy.

The researcher asked Participant 05 to discuss his views of gender and gender identity as a category. He then noted that this is a “pretty big topic, so it’s hard to address” with an element of

discomfort in his tone. He then proceeded to delve into his views and struggles with the flexibility of his gender, which is as follows:

“I guess, for me, like gender has really changed overtime and, kind of, not gone in some sort of linear path but just wiggles around. And I used to feel a lot of angst about that, that like why can't I just like have an identity and stick to it—like why, what's wrong with me? I'm always changing. But at some point I just like felt fine with it and like changes over time and like that's okay.”

Participant 05 continued his discussion by stating that he knows a lot of people who are “binary transgender” and how they have “known their whole life and it's this fixed thing”. He also described the pressures from these peers and cisgender individuals as if his identity flexibility “undermines their [identity's] validity.” The researcher then asked how their experience of their community has been as it relates to their identity and expression. They reported that living in their community has “been really positive.” Participant 05 further identified that where they live is “very nonbinary friendly.” He shared also that his “social circle is an even split for those who are nonbinary versus binary” and that “the binary people [he] know[s] are respectful and fine and validating about nonbinary”. He has also shared that he has had experiences where “people outside of my social circle” who have said things that were against gender nonbinary and fluidity.

The researcher further inquired as to how things were growing up in terms of others' reception of their gender identity and expression. Participant 05 stated that he was not “aware of transgender as a thing” growing up. He started hormones in 2016, when he was 29. He further shared:

"I guess like growing up I didn't get really a lot of exposure to that... when I went to college in NYC at 16. I, kind of, accidentally got involved in a group of TERFs... like they didn't say they were Trans-Exclusionary Radical Feminists. They didn't say that, but like over time they kind of made these little comments about how like, you know, Trans-Women shouldn't be allowed in the Dyke March and, like, Transmen were just, like, women who were so misogynist and self-loathing that they were confused. I didn't really, like, know any better, so I just sort of assumed "Oh they both know better than me". And it just sort of took a while to get out of that mindset."

Participant 05 shared the messages of this community he had internalized. He explained that he "didn't really agree with them, but [he] didn't' really know enough to speak up against how oppressive" they were. He proceeded to share that he was no longer "welcome in the space" when he began dating a man. Participant 05 independently changed topics to share the antithesis of this experience when he was introduced to a trans guy and how that helped him, saying:

"Um, I was introduced to a transguy, who was just like I don't know, he wore nail polish and like, he sews costumes... and is just like so comfortable, like he's like a binary-transman but he's just so comfortable with who he is... like doesn't feel like he needs to prove anything to anyone, um, and that just like, kind of, eye-opening to me that is was like-like someone that I felt that I can relate to."

Before turning the conversation to more therapy-related questions, the researcher asked if there was anything else that Participant 05 wanted to share, he said:

"Well, I guess so, 2016 is when I started hormones and then kind of—I left my marriage and, sort of, like, restarted my life and did feel mostly like a transguy. I still—I like never

have felt comfortable with the term “man,” but then this year, I kind of, I don’t know, I guess once I more viewed myself more masculine, I was able to like scoot back a little bit and figure out that I’m, kind of, like a little of both and somewhere in the middle and just not—not really on the binary at all and that I still do present fairly masculine sometimes but it it feels like kind of a mix... that I also realized that I occasionally like to—to like wear a dress and a wig and, sort of, go out dressed femme... And I have this community of people who are really supportive of that fluidity.”

The researcher noted a potential theme emerging at this point in the interview process, that this reflects a “creating your own gender” relating to the fluid experience of the participants. Participant 05 also shared independently some of the pressures he’s experienced while working in a warehouse where the “majority is straight-cis men” and the existence of a “macho attitude.” He said he felt pressures regarding “posturing [himself] that way” and that he “stays more masculine there.” Participant 05 explained other pressures at work, saying:

“It’s been really difficult for me using the men’s bathroom at work. Um, and I’ve been—that’s been, um, nine months now and it still—it still as hard sometimes. I just, like, feel really vulnerable in that space and that’s, kind of—I feel like the bathroom has been a reason that I stay on the masculine side at work.”

Participant 05 also shared some of the gender nonbinary expressions that they like to employ, which are as follows:

“Yeah. Um, and then as far as the rest of it I guess on like a day-to-day basis, like, um, I don’t know—I think a lot about what I wear... and I have—I like really like black clothes with little rainbow designs and so sometimes that’s kind of masculine looking stuff and sometimes—Like I’ve started wearing leggings, recently, which feel like kind of “medium

feminine” to me, because I don’t really see many guys wear leggings... and I’ve also recently got a pair of platform heels. And that’s kind of an interesting experience of like they’re very feminine in a way, but they’re also there’s, like, something masculine about it to me because they make me tall... going from being 5’5” to 5’9” and I just suddenly feel- I feel like being taller makes me feel more masculine in a way.”

Participant 05 then followed this with a discussion of his perceptions of the reception that he had received growing up. He explained there were times where they would ask “hey are you a boy or a girl?” Participant 05 then explained how this actually did not affect him negatively, because he enjoyed causing people to have a “deeper reflection” on gender and gender expression.

The researcher asked Participant 05 to discuss the beginning work of therapy and his reasons for seeking services and what he thought of those initial experiences. He shared that initially he was a “teenager in high school” and his mom took him to see a psychiatrist who prescribed him “with a lot of medication that [he] didn’t really want to take”. He noted he felt “coerced” about it. He has had a few hospitalizations connected to his depression and suicidal ideations at hard times in his life. He noted that after some of these experiences, it was hard to trust the mental health field, saying:

“When I was 14, I like used all my medications and whatever I found around and had a suicide attempt. And so, from there I was, uh, hospitalized, like in a teenaged psychiatric ward. And that was also - it wasn’t a terrible experience, but it was kind of a negative one... And kind of after all that, I didn’t - I just like - i didn’t trust health professionals and I didn’t want to see them... it took me a really long time - I think I was in my mid-20s before I was able to get over that and seek out, um, psychiatric help.”

Participant 05 went on to describe that he struggled “with depression and definitely had a lot of suicidal ideation on and off” throughout the years. He then shared that he got into a relationship that helped him in a lot of ways, but that his spouse “still saw me as a typical wife” and his gender fluidity was only “tolerated.” The researcher inquired about factors that were both positive and negative results of Participant 05’s counseling experiences. He spoke on themes of the work with the counselor being “validating,” but “not feeling any progress” and “not getting anything out of it.” He then shared about one of the first experiences of finding a someone who was accepting and affirming of his identity during a hospitalization, stating:

“While I was in there, I met someone who is still one of my closest friends. Who was kind of very—like gender confused—but not in a—Like just thought a lot about gender and had a lot of conflicting feelings about it and it, kind of—I think that was one of the things that got me first thinking of “you know, maybe I’m not a cisgender woman.” And I don’t even, I don’t know when I learned that term, cisgender. But I think once I heard it, it was kind of this realizing that this wasn’t me.”

Participant 05 then discussed the previous clinician that he felt was helpful. He shared that he was working with a “psychiatrist who was a resident at one of the local hospitals” and it was “very helpful.” He shared they didn’t talk a lot about gender at first, but it started coming up more and more. He described his experience, saying:

“I changed my name and was kind of like “I don’t identify as a cisgender woman but I don’t really like know what I am” and she just was just like affirming of that and she didn’t have any training or like knowledge really of trans issues and so she kind of she was educating herself to like—because of our, um, our relationship but she—and she also was kind of advocating—because the program she was at which is here in Portland had

nothing about gender and sexuality, really, um, so yeah, it was just like her learning about things as we went.”

Participant without prompting, jumped into another experience of a negative hospitalization, where they were not “knowledgeable about trans” topics and feeling isolated, stating:

“It was about the time I changed my name... and I, uh, that hospital experience was really bad and they were just like very oblivious about trans issues and gender issues and, like, disrespectful, um...—and one thing that I really hated was that they put me in a room by myself and like everyone else had a roommate but because I was trans, they put me in my own room. They had this whole thing like “oh well, you know, we don’t put men in the same room as women, because it makes them uncomfortable. But we're not gonna put you into a room with a man, because then you’re not safe.” And it just like really kind of fucked with me because I felt like “oh you can't fit in with anyone else, you have to have your own room.”

Participant 05 went on independently to share that the psychiatrist that he was staffed with at this hospitalization, was “disrespectful,” “invalidating,” and dismissive of his pronouns. More on this hospital stay, was his struggles with the nurse on staff where “she was just disrespectful of [his] personal space and wasn’t getting consent about doing the medical stuff.” Participant 05 stated that this left him really triggered and upset. He shared that she “yelled in his face” at one point as well. He noted the overall effect of this hospital stay, saying:

“I left early because I felt so bad and was more suicidal than when I came in and I just like went home and felt— spent a while just feeling very suicidal. And I don’t know - I guess I

don't know how I came out of it. But that experience really soured my opinion on hospitals and mental health.”

Participant 05 shared that at every turn, he felt like he “had to stick up for [him]self and self-advocate to get a decent treatment.” These experiences left him “feeling exhausted.” He stated this made him “good at self-advocating” and standing up for himself, but it was “hard at that time.” Researcher further inquired of Participant 05 the aspects and factors that led to his more positive therapy experience. He noted the therapist mainly was good at “just managing mental illness in general” and promoting “self care.” He then explained that the psychiatrist that he got a long with well then graduated.

Participant 05 noted that this time he asked around and was determined to find a “very trans-knowledgeable” clinician. He stated he found some that were educated in trans topics and identity, but noted that he “would love to see more trans and nonbinary professionals.” He notes that he was glad, however, that he found clinicians who were at least familiar with the topics and helpful in figuring out identity. He further explained:

“It definitely made a difference just knowing more about what was out there and like knowing more about some different experiences—and they were all very much like there is no trans experience, but there are many different ones. And just kind of hearing about and talking about different ones, was helpful to me. I don't know. I guess just like understanding some of the issues just kind of helped me along.”

The researcher asked Participant 05 if he felt like he is reaching his goals in therapy and he replied that he felt like he was. He noted a different style with his current therapist who is not as “goal driven” which is something that he liked previously, saying:

“But I do—I think mostly just having someone to talk to—like I don’t feel like I need help with specific things at this point. I just really need someone to, like, process and I do a lot of processing with my friends but it’s, um, it’s just different to have a—an unbiased third party. And, you know, I don’t want to ask too much of my friends—like do my emotions work, so it’s good to have someone that that’s their job.”

When the researcher asked Participant 05 about any other negative or positive factors of his therapy experiences, he reiterated the themes of the clinicians having structured goals, having experience with “other trans people,” and not having to explain his identity as important ones. In terms of the negative factors, Participant 05 reiterated being put in his own room at the hospital as isolating. He stated that the doctor who refused to use proper pronouns being a negative experience for him. He also shared that starting hormones was really positive for his mental health, so having people that are “familiar with the side effect and benefits of hormones” could be very helpful.

When asked by the researcher about whether finding affirming and supportive services in his community was easy or difficult, Participant 05 replied stating that it was “difficult for me to make the calls and schedule appointments” but overall it was “easy” to find trans-knowledgeable clinicians. The researcher followed up this question with an inquiry of whether there was anything not covered that Participant was hoping to discuss but did not. He replied:

“No I can’t think of anything. I think it’s very important—just like this information is getting gathered and that there is more research out there about it. Because it feels like in an academic sense, people like me don’t really exist in research. Starting to exist is validating in itself.”

Researcher thanked him for his participant and stated he would be in touch with the transcript for further validation. Table 6 provides a visual representation of the many significant phrases that came up in relation to the analytical categories of this study.

Table 6
Participant 05 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“even though I wasn’t really - I had just started using “they pronouns”... like in the last few years, using gender neutral pronouns has become so much more widely understood and accepted, and it was just really hard at the time because a lot of people had never heard of them...”
Creating Own Gender Experience	<p>“I guess this was right about 2013 - about the time I had a name change</p> <p>“starting hormones really affected my mental health in a positive way...”</p> <p>“Like I’ve started wearing leggings, recently, which feels like kind of a “medium feminine” in a way, because I don’t really see many guys wear legging”</p> <p>“more of my facial hair has come in - at this point, I’m pretty accustomed to strangers calling me “Sir” or “Hey man” or addressing me as a male person... and then it gets weird when I am in a dress and just kind of — I feel like people don’t know how or what to make of that and I kind of like that - people having to think about gender more than they might otherwise”</p> <p>“I viewed myself more masculine, I was able to like scoot back a little bit and figure out that I’m, kind of, like a little of both - somewhere in the middle and not just not really on the binary...”</p>
Social Binary Pressures	“Yeah and it’s hard because I know for a lot of people who are like, um, binary transgender... They have known their whole like and its this one fixed thing. I feel like by talking a lot about it how things have changed for me, it kind of undermines their validity in a way in the eyes of cisgender people”

“So I work in a warehouse that the majority is straight-cis men who are mostly, kind of, fairly young and there is, just kind of, like, a “macho attitude”... Um, so I don’t - don’t like posture myself that way, but still... I still like, stay more masculine there than I - I don’t really show the nonbinary side of myself at work.. but I guess I just kind fo feel intimidated at work”

“When I went to college in NYC at 16, I kind of, accidentally got involved in a group of TERFS... TransExclusionary Radical Feminists... they didn’t say that, but like overtime they kind of made these little comments about how like, you know, Trans-women shouldn’t be allowed in the Dyke March and, like, Transmen were just, like, women who were so misogynist and self-loathing that they were confused... I didn’t really know any beter, so I just assumed “oh they both know better than me”. And it just sort of took a while to get out of that mindset... I didn’t really agree with them, but I didn’t really know enough to speak up against how oppressive that was”

Support and Barriers to Support

“I have this community of people who are really supportive of that fluidity”

“I do know, for me, it’s like an even split for people that are in my social circle who are nonbinary versus binary. And like all the binary-people I know are, you know, like respectful and find and validating about nonbinary....”

“I definitely met some people outside of my social circle who are kind of against each other in that way. Like nonbinary will complain about how awful gender binary is and really invalidate trans people who identify that way and binary-trans people who just hate all gender queer , nonbinary”

“My mom was really emotionally abusive... and there was a lot going on there...”

“I got married when I was very young, when I finished college at 20 to someone who was very emotionally stable and I felt like the relationship was what really helped my emotional stability... and like, this is someone who, kind of, knew that I liked wearing suits and, like, that I was bisexual... still kind of saw me as typical wife, in some ways... like it was it was there and it was tolerated, more than it was encouraged...”
“Um, it’s been really positive. I live in Portland, which is a really trans-friendly city in my experience... very transfriendly and also very non-binary friendly...”

General Barriers (in MH Services)

“Right about 2013... I was hospitalized again... and I, ugh, that hospital experience was really bad and they were just like very oblivious about trans issues and gender issues and, like disrespectful... I really hated that they put me in a room by myself and like everyone else had a roommate but because I was trans, they put me in my own room.... “oh well, you know, we don’t put men in the same room as women, because it make them uncomfortable. But we’re not going to put you in a room with a man, because then you’re not safe”... And it just like really kind of fucked with me because I felt like “oh you can’t fit in with anyone else, you have to have your own room”
“So that whole experience was terrible and I checked out more suicidal... I left early because I felt so bad and was more suicidal that when I cam in and I just like went home and felt - But that experience really soured my opinion of hospitals and mental health”
“I did continue to see that psychiatrist, um, for about another year and then she graduated... which I knew was gonna happen because she as in school, but it was still kind of hard to let go of that because she had been really helpful for me in just like managing my mental health”
“And after all of that, I didn’t - I just like - I didn’t trust health professionals and didn’t want to see them... It took me a really long time - i think I was in my mid-20s before I was able to get over that and seek out, um, psychiatric or mental help”

Participant Barriers (to Identify or Share)

N/A

Therapist Barriers / Missteps in Therapy

“I had a therapist who I remember was just very like validating, but I didn’t feel like I was getting anything out of it. I didn’t feel like I was making any progress, because it was more like it’s okay to have your feelings and like - it was helpful in a way, but then I just didn’t — I don’t know...”

“Then the psychiatrist they paired me with was just kind of awful and disrespectful about pronouns and just like very invalidating... saying like “oh pronouns aren’t that important”... just like acting like pronouns weren’t important was really bad...”

“Then like on nurse was, um, really disrespectful of my personal space and wasn’t getting consent about like, um, doing the medical stuff to me when I was really triggered and upset, would just like yell in my face. So that whole experience was terrible and I checked out more suicidal... I left early because I felt so bad and was more suicidal that when I came in and I just like went home and felt - But that experience really soured my opinion of hospitals and mental health”

“I just felt like at every turn, I really had to stick up for myself and self-advocate to get decent treatment... it was just exhausting”

“So we went to this psychiatrist who prescribed me with a lot of medication that I didn’t really want to take. At the time I felt really coerced about it - forced to take this medication that I didn’t want to take.”

Therapist Competence

“like that was one thing I really liked about the [clinician] I saw who was a student is that like each time we meant there was... like these things I’m working on in the broad sense and here’s what I’m focusing on for the next two weeks until I see you again. I really liked that.... Um, well, yeah, now that I’m talking about it, having specific things to work on was really helpful...”

“A lot of it was just managing mental illness in general... and self care. Like I started doing a mood tracker... each day checking with my mood and self-care... I still do it every day to track my basic self-care... been maintaining it for years now and it’s been really helpful.”

“I had a therapist who I remember was just very like validating...”

“I think mostly just having someone to talk to — like I don’t feel like I need help with specific things at this point. I just really need someone to, like, process... to have a - an unbiased third party.”

Knowledge and Education

“You know, when I look back at my childhood, not realizing what transgender meant, but just I have, like, a few memories of - of like kids shouting out to me - being like “hey are you a boy or a girl?” and, like, meaning it as an insult but me being like “oh yeah, that’s cool that they think that”...”

“Yeah it definitely made a difference just knowing more about what was out there and like knowing more about some different experiences — and they were all very much like there is no “trans experience”, but there are many different ones. And just kind of hearing about and talking about different ones, was very helpful to me. I don’t know. I guess just like understanding some of the issues just kind of helped me along”

“Um, also having someone who knows — who’s talked to other trans people and who I don’t have to explain what this terms means, or you know, like what this experience is like. Those have been very helpful”

“starting hormones really affected my mental health in a positive way... so like having people who are familiar with the side effects and benefits of hormones - just getting started on them was helpful for me... just thinking there were so many people that didn’t know that was a thing you can do. [The therapist] I saw at the school, she didn’t - it didn’t - she never asked about it because I don’t think she really knew about that”

“Right about 2013... I was hospitalized again... and I, ugh, that hospital experience was really bad and they were just like very oblivious about trans issues and gender issues and, like disrespectful...”

Goals in Therapy (Met/Not Met)

“Yeah. The therapist I see now is not as much on “goal driven” - like that was one things I really liked about the [clinician] I saw who was a student is that like each time we meant there was... like these things I’m working on in the broad sense and here’s what I’m focusing on for the next two weeks until I see you again. I really liked that.... I don’t have that now.”

Interview 06. Participant 06 is 19 years old. They stated that they did not finish high school and had dropped out in the ninth grade. They stated that their race was “half Native American and half white.” They are most comfortable with “two-spirit” as a label to describe their gender identity but explained that they “just say nonbinary because it’s easier to explain.” They stated they are located in Tennessee. This interview was held electronically through GoTo Meeting.

The researcher sought confirmation that Participant 06 was fully aware of their rights in the study; reminding them that they can withdraw their participation at any time. They replied with an understanding and willingness to continue in their participation in the research project. The researcher requested either a electronically written statement of acknowledgeable and acceptance of the informed consent documents or a scanned, signed copy prior to starting the interview.

To begin the interview, the researcher restated the intent of this study and asked about Participant 06 to briefly describe their definition of “two-spirit” as well as their ideas of gender and gender identity. They stated that the two-spirit means that “[they are] not quite a boy and not quite a girl.” Participant 06 stated that they are “somewhere in the middle” and are “all of the gender rather than being one of the genders or another gender.” They further extrapolated their views of gender and gender identity saying:

“I think is absolutely gender as a spectrum... It’s—It’s ridiculous to try and limit people to only two genders... and just if somebody says they’re a one gender, just believe them

no matter how ridiculous it is, because you're not in that person's skin or mind... And I just think it's really subjective to the person. Genders like art, it's subjective."

When the researcher felt like he had a good sense of the background for Participant 06, he moved the conversation to their support and their perception of these supporters' reception of their gender identity and expression. Participant 06 spoke on being born female, however always partially nonbinary, even as a child, saying:

"Um, when I was a kid I was very, um — I was born female. But I was very, very boyish... I always had short hair. I always wore boy clothes... and, um, I was never quite super masculine or super feminine. I did a lot of things that can be considered to be masculine, but I did extremely feminine things... I played with dolls and trucks, sometimes at the same time."

Participant 06 went on to discuss the binary pressures and lack of knowledge for gender options, stating "only later did I actually realize there's a term for when you don't feel like both—or either." Participant 06 also shared that they grew up in a "abusive and neglectful household." At one point they were put into foster care, which was not a positive experience because they were "religious" and "not affirming."

Researcher asked for further clarifications on the binary pressure they mentioned earlier at a young age. Participant 06 stated that they felt the pressure to be the "perfect transguy," stating:

"I often call it my 'I'm a real boy' phase, because I cut my hair really short and I never wore makeup and I—yeah I was really like I need to be super masc... and that just crumbled away fairly quickly because I realized how much I liked skirts and makeup... and stuff."

Participant 06 also described the experience of finding community online and not being “super close to anybody” growing up. They shared the lack of visibility of gender nonconforming individuals in their community in “rural Florida”. They also discussed bullying experiences they faced, which eventually led to dropping out in 9th grade. Participant 06 shared that they were quite “isolated” being nonbinary and “not talking to anybody in real life.”

Participant 06 shared that their mother was “accepting but not affirming,” following different experiences of being called their birth name and mislabeled. They cited the abusive dynamic they had growing up and detachment from the community in Florida as the reason behind their move to Tennessee. They spoke about the community they have experienced living in Tennessee, saying the following:

“Yeah there’s a bunch of nonbinary people. I go to several things - There’s a thing at our local LGBT Center every Monday for transpeople. Which used to—When I first started going there was like a transwoman and a nonbinary person... Now there’s a bunch of nonbinary people who go and there’s a thing called Memphis Areas Gays that happens every Friday that people 13-21 go to where they have food and just generally hang out”

When the conversation of support and community seemed to find its natural stopping point, the researcher inquired about their therapy experiences by asking Participant 06 for the reasons they pursued mental health services and how they felt about these initial experiences. They stated starting work with mental health when they were 11, when they were hospitalized for the first time. Participant 06 shared that they have been in the hospital approximately nine times. They shared that “not all of it has been good, most of it has been bad.” They shared some initial experiences of feeling pressured to “pick one” in terms of gender categories. One of their first therapy experience when at the time they were in foster care and was assigned a counselor.

They reported this experience showed them that “this was something that could help” them. They independently discussed being misgendered and questioned by a therapist in terms of their identity, saying:

"I had one therapist who was very - didn't think I was actually trans, because I wore skirts and makeup a lot. And so they would call me 'she' all the time and just use my birth name. That wasn't a pleasant experience... Um, and, uh... I've had other therapists, who I just was as masculine as I could be around them, but they still would slip up and call me my birth name all the time... I've had med doctors who have been just kind of accepting but not affirming... saying like “birth name how are you today.” So that-that has mostly been my experience of—I had a directly bad things directly pointed at my trans identity but a lot of my bad experiences are with shitty health care professionals in general.”

Participant 06 continued to discuss their experiences while being hospitalized, the staff there pushing binary pressures on them. They shared an experience in particular staff member saying “oh, why are you trying to be a boy. you're such a pretty boy.” Participant 06 stated this was a very negative experience for them.

The researcher then asked about the positive aspects of therapy by asking Participant 06 to discuss if any of their therapy experiences were affirming and positive. They shared that their present therapist is “in the camp of “I don't care what your gender is, I'll call you what you want to be called” which they cited as “amazing” for them. Participant 06 described no longer having to “walk on egg shells and try to validate” their gender to their therapist. Participant 06 also pointed out that their therapist is using their preferred name “on everything but their medical record,” which has been very validating for them. They also clarified that “even though we talk

about my trans-ness, it is not always the direct focus of sessions... and I don't have to be the teacher... or explain about being trans.”

The researcher asked Participant 06 whether they felt that they are meeting their goals they set out when seeking mental health services. They replied, “yeah, it’s going really well” referring to their present therapy. When speaking of past therapist, Participant 06 shared that they did not feel like they particularly met their goals. They shared their suspicions for clinicians being incentivized to hospitalize their clients, which made them feel like they couldn’t “talk about [their] major issues.” These suspicion of these therapists, left them feeling fear for in sessions, which blocked them from “being able to open up” and “getting anything done.”

When asked by the researcher whether finding supportive and affirming services in their community they lived in was easy or hard to do, Participant 06 replied “not necessarily.” They further shared that because they live in the “gay part” of their community and finding queer services that were affirming and supportive was not hard to do. They also shared that they have numerous queer friends before moving to the community where they already knew about the different resources available.

Just before wrapping up, the researcher realized he forgot to ask about how Participant 06 perceptions of what it is like to live in their community having a nonbinary identity and gender expression. They compared where they live now with where they moved from, stating:

“Um, it’s not all that unusual around here. Like there is certain, um, amount of unusuality about it because not a lot of people are it... but it’s not like in Florida where I was the only gay eskimo. Here it’s just like “oh I know a nonbinary person, I go to class one,” or “oh yeah, I cut somebody who’s nonbinary’s hair.” Stuff like that. It’s a little more of a thing here.”

The researcher concluded the interview with an inquiry of whether there was anything they did not get to share in terms of their identity or mental health experiences. Participant 06 replied “I can’t think of anything else.” The researcher noted that he would be in touch for validation of transcription. Table 7 provides a visual representation of the many significant phases that came up in relation to the analytical categories of this study.

Table 7
Participant 06 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	<p>“I didn’t know what nonbinary was and so when I was in my early, sort of, teens, I thought “oh, so I’m trans... I’m female to male”, because I didn’t quite feel exactly female. Only late did I actually realize there’s a term for when you don’t feel like both - or either.”</p> <p>“It’s - for me, at least - it’s sort of that I’m not quite a boy and not quite a girl. I’m somewhere in the middle. I am all of the gender rather than being on of the gender or another gender. I think gender is absolutely a spectrum. It’s-It’s ridiculous to try and limit people to only two genders... and just if someone says they’re a one gender, just believe them no matter how ridiculous it is... I just think it’s really subjective to the person, gender’s like art, it’s subjective.”</p>
Creating Own Gender Experience	<p>“I did a lot of things that can be considered to be masculine but I did extremely feminine things... I played with dolls and trucks, sometimes at the same time...”</p> <p>“I often call it my “I’m a real boy” phase... I cut my hair really short and never wore make-up.... super masc... and that just crumbled away fairly quickly because I realized how much I liked skirts and makeup and stuff”</p> <p>“when I finally got my name changed...”</p>
Social Binary Pressures	<p>“I’m two-spirit... although when I talk to most people, I just say nonbinary because it’s easier to explain”</p> <p>“I felt really pressured to be super masculine and to be, you know, like the “perfect transguy”... I often call it my “I’m a real boy” phase... I cut my hair really short and never wore make-up.... super masc... and that just crumbled away fairly quickly because I realized how much I liked skirts and makeup and stuff”</p>

	<p>“My mother was accepting, but not affirming... She would be like “oh cool, you’re trans” but then continue to call me by my birth name and call me “she”... yeah it was not.”</p>
<p>Support and Barriers to Support</p>	<p>“I mostly just had internet friends and, uh, my mother... But my online friends took it very well and helped me”</p> <p>“I had a tumblr, and so I had, like distant friendships with people who were nonbinary, but I wasn’t like, super close with anybody... at the time I didn’t know any trans people... I lived in rural Florida, so I didn’t know any transpeople or any nonbinary people... I only knew one gay person”</p> <p>“I was in foster care for a while, when I was first figuring out that I was trans... which was not good because I was in a really religious foster home... they were not affirming (laughs). So... but I came out as trans when I was 13”</p> <p>“So then I moved to Tennessee because I needed to get away from Florida... I have friends here. I visited here the October of 2016 to visit friends and I really liked the city... then I just, you know, i had friends that were willing to help me out which was why I came here”</p> <p>“[on peer reception/bullying] that was for multiple reasons but being trans was one of them... some internet stuff happened when i was 11 and I became a meme... like “oh [name] is a tranny now” and that - that was fun... to get those sort of reactions... so I just kind of brushed it off”</p> <p>“I grew up in a pretty abusive and neglectful household. (pause) yeah, but I got out of that situation eventually”</p> <p>“Um, so after my 18th birthday... I was sort of trying to plan a move out, but my mother kept sabotaging it... she was a fairly abusive person... She was just really abusive, both emotionally, verbally, and physically...”</p> <p>“Yeah there’s a bunch of nonbinary people... I go to several things...”</p>
<p>General Barriers (in MH Services)</p>	<p>“Yeah, me and some people I knew were the people that started the first transgender support group... so that’s how difficult it was to find support, we had to literally make [our own] support group”</p>
<p>Participant Barriers (to Identify or Share)</p>	<p>N/A</p>

Therapist Barriers / Missteps in Therapy

“Once a nurse said in the mental hospital “Oh why are you trying to be a boy, you’re such a pretty girl”... Which was amazing after a slice attempt to be told that I was a girl a bunch of times... Nobody referred to me with correct pronouns... by my name...”

“[Past therapies] “Not particularly. It was just kind of going around and around in circles... so I had to walk around eggshells with my therapist and I didn’t feel like I was allowed to talk about my major issues.... I was scared of them. I felt invalidated and that they didn’t really care... I wasn’t really able to open u, so I didn’t get anything done. At all (laughs)”

“The only therapists I saw was at least accepting of trans people was not accepting of nonbinary people... Uh, so, one was like “ Well you got to pick one. If you don’t pick one you won’t be able to transition” (Sighs) Which was a wonderful thing to hear...”

“I had one therapist who was very - didn’t think i was actually trans, because I wore skirts and makeup a lot. And they would call me “She” all the time and just use my birth name. That wasn’t a pleasant experience...”

“I’ve had other therapist who I just was as masculine as I could be around them, but they still would slip up and call me my birth name all the time... saying like “birth name, how are you today?” So that-that has mostly been my experience of MH”

Therapist Competence

“Um, even though we talk about my trans-ness, It’s not always the direct focus of sessions and it’s not like - I don’t have to be the teacher. I don’t have to help or explain about being trans, I can just be trans”

“[My therapist] He’s sort of in the camp of “i don’t care what your gender is, I’ll call you what you want to be called...” which is amazing. Because it just means I don’t have to walk on egg shells and try to validate my gender to him. I can just be nonbinary... Yeah it’s just really great... It helped that I didn’t have any body with me who was invalidating me... and when I finally got my name changed, they were just like okay. They used my name on everything — even before I changed my name, they used my name on everything except my medical record, which was really great”

Knowledge and Education

“I didn’t know what nonbinary was and so when I was in my early, sort of, teens, I thought “oh, so I’m trans... I’m female to male”, because I didn’t quite feel exactly female. Only late did I actually realize there’s a term for when you don’t feel like both - or either.”

“I had one therapist who was very - didn’t think i was actually trans, because I wore skirts and makeup a lot. And they would call me “She” all the time and just use my birth name. That wasn’t a pleasant experience...”

Goals in Therapy (Met/Not Met)

“Yeah, it’s going really well!”

“[Past therapies] “Not particularly. It was just kind of going around and around in circles... so I had to walk around eggshells with my therapist and I didn’t feel like I was allowed to talk about my major issues.... I was scared of them. I felt invalidated and that they didn’t really care... I wasn’t really able to open u, so I didn’t get anything done. At all (laughs)”

Interview 07. Participant 07 is 45 years old stating that he feel most comfortable with “he/him” pronouns. He shared that he both a doctorate and a master’s degree. He identified himself as Caucasian. He stated being most comfortable with the gender identity label of “transmasculine” but also identified that he identified with “trans” and “transmale” and “gender nonconforming.” He stated he is located in Oregon. This interview was held electronically through GoTo Meeting.

The researcher sought confirmation that Participant 07 was fully aware of his rights in the study, reminding him that he can withdraw participation at any time. He replied with an understanding and willingness to continue in participating in the research project. The researcher requested either an electronically written statement of acknowledgeable and acceptance of the informed consent documents or a scanned, signed copy prior to starting the interview.

To begin the interview, the researcher asked Participant 07 for his thoughts about gender and gender identity and to speak on any thought that arise while answering this question.

Participant 07 replied stating that it's "fast-evolving" for people and stated that people are all in their own process of identifying and expressing their gender "as that applies to them." He further explained, saying:

"I think that this sort of new way of nonbinary awareness and identity is striking people who are both cis- and trans—I can think of a lot of people from what I see that go from one end of the binary to the other as they transition and are like totally buried in the other side. And then after a while they go "well that's letting all these other parts of myself go... and part of my history... and I'm so not the same as a cis-person, but I don't want to invalidate my transgender by saying it's—like trigger that it's not real. But I think as people get more secure in their—they can open up to this sort of more fluid and nonbinary parts—if that makes sense..."

Researcher explained to Participant 07 that there is no wrong way to answer any of the questions in the study. The researcher then asked Participant 07's for a description experiences of his community and his perception of reception of his gender identity and expression. He discussed the community's considerable "gay and lesbian" presence and the presence of "a lot of gender nonconforming, but cisgender people." He explained that the community he lives in has a good number individuals that blend the expectations of gender expression regardless of identity.

Participant 07 brought up that he grew up on a military base and the researcher asked for his experience of this community. He then explained a little about his background in growing up on the base and the binary-pressures that existed in the community. He shared that "it was so binary" and the messages he received were "women should never work... never wear pants... and the men all worked." Participant 07 explained that "in some ways it was very hard and in

some ways very simple.” Although there were these strict expectations in the community, there was some flexibilities for being a “tom-boy” and he didn’t get negative feedback because “they weren’t worried about anything else happening because that didn’t exist.”

The researcher asked Participant 07 to talk a little about peer and family reception of their identity and the supports they have had. Participant 07 shared that there was “constant shaming” and pressures to “wear dresses” and “speak feminine.” Peers would call him “butch” and asking if he was a “boy or girl.” Participant 07 noted that “was supposed to be a big insult,” but for them it “was totally awesome.” He described not having the terminology beyond “tom boy” but their attempts to make fun of him “just didn’t work.” He then went on to explain that there were times of fantasy that they would have “a whole internal fantasy world.” He fantasized a male character, who at first was their cousin from out of town, who would date one of her friends and “treat her right”. Participant 07 noted that this was “of course the girl [he] was crushed out on.” Another aspect of fantasy play in terms of gender for him was playing a male character in Dungeons and Dragons.

Participant 07 then discussed his earliest ideas of his nonconforming identity. Participant replied: “5 years ago” was when he “came to terms with it”, but four years ago when he “identified with that term.” There were a few moments that Participant 07 delved into having kids and family life which does not align with the research questions and to keep anonymity, these details have been omitted. However, the main theme of this was his struggling with the concept of binary pressure in raising a family and the question of what his own life would have look like if he group up in an era where gender nonconforming was more accepted and known about. He stated:

“So if they were like me, living in modern day Portland with liberal parents. Oh my god, I would have totally transitioned then and been out then. But then that scared me, if I would have had surgeries and hormones, then I wouldn’t have grown up with the life experience that I had and wouldn’t be me. So that’s been the head trip of this sort of like not—so extremely binary as to encompass all the parts of me and appreciating them too.”

The researcher then asked Participant 07 to discuss his earliest experiences of mental health was and what led him to them. He proceeded to share that he started in college with a couple of sessions. He also shared that in college, he was struggling with his background of being a “big time fundamentalist Christian” and his “internalized transphobia.” He stated this specifically:

“So I started College out as a fundamentalist Christian... like big-time fundamentalist Christian. Like I remember tearing down all the LGB fliers in the dorms, because I was like anti-that group so I tore down their fliers. Of course I was then attending the group a year later. But, um, so I think I went once or twice to deal with that, which was part and parcel to the gender issue.”

Participant 07 shared that it was later in life, during his doctorate studies, that he started having nightmares. He went back in therapy again after this when he was struggling with relationship issues. Then after that he did some individual sessions to work on “the gender stuff. Participant 07 then independently shared about a negative therapy experience, where there was a dislike for clinician style and lack of major change occurring. He cited one of his counselor’s interventions, in particular, being moving to him and productive for their work. He states:

“I saw this one therapist who I didn’t think was all-around that good of a therapist. But he, ugh, and I had not talked about gender stuff, ever. And he was like “let’s do this

exercise where you imagine your little girl self sitting over there behind this couch and imagine what she”—and then he pauses and says “or is it a he?” I remember my whole insides exploded. That was—I mean if I got nothing out of all the sessions that was the moment—just that allowing and let that be a “no big deal, that’s okay, it can be this or it can be that.” That was really helpful. I didn’t really find that I got that much from him but that moment was just amazing—that was “wow”—the fact that he just opened that possibility even if I hadn’t taken it, just like “oh this is an option.”

He went on to explain the factors that he did not like or appreciate of this therapist’s focus. The factors discussed that were unhelpful or negative were not “resonating” with some of the exercises, him not really responding or seeming to understand disclosures, it “feeling like I was talking to myself,” and a lack of training. He shared:

“I guess the way he was trained it was like, ‘you haven’t had empathy so I’m going to provide you with that in this relationship’ but I was like ‘I don’t know you,’ you know? I wasn’t open to that and he would do this ‘I’m gonna touch your leg when you cry’ thing. And I was like ‘I don’t want you touching my leg.’ He thought he was giving me all this deep empathy but I wasn’t feeling it. It’s not resonating.”

Participant 07 then went on to discuss the next therapist he went to see, who was originally his couples therapist, but transitioned into seeing him individually. He stated that she was good about having him “slow down” and “feel [his] body.” He describes this experience as positive and that the slow body focus countered his focus on others and brought it back to him. He described a similarly risky intervention, like the other therapist, that he found positive in the end, stating:

“She also kind of went on a limb a bit too... I hadn’t actually talked to her directly about gender. She really kept pushing on me, she was like “this sounds really odd but I want you to watch this video” and it was a-a short documentary about this band called Latigra, who has a very gender nonconforming band member who packs on stage and has a big mustache and has a tattoo of a mustache across her chest, who was also in some theatre work and was famous for a bit. And you know, this was like, old materials—was from a, you know—not this newer wave of nonbinary—where nonbinary didn’t exist when this was made. But this person was so very playing with gender and also being female-identified, but also presenting male, and she really wanted me to see this thing but she wouldn’t really quite tell me why. She was like, “I don’t know, I wanted to see how you would respond to this person”. And I was like “whoa.” Again, it was sort of like “this could be okay” or “this could exist, what do you think about this?”, “How do you feel about yourself in relation to this?” So that was also really, really big. Then we started talking about gender all the time.”

This potentially risky intervention opened up the space for Participant 07 to discuss gender. The therapist’s risk was important to him because it offered the possibility as “this [identity] could be okay”. He did later when prompted to identify—if there were any - negative aspects of his therapy experience. He shared that he did not like that “she did not bring up any of my childhood or deep ‘where is this coming from’ stuff”.

The researcher further probed whether there was any more he would like to share about their therapy experiences. Participant 07 shared that he had seen three other people since then. One in particular was “pretty revered” as working with gender topics. He stated “in general she was great,” noting that he liked her “mindful/body-focused” aspects, but when topics of gender

were brought up, she was “like deer in headlights.” When he talked about this, the researcher noted a level of frustration in his voice and documented in his journal. Participant 07 stated that she purported herself as being “competent with this,” but not being able to actually do the work. He shared:

“There was no discussion of gender stuff at all. And I started to bring stuff up and she was kind of a little like deer in headlights—a little lost—but like in a weird way. She was like I’m really competent with this, I did my thesis on pronouns... and different uses of pronouns. But I feel like there was major trigger-y transference going on... one was she kind of didn’t bring it up much or have much feedback about it.”

Participant 07 further shared that at one point, she used the wrong name and misgendered him, which hurt. He tried to process this with this therapist and she “was very defensive and was like, ‘Well I just see you as the person I’ve always known you as and it doesn’t matter’ and I was like ‘Oh, that’s not okay...’ And she’s like, ‘I don’t believe in gender, we’re all the same’, which he stated was really invalidating to him. Other issues that occurred with this therapist were boundaries being crossed, heavy self-disclosure, and later referring her out because she felt he “needed to find someone else... [that’s competent in gender topics].”

The next therapy experience Participant 07 jumped into talking about this experience independently. He shared he went to a clinician who had a specific “trans-guy” identity. Participant 07 shared that this counselor would just “share every session” and would tell that him that he “should leave [his supports] behind” in order to be his truer self. When Participant 07 would try to counter this by telling the counselor that this is not an option for him, he felt pressured to follow the clinician’s bias and stated that it “always seemed like his personal stuff.” Participant explained his reaction to this experience as follows:

“So I would leave sessions every time just feeling blown apart and then I would have to do my own therapy... like ‘why is this upsetting me’ or ‘why is this triggering me’; ‘what’s that about?’ and have to unpack that on my own and get a lot out of it... but not because of him... so when I’m sitting there in the other therapist’s office like he’s the man and I’m this weird thing that is not allowed to be the man if I don’t do it his way.”

Participant 07 continued talking about this clinician. He shared that he was “triggered” by the therapist, saying:

“Well what killed me, that hurt me and triggered the shit out of me. Because it’s like I’m here being male, trying to get self-confidence, and you’re saying if you don’t want to do it my way then you can just be this other thing—genderqueer. Which I never said that I wanted to be that—I’m sitting her telling you how desperate I want to be male and you’re like “well, this is the way to be male and that’s not male.”

The researcher noted at this point in the interview that this statement sounds like a binary definition of gender. This was something that the researcher also noted to discuss later with his committee chair to process potential biases, as this Participant 07 identified from the beginning of the research project with the study’s definition of gender nonbinary.

Next, the researcher asked about the next therapy experience, Participant 07 shared that he participated in a group, which he described as “cheap” and being “soooo good.” When the researcher probed about what made it good, he stated:

“Well it was just good to be in a room of really diverse people. I’m sitting in this group and there’s this shaved head, 6’3” super manly appearing person, who can’t come up with a pronoun in the first meeting... who after three meetings are sharing they’re a woman and they—they tried ‘she’ pronoun in the group and I’m like, ‘you are, you are!’ I don’t know

it was just so huge to be like ‘you are, you’re a woman’. [laughs] Seeing other peoples’ experiences... we got that, it’s so real.”

Participant 07 cited this as being a moment that allowed him to break the binary and confronting his own internalized transphobia. Participant 07 shifted into his last experience without any prompting, discussing this counselor as being one of the group facilitators that he now sees individually and “is fantastic.” When probed on what makes her fantastic, he replied:

“She’s really all about getting to the route of things of what’s going on with me... I bring whatever up... I can talk about issues with my ex... stuff with the kids, stuff with my parents... stuff with my gender presentation... and all of it—it’s kind of the same core me issues. It’s been—she like pauses me and points things out, and I’m like ‘oh my god,’ every time it’s like a huge revelation. Like more of these core things than—kind of like that other good therapist but very—just super unconflicted, very open with the gender piece. And specifically tries to validate that. Keying in on what I need.”

Participant 07 added that she also keys in on his struggles and “what the childhood stuff was”. He shared that he just “resonates with her and feels safe.” The researcher then asked Participant 07 whether he feels like he is meeting his therapy goals and he replied “Enormously.” He extrapolated that he feels like what he’s doing now in therapy is “more transformative of [his] self” and gaining more knowledge of his self. He also shared that this was not something that was possible in previous therapies he’s received. He did mention the struggles with bathrooms in the counseling office and how “there are some parts [for him] of the binary that are validating for transgender experience” and how this played out when they switched the bathrooms.

The researcher then asked Participant 07 whether or not he felt finding supportive and affirming services is a hard or easy thing to do in his community. He replied saying:

“Yeah. It was presented as easy. Like I found the trans-guy therapist... with twenty-some-thing years of experience, which is great, but I feel like he couldn’t get over himself a little bit. Or my other therapist with the response of “you’re the same person to me and I don’t see gender” I was like “what?” I was kind of shocked with her... So, even here in Portland.”

The researcher then inquired whether Participant 07 had anything he did not get to share in terms of their identity or mental health experiences, he replied “That’s it!” The researcher noted that he would be in touch for validation of transcription.

As aforementioned, the researcher noted in his journal a level of not understanding some of the themes that were coming up from Participant 07’s interview. The note that the researcher logged questioned whether he had more of a binaried identity. This falls more in line with some of the researcher’s own presuppositions, discussed earlier, with gender nonconforming and it not being exceptionally “middle” binary. Participant 07’s expression falls more on the masculine side of the binary. However they endorse not wanting to “box themselves” due to having still “feminine features”. At this point, the researcher journaled on this and embraced an “aha moment”. He really had to push himself to see even farther from binary thinking, in spite of being immersed in these topics for years. Table 8 provides a visual representation of the many significant phrases that came up in relation to the analytical categories of this study.

Table 8
Participant 07 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“Transmasculine... i don’t like to be - there are certain things I want to encompass as well and not feel exclusive... some degree of identity as a woman... then like trans or transmale... gender nonconforming too... because in all reality I’m living as a bi-gender person”

Creating Own Gender Experience

Like I'm not going to change my body so I can be male. I am like, "well, I was male as a little boy, my body is not male, and that's the total truth, now what I'm going to do about it is up to me". I don't need surgery to be what i am"

"gender nonconforming band member who packs on stages and has a big mustache and has a tattoo of a mustache across her chest... this person was so very playing with gender and also being female-identified, but also representing male..."

"I like played dungeons and dragons and never had like a female character ever.. and you know those kind of games. I think they attached me because I could be a male in the game... So I just kind of played that all through school"

"but i think as people get more secure in their [gender] they can open up to this sort of more fluid and nonbinary parts... if that makes sense..."

"I had this whole internal fantasy world. I would just - I had this male sort of character in my head and I just became - I would spend my time day dreaming about him and what he would say or do... I had that character all through elementary school and into high school..."

"And before when I first came out, I was so torn apart because I have to, you know, take T... and have surgery... and I don't really want to change my body, but I have to do it... it's my only choice..."

Social Binary Pressures

"Transmasculine... i don't like to be - there are certain things I want to encompass as well and not feel exclusive... some degree of identity as a woman... then like trans or transmale... gender nonconforming too... because in all reality I'm living as a bi-gender person"

"Like at work, 99% of people see me as female, I don't like that... and that's the best decision for my work and that's fine. It creates a lot of stress (laughs)."

"And before when I first came out, I was so torn apart because I have to, you know, take T... and have surgery... and I don't really want to change my body, but I have to do it... it's my only choice..."

“Identity? Constant shaming about needing to wear a dress or walk more feminine and speak feminine... let boys be chivalrous. I mean every little bit of it... constantly criticizing me for the way I stood or the way I moved or talked or personality-wise...”

“[on living on a military base] I was - It was so binary... they were like women should never work... they should never wear pants... All the men worked... It was rare to see a woman like who had a job, they were all home - stay at home moms... in some ways it was very hard and in some ways it was very simple... because there was no blurring... They weren't worried about anything else happening because that didn't exist”

“but then that scared me... I would have had surgeries and hormones... then I wouldn't have grown up with the life experience that I had and wouldn't be me... didn't know if I want that... SO that's been the head trip of this sort of like not-so binary as to encompass all the parts of me and appreciate them too”

Support and Barriers to Support

“Yeah. And I don't want to come out to my family... so that's hard. But more and more that's kid of my journey now is coming out and getting more comfortable with that.”

“Friends are great, mostly everything [with them] is good... I got divorced a few years ago.. then I ended up meeting someone new and we got married and she's super wonderful..”

“Kids would call be butch. Kids ask if you're a girl or a boy - and that was supposed to be a big insult - but that was totally awesome. But you know I didn't understand any of that then, I just thought I was a “tom-boy”.. and they're trying to make fun of me, but it doesn't work for some reason...”

“Then I did a group that was called “exploring queer genders”... it was kind of cheap and it was [ran by] these students that were in a program... it was soooo good. It was just good to be in a room of diverse people... A lot of my work is to get over my kind of internalized phobia... and I’m sitting in this group and there is this shaved head, 6’3”, super manly appearing person, who can’t come up with a pronoun in the first meeting... who after three meetings are sharing they’re a woman... and I’m like “you are, you are!” I don’t know, it was just huge to be like “you are, you’re a woman” (laught) Seeing other peoples’ experiences... we got that, it’s so real”

General Barriers (in MH Services)

“In the group... the building changed bathrooms to all gender bathrooms and my therapist pointed out that is what we’ll have but it also might be hard for some of — like myself, I would go to the men’s bathroom. That’s the only place I would go to the men’s bathroom... this particular situation — The two bathrooms where I go see her for therapy, there’s the former men’s room that had the urinal and stall and then the other is the former woman’s that has two stalls, because they just changed the signs. And I feel that that bathroom was made for me, because it’s like the men’s non gender bathroom (laughs)”

Participant Barriers (to Identify or Share)

“but then that scared me... I would have had surgeries and hormones... then I wouldn’t have grown up with the life experience that I had and wouldn’t be me... didn’t know if I want that... SO that’s been the head trip of this sort of like not-so binary as to encompass all the parts of me and appreciate them too
“So I started college out as a fundamentalist christian... like big time... I remember tearing down all the LGB fliers in the dorms, because I was like anti- that group so I tore down their flier. Of course I was then attending the group a year later. But, um, so I think i went once or twice to deal with that, which was part and parcel to the gender issue.”

Therapist Barriers / Missteps in Therapy

“[The therapist], he was just trying to establish a safe relationship where he could help me heal from this disconnect [in my body and mind], that was just weird”

“I did actually go and see someone who was specifically a trans-guy who works with gender stuff... he was like “this is what you have to do” every single session... I would share and he would... — He would say “that doesn’t matter, you have to leave them behind... you have to be you”.... It just always seemed like his personal stuff... that hurt and triggered the shit out of me...”

“A lot of my work is to get over my kind of internalized phobia - so when I’m sitting there in the other therapist’s office like I’m not — he’s the man and I’m this weird thing that is not allowed to be the man if I don’t do it his way...”

“So I would leave sessions every time just feeling blown apart and then I would have to do my own therapy... like “why is this upsetting me” or “why is this triggering me” or “what’s that about” and have to unpack that on my own and get a lot out of it... but not because of him [my therapist]”

“Or my other therapist with the response of “you’re the same person to me and I don’t see gender”... I was like “what?!” I was kind of in shock with her... So even here in Portland... So even my therapist won’t see me as who I am, you know?”

“[the therapist] was actually pretty revered [for working with gender topics]... but there was no discussion of gender stuff at all. And i started to bring stuff up and she was kind of a little like deer in headlights... a little lost... she kind of didn’t bring it up much or have much feedback about it... but she was like I’m really competent with this, I did my thesis on pronouns and the different use of pronouns... and then at one point she frame that I would need someone else who can be competent for you... and it may not be her, which made me feel that shew as sort of acknowledging the truth... it was a little bit like I had rules now... like i had to take care of her and not go into, you know — not challenge her... it felt like - then she was kind of saying “it sucks that people aren’t competent in this, but they aren’t and you just need to find someone else” and I was like “ouch, don’t you want to become — no that’s just not your thing? okay..”

“[my therapist], she, um, at one point like used my old name and misgendered me, and that hurt, and I texted her afterwards and asked her “please don’t do that” and then the next session she was very, like, defensive and was like “well I just see you as the person I’ve always known you as and it doesn’t matter” and I was like “oh that’s not okay...” and she was like “I don’t believe in gender, we’re all the same”

“She didn’t bring up any of my childhood or deeper “where is this coming from” stuff... which I kind of believe that stuff is huge... especially in relationships”

“Like he would try to have me to go into some exercises and it just wouldn’t resonate and I couldn’t find - I couldn’t really get there. Or he would, um, I would, like, share something and he would just not respond or get what was up... I felt that I was talking to myself... he didn’t really have that much to offer, never kind of gave me any feedback to help me have a realization... he kind of agreed that we weren’t getting anywhere... so i didn’t do individuals for a bit”

“There wasn’t safety to process my feelings... because there wasn’t that connection there. Especially when he was shutting me down... And then he also, um — I was like I’m done, this has become wrong, like I got that and said “I want to stop” and he’s like “we can’t stop, you can’t stop therapy, you have to keep going” So i just left and he was like “alright...”

“[my therapist] then shared about online dating some body who she then found out was trans... was out of state and she’d fallen in love with the person and realized that they were trans and she was like so upset and betrayed... “why didn’t they just tell me in the beginning, because I would have been fine, but now they lied..” And I”m like “oh my god! why is that your business...”

“I guess the therapists — in the moments that they were trying to be right — maybe a little defensive about these issues...”

Therapist Competence

“I feel like what I’m doing now is more transformation of my self and getting to know myself - working on challenging all the stories I tell myself and being more real. And really challenging my fears. Like she’d pause me and unpack the ways I’ve done and thought about things... Just all that sort of deep stuff”

“[My therapist], she also kind of went out on a limb a bit too... I hadn’t actually talked to her directly about gender. She really kept pushing me, she was like “this sounds really odd but I I want you to watch this video...” [after watching] it was sort of like “this could be okay” or “this could exist, what do you think about this?”, “How do you feel about yourself in relations to this?” So that was also really, really big. Then we started talking about gender all the time.... I felt free in it and not labeled...”

“Or just hearing from me what my struggles are and what the childhood stuff was... How growing up with this, you know, gender experience in childhood and trying to make it all work and how I make it work in all other areas of my life all the time. Not that it was all the gender stuff, but it’s all related”

“And one time, she was just kind of “I just wanna see how you respond to this” because we’ve been talking about all the work in trying to deal with myself in all this and-and she’s like “thinking back to you as a kid” and lead in and said “you’re a boy” and she was like “how do you feel” — and it was huge, like it was my body just changed, just hearing someone look at my soul and say that. I resonate with her and feel safe with her, I gave her a try, and man, was she good!”

“I remember the other guy [therapist] had this — I guess the way he was trained, it was like “you haven’t had empathy so I’m going to provide you with that in this relationship” but I was like, “I don’t know you”, you know? I wasn’t open to that and he would do this “I’m gonna touch your leg when you cry” thing.... I was like “I don’t want you touching my leg”. He thought he was giving me all this deep empathy but I wasn’t feeling it. It’s not resonating... it felt kind of weird... awkward or unsafe. I was just not going to really go there”

“Uh, just having me like slow down and feel my body... see what’s coming up inside my body... feel out what I felt like... just kind of bring it back to me all the time rather than me-her, like the other guy.... She was just like helping me get in touch with myself and be brave about myself”

Knowledge and Education

“[the therapist] was actually pretty revered [for working with gender topics]... but there was no discussion of gender stuff at all. And i started to bring stuff up and she was kind of a little like deer in headlights... a little lost... she kind of didn’t bring it up much or have much feedback about it.... but she was like I’m really competent with this, I did my thesis on pronouns and the different use of pronouns... and then at one point she frame that I would need someone else who can be competent for you... and it may not be her, which made me feel that shew as sort of acknowledging the truth... it was a little bit like I had rules now... like i had to take care of her and not go into, you know — not challenge her... it felt like - then she was kind of saying “it sucks that people aren’t competent in this, but they aren’t and you just need to find someone else” and I was like “ouch, don’t you want to become — no that’s just not your thing? okay..”

Goals in Therapy (Met/Not Met)

“Enormously, I feel like what I’m doing now is more transformation of my self and getting to know myself - working on challenging all the stories I tell myself and being more real. And really challenging my fears. Like she’d pause me and unpack the ways I’ve done and thought about things... Just all that sort of deep stuff”

Interview 08. Participant 08 is 27 years old who stated he is most comfortable with “he/him” pronouns. He stated “I have some college” when asked about his education level. He identified himself as African American. When asked about what identity labels he’s most comfortable with, he stated that “gay,” “queer,” and “gender nonconforming.” He stated he is located in Illinois. This interview was held electronically through GoTo Meeting.

Researcher sought confirmation that he was fully aware of his rights in the study; reminding participant 08 that he can withdraw participation at any time. He replied with an

understanding and willingness to continue in participating in the research project. The researcher requested either an electronically written statement of acknowledgeable and acceptance of the informed consent documents or a scanned, signed copy prior to starting the interview.

To begin the interview, the researcher asked Participant 08 for his general thoughts about gender and gender identity and to speak on any thought that arise while thinking on this prompt. Participant 08 replied stating his initial thoughts on gender identity is that it is “the outward expression of [a person’s] self” regarding “what they identify” with. He also shared that he feels that “gender is the emotional, mental identity when it comes to a person” and “gender identity is the personal identification of that identity.”

The researcher then asked the Participant 08 to share earliest memories of his gender nonconforming identity. He stated that his earliest memory of being gender nonconforming was in elementary school when he began to really “blur the lines of masculinity and femininity” by certain outward expressions such “wearing towels on my head or scarves around my waste.” When asked about his community’s reception of his identity and expression, he spoke on his internalizations of what he called the “African American community.” This point spoke to his cultural messages in a way that no other participant in the study did. Researcher noted in his journal at this point that this point could also reflect why finding people who did not identify as Caucasian or white were not requesting to be a part of the study—in spite of efforts to recruit a diverse sample. Also, in the journaling process, the researcher noted that no one really brought up race as a factor to their identity as much as this participant had. Participant 08 explains his struggles with community messages in the following statement:

“I’m gonna start with the African American community... as far as my race goes. And gender nonconforming? It’s completely not acceptable... um, it’s stereotypical that males

should look like a man and be very masculine... speak and think like a man... desire to be a male... and female should be a woman and dress and express herself like a woman. And those lines should not be blurred in any way shape or form because then, not only does it—not only does it make you ‘less of a person’—which I think is awful—and it kind of cuts you in half.”

Participant 08 continued his discussion of community support and struggles, reviewing how things are where he’s located. He shared that the area he lives greatly “abides by the gender binary” and is very “rural, conservative, and unaccepting.” He also shared there is a stark lack of gender nonconforming visibility and when they are visible, they “are looked upon as a unicorn” and have their identity questioned. With the probe of a few of the examples, Participant 08 explains visceral experiences where his gender identity was queried and even physically attacked. He shared this in the following:

“Oh definitely. At any given time I’ll wear a scarf or wrap around my head... make up, um, different kind of garbs that would be viewed as feminine and not masculine. Just walking down the street, there will be times people will yell out the window, asking me “what are you?” I’ve have some really nasty things said to me in passing... Coming out to the clubs and bars, I have been denied service or have not been let into clubs and bars. I’ve been asked to go change. Those experiences actually happen more often than I would like... Several occasions, I’ve had my clothes ripped off of me in school.. in middle school, I—even a form of bullying was that no one would talk to me. So I was on my own and it was intentionally joint isolation, so across the board... There was one summer I was like “Wow I actually have no one but my family.” I’ve been cornered by guys... my head wraps have been torn off and thrown into the street... I’ve had people push me off my

bike. And it was very aggressive man there... I've always thought it was them finding understanding and at that point it had become very physical.”

Participant 08 continues to discuss peer-age separation describing in youth, recalling that there was “a point in time where they were more open and receptive to [gender fluidity]” and then at about puberty he notices “it kind of like halts and all the boys don’t want to play with you and all the girls kind of look at you crazy.” Additionally in terms of peer support and interactions, he noted he “became athletic” which gave him the ability to pass and fit in, but that “it wasn’t me, it was a performance.” This hiding became a theme for Participant 08 throughout his life.

In terms of family support, Participant 08 described them as silent regarding his gender identity and that “it was not in the sense to be mean or try to neglect me, but they were trying to figure it out for themselves.” He shared the struggle of not being able to communicate his needs, enduring binary stress, and the expectations that revolved around his hair expressions. He states:

“There would be instances where I would want to braid up my hair and let it, you know, do all kinds of different fun things... but then my dad would take me to a barber shop, and I couldn’t express that I didn’t want my haircut, but I couldn’t say ‘I don’t want my hair cut because I want to put braids in my hair...’ So instead I would get my hair cut and cry, so those kinds of things where the world around of you keeps on moving and pushing you along, but you really want to stop and scream for a bit. I remember that was a big thing for me growing up, because I loved my hair, throwing it around and playing with it... and getting my hair cut, and because that, I have a very strange connection with barber shops... I can go in there today and as an adult be okay, but there’s a very strange memory attached to barber shops.”

The researcher then asked Participant 08 about his earliest experience with mental health services and what he was feeling about them at that time. He spoke on his experience of meeting with a social worker and feeling pressures to “not share his personal business,” stating:

“my very first experience with a counselor was maybe eighth grade and someone came to talk to me and my siblings... they asked us, were we okay about certain things... I remember in that moment thinking, ‘Oh, I can’t share anything with this person.’ So I lied, I said ‘I’m fine. We’re fine. Things are good... We understand what’s going on but we’re okay. I’m ok’. And so, that was my very first experience and I remember thinking ‘oh no, I cant share and can’t say any of the truth here...’ because of the code in the black community that you don’t tell your personal business, that you don’t put your business in the streets... And, that’s what I didn’t do.. that’s what we all didn’t do. That’s the code that we are to abide by.”

Participant 08 also shared that this came back up when a school social worker met with him. He states: “even in high school, I still lied and even in the private setting, I wasn’t able to express myself how I wanted to.” He expressed hoping that his social worker would wise against his “cool cat [exterior] to see that things weren’t wonderful and wrong.” He would carry this pattern in to the next few counseling experiences.

Participant 08 stated his next counseling experience was in college, where he was trying to “navigate on a college level” trying to “learn and express himself.” He noted the previous identity “stress” still there, but he began to cope with it differently, and turned to things like sex or alcohol. He sought out a counselor to navigate through this and found his old blockage and found himself lying once more. He expresses his frustration and confusion as follows:

“I mean it absolutely drove me insane, like I almost couldn’t control it. She was asking me questions about myself and here I—it’s not necessarily—I had went to the counseling center for a reason, something had brought me there, but it wasn’t what I wanted to talk about... I made up something else... For part of me, it felt very natural... because I had done it so many times before... I was very frustrated with myself... because I could not properly express what I felt in the counseling situation... I could not tell the counselor that at one point I thought I was transgender or wanted to be transsexual... I could not—I couldn’t fit in any boxes and there not being any boxes to go to—it’s very isolating, I felt isolated and away from everybody else.”

Participant 08 also describes that they began to perform once more, but this time he began taking on or “adapting the personality of other people... I would put on the mask of somebody else” in order to fit in. Participant 08 describes meeting with this therapist once a week and continue this lying and hiding process. It wasn’t until he made the decision to start fresh with a new therapist that he was able to break this pattern. He describes this triumph below:

“And I thought to myself, ‘okay, this time you’re gonna go in and I’m gonna be completely, 100%, honest. I’m gonna lay it all out there. This information won’t go anywhere. Like I’m just gonna be completely honest.’ And I go to the next counseling session, and it’s very relaxing and it feels great, very welcoming... and she’s like, “what’s brought you here, what’s going on?” and I say “I don’t know who I am”. Which was *huge* for me. The most honest I have ever been in a counseling session... and “I don’t know who I am, because I spent my entire life taking on the personalities of other people... acting a part... and I don’t know how to get to myself”. And that was the beginning of the

counseling... or finding who I was and how to express that in positive ways — in ways that I wanted to and desired to.”

Participant 08 discusses staying with the work and it being “difficult” and filled with many tears, but discussed his struggles to get past negative coping—drinking and sex—to make himself feel better. He states that his therapy helped him learn how to ground himself. He noted that looking at pictures of himself during this time as he was working on this identity he can remember “smiling as big as I possibly could and thinking everything in my life at that moment was in shambles.” He stated that the space he does in counseling can have an effect on his ability to share as well, saying:

“Um, I’m a person who feels—like if I walk into a space and I feel welcomed or comfortable. That’s good for me, I can let my walls down. So I remember the guy I met with at first, the room was very bright and cold... very sterile.. there was no decoration and it was just like a chair and a desk... and I immediately didn’t feel comfortable and I didn’t feel welcome. It was so uncomfortable. It’s important for a therapist to set a welcoming atmosphere... With the therapist I was able to open myself up, the atmosphere was definitely more welcoming.”

Participant 08 also shared some internal barriers that were more than his childhood lessons but rather present-day messages from his mother’s side of the family stating

“My family is different—the group opinion and at large the African American community, which is ‘counseling is not acceptable’ or deemed a white-person thing. “If you go to therapy, that’s what white people do, black people don’t go to therapy, black people go to church. That’s our big thing... and so, I grew up in a non-religious family... people around me in the African American community, I was taught to go to church but in my

home, we did not go to church... so my father's side of my family went to therapy... my father's side would be like 'great, we've all done it, it's helpful' and my mother's side would be like 'why are you doing that, it's wrong, we don't go to to therapy, stop telling your business with those white people'. I got that a lot. So that was causing some distress in my life, too."

The researcher then asked that Participant 08 to readdress and go through the factors that generated his more negative experiences and the more positive experiences. He described the positive experiences as having characteristics of "flow" and patience, saying:

"So for the positive experience in therapy, were very flow... Some therapists wanna rush... they wanna get right into it... they're very aggressive. But sometimes I want to sit and exhale for a time... and the therapist that I've had the most success with allowed for that. You know, she would be like, when you are ready... so if 30 minutes went by, and I just sat there and exhale and didn't talk about anything, that was okay for me... and them. Other counselors don't want to do that... don't have the time for that. So that was a very positive thing for me."

Participant 08 also stated that they had to do some of the research for identity options on his own and his counselors typically didn't have that information themselves. He stated:

"like some of my counselors seemed very naive to sexuality and gender, and I wasn't going to someone who specifically dealt with gender and sexuality.... So my personal self, the knowledge I acquired on my own and there wasn't much given to me in—my counseling sessions dealt with more of the distress on how to deal with it than the actual—you may identify as this... it would have been great if I had someone who was very knowledgeable and could provide me with education on expressing myself and to deal

with it, but my counseling was good and it was a piece of what I kind of took from and collected from all of these different other places... it was not the main source for me.”

Participant 08 explained that to get this information he “joined clubs at school... [and got involved with the] LGBT resource center.” He stated that his experiences with this group helped him with his own identity, stating:

“So I just went to those places and talked to those people and got submerged in the community... gave me options and gave me control, also... in a space where I didn’t feel like I had much control... Like in not knowing who you are, takes control of yourself and in certain situations, like I don’t know who I am and don’t have control... I got some of that back... and protecting myself emotionally and physically around these topics.”

The researcher then asked Participant 08 if he felt like he was able to reach the goals he had set for himself going into therapy. He replied, “I did”. He also shared that many of his goals were related to countering his own “personal and internal stress” and his desire to ground himself. He shared that his counselor helped him with this, stating:

“My counselor gave me some really good skills in terms of grounding myself and being very aware and recognizing my environment... I did a lot of self-awareness work... So that was a goal of mine and I was successful for that... giving me the authority and the permission to walk into a space and—or just like walking outside and grounding myself with the things I want to do today, this is who I want to be—I want to be myself, this is what I want to wear, this is how I want to wear it... and I guess that’s all I ever needed, was someone to tell me ‘yeah you can do that,’ that validation, things I didn’t get in my own family.”

When asked whether finding services that were affirming and supportive with his identity and expression, Participant 08 stated that at his college they were “easy to find” and that environment allowed him to explore his options. He also shared that where he was originally from, “it is very difficult to find.” He also stated: “so I know there’s a few organizations that aide and combat that, but for the most part, if I’m a young LGBTQ person, I’m going to find it very difficult to find a space in this city without traveling.”

The researcher concluded the interview with an inquiry of whether there was anything he did not get to share in terms of their identity or mental health experiences, he replied “No I think everything was pretty much covered.” Researcher noted that he would be in touch for validation of transcription. Table 9 provides a visual representation of the many significant phases that came up in relation to the analytical categories of this study.

Table 9
Participant 08 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	“gender identity is the outward expression of their self... regarding what they identify as they... Gender is the emotional, mental identity when it comes to a person... Gender identity is the personal identification of that identity... emotional and mental identity as they express it...”
Creating Own Gender Experience	<p>“I kind of blurred those lines... expression of what it means to be male or female... dressing up and wearing towels on my head and scarfs around my waste... being very interested in the idea of not being — uh, male or — not necessarily even male or female, but rather blurring those lines of expressing those things... masculinity and femininity”</p> <p>“At any given time, I’ll wear a scarf or wrap around my head.. make up, um, different kinds of garbs that would be viewed as feminine and not masculine”</p>

“I spent a great deal of my time in my head and in fantasy, because when you’re unable to express yourself like you wanted to, then in your head and in your mind, you create a world where you do that. And so I spent a lot of time in my head, I would sleep for great amount of times and be in a world where I was accepted for who I was...”

Social Binary Pressures

“once you reach a certain age it kind of like hats and all the boys don’t want to play with you and all the girls kind of look at your crazy... SO i do remember there being a small window where I had a lot of friends and everyone was okay... and, I don’t know, maybe like around puberty things got really silent...”

“Then i heard people talk about other adult males, like “he’s gay” and I remember it being very much a secret, so the result of that was me being quiet, not talking about it, and trying to reserve myself as much as I possibly could to hide that part of my personality... not showing my true personality... staying fake, very surface level, never had deep conversations, I didn’t share myself with people...”

“I’m gonna start with the African American community... as far as my race goes and gender nonconforming? it’s completely unacceptable... it’s stereotypical that males should look like a man and be very masculine... and female should be a women and dress and express herself like a woman.. and those lines should not be blurred in any shape or form, because... it makes you less of a person... it kind of cuts you in half”

“Um, where I live... it’s very — it abides great on the gender binary scale... Um, there is not a lot of gender nonconforming and trans people in my area... and when they do decide to show themselves, they’re looked upon as a unicorn, like “what is that?” It’s a very closed minded, unaccepting area. I think that’s just because in a sense it’s a kind of real, very conservative and unwelcoming place, I guess”

“but then my dad would take me to a barber shop, and I couldn’t express that I didn’t want my haircut, but I couldn’t say “I don’t want my hair cut because I want to put braids in my hair...” so instead I would get my hair cut and cry, so those kinds of things where the world around of you keeps on moving and pushing you along, but you really want to stop and scream for a bit. I remember that was a big thing for me growing up, because i loved my hair, throwing it around and playing with it...”

“At any given time, I’ll wear a scarf or wrap around my head.. make up, um, different kinds of garbs that would be viewed as feminine and not masculine... Just walking down the street, there will be times people will yell out the window, asking me “what are you?!” ...I’ve had some really nasty things said to me in passing... Coming out to the clubs and bars, I’ve been denied service or have not been let into clubs and bars... I’ve been asked to go change... Those experiences actually happen more often than I would like...”

“Several occasions, I’ve had my clothes ripped off of me in school... in middle school, I — even a form of bullying was that no one would talk to me... intentionally join isolation... there was one summer I was like “wow, I actually have non one but my family”. I’ve been cornered by guys... my head wraps have been torn off and thrown in the streets... I’ve had people push me off my bike. And it was very aggressive men, there... I’ve always thought it was them having no understanding... and at that point it became very physical”

Support and Barriers to Support

“My peers and friends, while we were growing up together, there was a point in time where they may have been more open and receptive to it, because we were all in the same age and were still kind of learning and growing...”

“In high school, I faired pretty well — Coming out of middle school, I became very athletic, I learned to master how to hide myself, I became very athletic... I played all kinds of sports. So I kind of proved myself to other people by beating them at things... but it wasn’t me, it was a performance... I would wear the ugliest clothes to school, because — I would wear what I didn’t want to wear.. baggy jeans... oversized t-shirts... big clothes, but when I really wanted my clothes to be form fitting... all my clothes were dark colors when i really wanted bright colors.. but I didn’t want anything to trigger anybody... “Early on, I think my family — although being very enlightened people — have never experienced it before... So the main thing was “we’re were working on it.” There was no kind of conversation on it after a while. No one said anything. No one addressed it. So a big part of that — was not invited in the space... they would just not address it. And not in the sense to be mean or try to neglect me, but they were trying to figure it out for themselves...”

“Um, where I live... it’s very — it abides great on the gender binary scale... Um, there is not a lot of gender nonconforming and trans people in my area... and when they do decide to show themselves, they’re looked upon as a unicorn, like “what is that?” It’s a very closed minded, unaccepting area. I think that’s just because in a sense it’s a kind of real, very conservative and unwelcoming place, I guess”

“When I was a child, my mother was on drugs.... because in the black community that don’t tell your personal business, that you don’t put your business in the streets... and that’s what I ’’t do... that’s what we did. I remember wanting to say something, but I know if we did, it’s against what we do, so I lied... because of those pressures”

“I joined clubs at school... I used the LGBT resource center... I talked to the people around me who identified as queer and gender nonconforming... I had no clue what queer was for a very long time. (laughs). I kind of in college — I had a chance to start being my own self... away from my family and the people I grew up with... and enter in an arena where people were very, very, very open and educated about this idea of gender and sexuality... so I just went to those places and talked to those people and got submerged in the community... gave me options.. and gave me control, also... in a space where I didn’t feel like I had much control... Like in not knowing who you, takes control of yourself and in certain situations, like i don’t know who i am and don’t have control... I got some of that back... and protecting myself emotionally and physically around these topics...”

General Barriers (in MH Services)

“Um, I’m a person who feels — Like if I walk into a space and I feel welcomed or comfortable. That’s good for me, I can let my walls down. So I remember the guy I met with at first, the room was very bright and cold... very sterile.. there was no decoration and it was just like a chair and a desk... and I immediately didn’t feel comfortable and I didn’t feel welcome. It was so uncomfortable. it’s important for a therapist to set a welcoming atmosphere.”

“In Peoria, it is very difficult to find and seek — Peoria is a very small community with a very large African American community, with the same cold and same mindset.. it’s difficult to navigate those quarters and find services that are — Peoria is not very welcoming and supportive, it’s very conservative across the board... religious town... so I know there’s a few organizations that aide and combat that, but for the most part, if I’m a young LGBTQ person, I’m going to have to find it very difficult to find a space in this city without traveling.”

“finding a right counselor. Which is something I didn’t know I could do. It took me a while to be able to say “i don’t wan’t to talk to this person” or “I don’t feel comfortable with this therapist”. I had to get comfortable saying “i’m not comfortable here”

Participant Barriers (to Identify or Share)

“Then in high school, maybe towards my senior year, there were a set of counselors at the school — the counselor came to school once.. and then talking to each of the students and I met her. I began to lie... “it’s great, i’m great... life is wonderful, awesome”. Even then, at a senior in high school, I still lied and not even in the private setting, I wasn’t able to express myself on how I wanted to. We all sat with her about for 30 minutes and she was like “well it seems like everything going wonderful for you... you got a grip on everything... life sounds pretty good.” I remember leaving her thinking “wow it really isn’t”. I was — there was a part of me that was hoping that she would wise against my “cool cat me” and see into — If she had, she would see that things weren’t wonderful and wrong.. I continued that pattern for quite a while...”

“And so, that was my very first experience and I remember thinking “oh no, I cant share and can’t say any of the truth here...” because of the code in the black community that you don’t tell your personal business, that you don’t put your business in the streets... And, that’s what I didn’t do.. that’s what we all didn’t do. That’s the code that we are to abide by. And so, that’s what we did. I remember wanting to say something, but I know if we did, it’s against what we do, so, I lied... Because of those pressures.”

“And I started to adapt the personality of other people, that sat in with those groups... I was very much so still performing. There was a lot of mental stuff behind it because I did start — I would put on the mask of somebody else... if there was a person that I was around that was popular or liked, I would mimic a lot of their ideas and thoughts to a science.. and it was doing a lot of mental things to me.”

“And when i look back at myself during that time — in pictures specifically — Everything was happening and everything was great, but I remember smiling as big as I possibly could, and thinking everything in my life at that moment was in shambles... because I didn't know who i was. Which is a very wild thing, looking at a moment where outward you look as happy and inside of you is in pieces.”

“My next counseling experience was in college. Just trying to navigate on a college level... and college and high school were very, very, very different. You’re away from home. You’re around kids who have learned or desire to express them self. And I wanted to get in the rhythm of doing that. But I didn’t know how. And I found myself — the stress was still there, I was just coping with it in different ways, like sex and alcohol.”
“So I’m at college with this counselor and we’re like we’re going to meet once a week to discuss these things. I would go back and I would not tell the whole truth... I just could not open up about it. And I - I wanted to so bad. I don’t know if it was that I just didn’t have the words... or I was terrified about what that meant if I actually said it aloud to somebody, but I just could not tell truth, I couldn’t.”

“sharing with my family my family I was in therapy... and my family is different — the group opinion and at large the African American community, which is “counseling is not acceptable” or deemed a white-person thing...” So that was causing some distress in my life, too, because I was in the middle of that. Being urged to find other ways, especially since my mother’s side of the family deal with a lot of addictions... I could see how they’re dealing with a lot of their issues and that I could very easily adopt some of those habits, without trying, but instead I am choosing therapy.”
“Being urged to find other ways, especially since my mother’s side of the family deal with a lot of addictions... I could see how they’re dealing with a lot of their issues and that I could very easily adopt some of those habits, without trying, but instead I am choosing therapy.”

“ my abusing other things in terms of comforting myself or searching for myself. When I was drunk I was open and could be free... I would not be intimidated... all the walls would come down and so I did that and I drank a lot of alcohol. It became a tool for me to get closer to myself. Even like drinking alone, allowing myself to have thoughts or write thoughts down that I would have never done sober.... Not till then, was I was able to use those words and it was only because that emotional war was starting to bleed outward. I was using alcohol and having load of sex...”

— and I remember asking to switch counselors and they switched me counselors. And I thought to myself, “okay, this time you’re gonna go in and I’m gonna be completely, 100%, honest. I’m gonna lay it all out there. This information won’t go anywhere. Like I’m just gonna be completely honest”. And I go to the next counseling session, and it’s very relaxing and it feels great, very welcoming.. and she’s like “what’s brought you here, what’s going on” and I say “i don’t know who i am”. Which was HUGE for me. The most honest I have ever been in a counseling session... and “i don’t know who I am, because I spent my entire life taking on the personalities of other people... acting a part... and I don’t know how to get to myself”. And that was the beginning of the counseling... or finding who i was and how to express that in positive ways — in ways that I wanted to and desired to.”

“Journaling was a big help of mine... and I also ate a lot. (laughs). to make those feelings, I would eat to comfort myself... eating while no one was looking.... I’d put food in my backpack and eat extra at lunch to feel comforted in any kind of way i could. I was in distress and I was doing anything to tame that stress... I was alone a lot. Eating kind of helped with that.”

Therapist Barriers / Missteps in Therapy

“I’ve dealt with therapist that will share more of their personal experiences... um, in hopes that I will share my own. that never works for me. I have encountered therapists... — it’s too easy for me to turn the tables and talk about their experience. I know that may be a tactic in therapy, but that never worked for me.”

“there was a part of me that was hoping that she would wise against my “cool cat me” and see into — If she had, she would see that things weren’t wonderful and wrong.. I continued that pattern for quite a while...”

Therapist Competence

“it’s important for a therapist to set a welcoming atmosphere. With the therapist i was able to open myself up, the atmosphere was definitely more welcoming.. sometimes”

“my counselor gave me some really good skills in terms of grounding myself and being very aware and recognizing my environment... I did a lot of selfawareness work... So that was a goal of mine and I was successful for that... giving me the authority and the permission to walk into a space and — or just like walking outside and grounding myself with the things I want to do today, this is who I want to be — I want to be myself, this is what I want to wear, this is how I want to wear it... and i guess that’s all i ever needed, was someone to tell me “yeah you can do that”... that validation... things I didn’t get in my own family.”

“So for the positive experience in therapy, were very flow... Some therapists wanna rush... they wanna get right into it... they’re very aggressive. But sometimes I want to sit and exhale for a time... and the therapist that I’ve had the most success with allowed for that. you know, she would be like, when you are ready... so if 30 minutes went by, and I just sat there and exhale and didn’t talk about anything, that was okay for me... and them. Other counselors don’t want to do that... don’t have the time for that. So that was a very positive things for me..”

Knowledge and Education

“I think, when I was young, I knew in elementary school that I was different from all of the other kids... that there was something, not wrong, but definitely, definitely, definitely different...”

“It wasn’t until, I think middle school where someone called me gay and I had no clue what that meant at all... I hadn’t even recognized it in terms of happiness and joy (laughs). And then I heard it more, and more, and more.”

“I don’t remember there being any real education on it, but it was difficult to provide the person you’re counseling with the words, like “oh this is that” and that kind of stuff... it would have been great if I had someone who was very knowledgeable and could provide me with education on expressing myself and to deal with it, but my counseling was good and it was a piece of what I kind of took from & collected from all of these different other places... it was not the main source for me”

“I joined clubs at school... I used the LGBT resource center... I talked to the people around me who identified as queer and gender nonconforming... I had a chance to start being my own self... so I just went to those places and talked to those people and got submerged in the community... gave me options.. and gave me control, also... in a space where I didn’t feel like I had much control... I got some of that back...”

Goals in Therapy (Met/Not Met)

“I did. Some of my therapy goals — like I said, therapy was always more of a little part of my process, never a large — it was a tool in my toolbox. But I do felt like I met my therapy goals in the sense that I was dealing with a lot of personal and internal distress and I wanted to ground myself — I spent a great deal of my time in my head and in fantasy, because when you’re unable to express yourself like you wanted to, then in your head and in your mind, you create a world where you do that. And so I spent a lot of time in my head, I would sleep for great amount of times and be in a world where I was accepted for who I was

"a major goal for me was to get out of my and I reached a little bit of that in therapy, I guess... and my counselor gave me some really good skills in terms of grounding myself and being very aware and recognizing my environment... I did a lot of self-awareness work... So that was a goal of mine and I was successful for that... giving me the authority and the permission to walk into a space and — or just like walking outside and grounding myself with the things I want to do today, this is who I want to be — I want to be myself, this is what I want to wear, this is how I want to wear it... and i guess that's all i ever needed, was someone to tell me "yeah you can do that"... that validation... things I didn't get in my own family."

Interview 09. Participant 09 is 29 years old and stated that they are comfortable with “she/her” but prefers “they/them” pronouns with people they trust. They stated that they have a master's degree. They identified themselves as white. In terms identity labels, Participant 09 endorsed “gender fluid” and “gender queer” as labels that they are comfortable in describing themselves. They stated they are located in Pennsylvania. This interview was held in-person at a location that they were most comfortable doing it in.

The researcher sought confirmation that Participant 09 was fully aware of their rights in the study, reminding them that they can withdraw their participation at any time. They replied with an understanding and willingness to continue in participating in the research project. Participant 09 provided a signed copy of the informed consent documents at the time of their interview.

To begin the interview, the researcher requested that Participant 09 discuss their definitions and thoughts of gender and gender identity as a topic. They described gender as being “ways of being in the world” and an “attitude on how you see yourself.” They further explained that when it comes to their personal experiences, it is less about “how I present myself” and more about

“how I feel about myself... I am very aware that most of the world would read me as a “cis-woman,” but for my personal identity it’s neutral.”

Participant 09 discussed waiting for exploring more fluidity in their gender expression, due to certain factors taking its place. Their rationale is as follows:

“So, I think I don’t think about it as much as I would like to... I think some of that comes from up until the last year of my life, I’ve been juggling work and school and I’ve never not been in school, so I didn’t really feel like I had time to really think about how I’d like to maybe adjust the way I present myself to the world so it would reflect in a way that’s more in line with the way I feel about myself... Things have kind of just taken that place, so I just kind of wear the clothes that I have... that’s where I’m at.”

They further shared that they get “frustrated sometimes” when they reflect on this experience. Participant 09 shared that a major support in their life is their partner. They shared even on their wedding day, they discussed with their partner the possibility of feeling dysphoric in a dress and they devised a “back up” plan. They shared:

“I’m lucky in that my partner is super supportive. Like I can give the example that at my wedding, I had a standard wedding dress and he was right behind me when I was like ‘what if I’m feeling super neutral and it would be super dysphoric for me to be wearing a dress at all’ and he let me try on his suits and find one that I liked... and I had a backup suit for my wedding [Laughs].”

Participant 09 further explained that there were a lot of binary pressures on them on their wedding day to present in a dress and as more feminine due to their family being Italian and some of the family cultural expectations that existed for them.

When asked about the earliest memories of their more gender fluid identity, Participant 09 replied with:

“So, even if I go back to late middle school, early high school. I started wearing clothing that was way too big for me... because I was not comfortable with distinct gender traits as I was getting older and I was becoming more recognizable as female... and so I would wear like size large t-shirts and buy men’s pants... because I didn’t want people to see me `as female.”

Participant 09 went on to explain that they grew up with peers of “both genders,” but found themselves being more in sync with their male peers and lacking the terminology for it, outside of “tomboy.” They found themselves gravitating more towards the “eclectic outcast” group, where support and acceptance could be found. To the point where “other people [they were] not close to” weren’t able to “bother” them with their insults. They explain this as follows:

“I think they didn’t bother me, because I didn’t react. So, like, it might have been bullying, but I was relatively... for all that I was insecure in my body and in my designated gender, I was secure in my overall self as a person, I just didn’t react to them... Not getting a reaction, they found other targets... so bullying was happening but for the most part—I still view myself as pretty lucky that I didn’t have to deal with that as much as others”

Further, Participant 09 described there being pressures from their family to “wear clothing that fit” and who viewed their expression as a “lack of confidence.” They described themselves as “to some extent, still coming out.” Their family can’t “quite understand a) what [gender fluidity] is and b) how I can be married to a man, they tie it to my sexuality.” Participant 09 recently tried to come back to the topic with their parents and explain their identity to them; to

which they “listened” and replied “why it mattered...”. Participant 09 described it “never mentioned it again or bought it up again.”

Other binary pressures Participant 09 discussed experienced in their youth included having a play director push gender his roles for students participants and attending a school that had gendered uniforms. They described their feeling of the uniforms with the following:

“And sometimes it was just for what men were allowed to wear. So being in a private school, we had uniforms specific to men and women... and I hated wearing those skirts that were the female uniform—talk about the binary... Our school was set in the binary... And it tied into social hierarchy... like the popular girls wore their skirts short as they could, and get away with it, and it was hyper sexualized... and the young men were wearing button-down shirts and ties and pants and I just remember that I wanted to wear the other uniform... would have felt much more comfortable!”

Participant 09 also shared an experience when one of their erstwhile friends questioned their identity and right to be at Pride festival, claiming that they were “doing this for attention... and that I was straight and desperate.” Lastly, Participant 09 also shared gathering support from more of an online community and are able to have ongoing supportive communication with them.

After Participant 09 had finished their answer to the question, the researcher asked Participant 09 about their earlier therapy experiences and what lead them to seeking out services. Participant 09 replied that they were struggling with “pretty severe depression as early as seventh grade... and some anxiety... and thinking of suicide.” They stated that somehow it “got back to a teacher” and they were taking initially to see a psychologist. They explained that this experience left them feeling they “had done something wrong” since their mother was focused

on taking “precautions” to have a paper chart and they were not allowed to talk about it. They also stated they did not feel connected to the therapist, stating:

“Honestly all I can remember about it was the guy was holding a rubber band... and saying ‘when the rubber band is stretched, it can snap, you’re snapping right now, and we need to find a way—’ and I just remember thinking like ‘you’re full of crap.’ So that was the initial experience... I just basically pretended I was fine until I was away from my parents.”

The researcher asked what the next experience was like and Participant 09 stated “initially it was good.” They noted that their therapist eventually “was offered another job and left” and the preceding clinician was not able to pick up on struggles with medication and it “making things worse.” Participant 09 explained that the medication made things worse to the point where they were suicidal again and the new therapist called their parents. Participant 09 noted that her calling her parents as a crossing ethics. When they returned to counseling, the counselor then told them that they “just didn’t want to be happy and that [they] could be happy” if they just let themselves. Participant 09 described not understanding their counselor’s logic with that intervention and caused them to “leave and never come back.” They also shared that this was “unfortunate” because later in college they could have really benefitted from seeing someone.

Participant 09 spoke independently on finding their own resources for support with the college LGBT center. They described the experience stating:

“So I got more involved with Unity House, [LGBT center]. It was actually a physical house on campus, where a couple of queer student leaders would actually live in the house and they were there if somebody needed a safe place to stay for a little bit... and they also had like fun activities as well as more advocacy-focused... because our school was in

rural Ohio, and outside of that there wasn't much. I finally started talking to people there openly with my identity rather than calling myself an ally... so that was a process (laughs). Being more involved in that, I actually started to talk to people... it was good and it helped me to explore some of that for myself."

Participant 09 noted not going back to therapy for a while. They stated that getting in a new relationship and realizing that it was much healthier and respectful, caused them to look back on a previous relationship which contained trauma and coercion. They describe their next therapy experience with mixed sentiments, saying:

"In many ways it was helpful, in the sense that the therapist was good at helping me work through some of the flashbacks that had started and finding ways to deal with triggers... we did a bit of exposure therapy, but she was someone who didn't understand the gender piece to it... there was a lack of knowledge there and was very much coming from it from a second wave of feminism... she very much pushed it into a place of oh it was definitely a man raping a women... binaried it... and I wasn't even sure I was ready to use the term rape... so it—her support and her reassuring me that I hadn't done anything wrong was maybe comforting, but there were too many black and white aspects of it... which didn't resolve the issue."

Participant 09 described this focus shifted eventually and talked about more general things like switching graduate programs. They additionally noted:

"she was a great therapist and helped me in many ways and she was in her late 60s, so I just don't know to what extent she had ever been exposed to any of this... and I think she wasn't dismissive of it, she just kept bringing back to the perspective she knew."

Participant 09 described their current therapy as being “a little better” and that “she is older” too. They describe this therapist as doing a better job of “listening” and “asks questions” which they really appreciate. Participant 09 noted that “it’s still a work in progress” but they “feel much more heard because [their therapist] is trying to understand”; noting that even when corrected, she really tries to make that effort to understand.

Participant 09 noted that the factors that they view as leading more positive experiences were “just listening me,” “connecting and making a quality rapport,” and “not putting their own agenda or ideas into it.” In terms of negative factors in their therapy, Participant 09 noted that “reactions” (moreover nonverbal reaction) to traumatic information can be invalidating and reaffirmed the need to be “neutral and there’s more going on there.”

Researcher then asked Participant 09 if they felt like there were able to reach the goals they set for themselves going into therapy. They replied:

“To some extent, yes, though it continues to be a work in progress... [as we talk, I am] reflecting on why my gender fluidity remains an area where I haven’t spent much time, when I’ve been in therapy for most of my adult life and have put a fair amount of effort outside of therapy to really work on myself, to become more self-aware... And I find it fascinating that even though most of my therapists have heard me mention this aspect of my life to some extent, it’s never something that they return to. I also find myself feeling both intrigued and disappointed when it comes to matters of gender in the therapeutic setting, that this hasn’t gotten enough attention even though other goals related to some aspects of trauma and anxiety have largely been met.”

When asked whether finding services that were affirming and supportive with their identity and expression, Participant 09 stated:

“So, where I grew up, I think it was hard because I was a child... all I could find was through my parents and they didn’t want me to need these things... previously asked me “how have we failed that you can’t just be okay and talk to us about it... In Ohio, the only option was really the school counseling and it was a small liberal arts school... so they had four counselors available, so you got who you got... So Pittsburgh, has been the best... And then for the current therapist was recommended to me by someone I trust in the field... she specifically said that ‘this person predominantly works with doctors and counselors and other helping professionals’ and is someone that I absolutely trust and is very respectful... [In Pittsburgh] it’s still kind of challenging actually, I also feel like it’s small enough that I know people everywhere... [laughs] And of course, the first place that everybody mentions is Persad and they’re track record is... yeah... so I would love to see more”

The researcher concluded the interview with an inquiry of whether there was anything they did not get to share in terms of their identity or mental health experiences, they replied:

“I wonder... I do think that sometimes it can be useful to someone in thinking about the different experiences of DFAB or DMAB genderqueer people as they are trying to find their place... and community and options that exist for gender queer folks and I think there are unique challenges in some ways that would be relevant while trying to find this place and I also realize that that could be painful in some ways to talk about and maybe not appropriate to ask.”

The researcher noted that they would be in touch for validation of transcription.

Participant 09 was the only participant that requested edits to the transcript about wording rather

than meaning behind what they were trying to say. Table 10 provides a visual representation of the many significant phrases that came up in relation to the analytical categories of this study.

Table 10
Participant 09 Phrases of Significance

Analytical Categories	Quotations of Significance
Language & Terminology	<p>“When it comes to gender identity, I go to ways of being in the world... it’s kind of an attitude about how you see yourself... I see [gender and gender identity] as fairly distinctive on how I feel about myself, but not necessarily on how I present myself. Whereas if I’m just being me, I don’t see myself as having a gender.”</p> <p>“I identify as gender fluid... gender queer is also appropriate... for pronouns, she, her or them, they — but I don’t really push it too much because it fluctuates day-to-day and I don’t expect anyone to keep track... (laughs)... with people I trust [I prefer] they, them... and when I’m like in the work—place, I do the them either is fine. I don’t really push on or the other...”</p> <p>“I didn’t even realize that this was a possibility, like the whole terminology and being gender-queer or gender fluid.. until like three or four years ago... I had identified as bi since I was 16. And I think there are some intersections there that I’m still trying to explore and figure out for myself”</p>
Creating Own Gender Experience	<p>“what if I’m feeling super neutral and it would be super dysphoric for me to be wearing a dress at all” and he let me try on his suits and find one that I liked... and I had a back up suit for my wedding (Laughs).”</p>
Social Binary Pressures	<p>“And going back to the idea of performance because it was a larger wedding, my family is Italian, and that was sort of the expectation, I felt more comfortable going in the direction of female and having this performative aspect to it, so people didn’t have to see that natural me was nervous.. and that many eyes on me...”</p> <p>“I am very aware that most of the world would read me as a “cis-woman”, but for my personal identity it’s neutral...”</p>

“what if I’m feeling super neutral and it would be super dysphoric for me to be wearing a dress at all” and he let me try on his suits and find one that I liked... and I had a back up suit for my wedding (Laughs).”

“I have a ridiculous collection of earrings, but is that coded female and I don’t want to give that up to fit in to society’s coding of certain things... or cut my hair super short... so my presentation is more related to how I view myself, but also isn’t caving into pressure to fit a certain mold in the visual ways society has ascribed to “androgyny”.. I haven’t figured out what that would look like and I don’t know why I’m still avoiding it (laughs)”

“sometimes it was just for what men were allowed to wear. So being in a private school, we had uniforms specific to men and women... and I hated wearing those skirts that were the female uniform — talk about the binary... the young men were wearing button-down shirts and ties and pants and I just remember that I wanted to wear the other uniform... would have felt much more comfortable!”

“Yeah, I remember, um, moments where there were assumptions that were made about what I could and could not do because I was female, which are BS on multiple levels... [in play] the set designer / teacher only let me paint... He wouldn’t let me use any of the wood-working tools or the ladder, and it drove me up a wall and I did have thought where it was a combination of “I can do this” OR if I was a man “you would let me do all of these other things, or even be in the tech booth... ”

“I also did not want to be just received as female... I just wanted people to look at me and see my thoughts and my personality and not assume things, based on one end of the binary or the other.”

“Kids always find a reason to pick on each other, so here I was wearing the massive wolf t-shirt (laughs) and they made fun of it. And again, I was really lucky that I had such supportive friends that it didn’t get to me as much it might of if I didn’t have them...”

Support and Barriers to Support

“I would love to have more in-person community and be able to talk about this with less hesitation, because I don’t have the change to talk about it out-loud as much as I would like... most of my communication has been written...”

“I had friends of both genders, but I was more comfortable with my guy friends, like playing video games and not having to pretend that I cared about, at the time, what I perceived as stereotypical female things...”

“the former relationship and realized there was a lot of trauma both in terms of coercion and being pushed in a more female role....”

“I’m lucky in that my partner is super supportive... Like I can give the example that at my wedding, I had a standard wedding dress and he was right behind me when I was like “what if I’m feeling super neutral and it would be super dysphoric for me to be wearing a dress at all” and he let me try on his suits and find one that I liked... and I had a back up suit for my wedding (Laughs).”

“I’ve had conversations with my parents and they just don’t believe me because they can’t quite understand a) what [gender fluidity] is and b) how I can be married to a man... they tie it the sexuality... they listened and then they asked why it mattered”

“I’ve been rejected on several occasions as someone who, I guess, who [may not] have the right to call themselves queer. I had a former friend who is a proud lesbian woman, who, you know, flat out told me she thought I was doing this for attention...”

“My friends were largely okay with it... but I think I was also fortunate to be at a small private school and my friends were all part of this eclectic outcast — folks that were either queer identified or nerdy or whatever... that put us in the othered group and we all just supported each other...”

“...other people who I was not close with — Kids always find a reason to pick on each other, so here I was wearing the massive wolf t-shirt (laughs) and they made fun of it. And again, I was really lucky that I had such supportive friends that it didn’t get to me as much it might of if I didn’t have them...”

“I think [bullies] didn’t bother me, because I didn’t react. So, like, it might have been bullying, but I was relatively... for all that I was insecure in my body and in my designated gender, I was secure in my overall self as a person, i just didn’t react to them... Not getting a reaction, they found other targets... so bullying was happening but for the most part — I still view myself as pretty lucky that I didn’t have to deal with that as much as others...”

“So I got more involved with Unity House, [lgbt center]... I finally started talking to people there openly with my identity rather than calling myself an ally... so that was a process (laughs). Being more involved in that, I actually started to talk to people... it was good and it helped me to explore some of that for myself...”

“Yea, yeah... And in terms of the community I have right now, most of it’s online... So a lot of — I’ve found people who are also gender-queer in various ways and we can always chat and have an ongoing WhatsApp conversation and check in with each other...”

“But other websites that people can write about their experiences and you can convene that way. I would love to have more in-person community and be able to talk about this with less hesitation, because I don’t have the change to talk about it out-loud as much as I would like... most of my communication has been written...”

General Barriers (in MH Services)

“[the therapist] was offered another job and left...”

“So I left that therapist and didn’t come back... which was unfortunate as I progressed in later in college, senior year was when I really came across some of these ideas and was becoming more comfortable with my sexuality and a little more ready to challenge some things in the relationship i was still in and would have benefit in seeing a therapist but i was hurt so badly that I wasn’t ready to go back...”

Knowledge and Education

“I didn’t even realize that this was a possibility, like the whole terminology and being gender-queer or gender fluid.. until like three or four years ago... I had identified as bi since I was 16. And I think there are some intersections there that I’m still trying to explore and figure out for myself”

	<p>“but she was someone who didn’t understand the gender piece to it.. there was a lack of knowledge there.. and was very much coming from it from a second wave of feminism... she was in her late 60s, so I just don’t know to what extent she had ever been exposed to any of this... and I think she wasn’t dismissive of it, she just kept bringing back to the perspective she knew....”</p>
Goals in Therapy (Met/Not Met)	<p>“To some extent, yes, though it continues to be a work in progress... this hasn’t gotten enough attention even though other goals related to some aspects of trauma and anxiety have largely been met. And I find it fascinating that even though most of my therapists have heard me mention this aspect of my life to some extent, it’s never something that they return to. It’s never been one of those notes that they bring the conversation back around to, ”</p>

Cross Case Analysis

Table 11 contains a summary of the cross-case analysis, moreover the themes of similarities iterated by the participants of the study of their identity and experiences with mental health services. Participants shared many similar themes and views across the nine interviews. Saturation was reached in the ninth interview.

Table 11 illustrates those themes that were common across cases and interviews. All participants discussed themes of language and terminology that goes into describing and understanding their identities for themselves and for others. Each participant noted some degree of creating their own gender experience whether through how they view their gender and its individuality or by their expressions of their gender. All participants noted some amount of binary pressures and social expectations of their gender experience. And all participants spoke on supports they have rely on, whether it is in-person or online, and the barriers they have experienced in finding these supports.

In terms of therapy experiences, all participants noted certain barriers that were external to themselves and specific to the clinicians they were seeing. Most participants were able to identify their own personal struggles or “not being ready” to address their own issues or confusion except for two participants. Similarly, most participants were able to note therapist missteps or barriers that were specific to the therapist they were seeing, except for two participants. All participants were able to identify areas of strength and competence for their therapist. A major theme that arose in all interviews was the importance of self- and therapist knowledge of trans identity options and resources these individuals can use. Finally, all participants discussed their goals in terms of whether they met them or did not meet them or feeling somewhere in the middle. Only one participant did not address this question and that was because the researcher neglected to ask this question.

It is clear on table 11 that the data through cross case analysis has reached saturation and are respective of the research questions. The data was also saturated with themes of Queer theory discussing the arbitrary roles assigned to sex classification, power dynamics in therapy, and breaking the binary expectations and creating own experiences. In reflecting on my own experiences in relation to the work I have done with the community and the research that I have done on the topic, some of the themes have fit fairly well with what I expected. The phrases of significance discussed in this chapter were used by the researcher to develop the central themes of the research project that will be processed in length in the next chapter.

Table 11

Cross Case Analysis & Common Themes

Analytical Categories	01	02	03	04	05	06	07	08	09
Language & Terminology	X	X	X	X	X	X	X	X	X
Creating Own Gender Experience	X	X	X	X	X	X	X	X	X
Social and Binary Pressures	X	X	X	X	X	X	X	X	X
Support and Binary Pressures	X	X	X	X	X	X	X	X	X
Support and Barriers to Support	X	X	X	X	X	X	X	X	X
General Barriers (in MH Services)	X	X	X	X	X	X	X	X	X
Participant Barriers (to Identity or Sharing)	X	X	X	X	n/a	n/a	X	X	X
Therapist Barriers / Missteps in Therapy	X	n/a	n/a	X	X	X	X	X	X
Therapist Competence	X	X	X	X	X	X	X	X	X
Knowledge and Education	X	X	X	X	X	X	X	X	X
Goals in Therapy (Met / Not Met)	X	X		X	X	X	X	X	X

Summary

This chapter illustrates the process the researcher used to explicate the data while reviewing the nine interviews. This chapter described the interview data in narrative form and the phrases of significance that emerged in each interview. These phrases of significance were initially collected without the use of the research questions and then later were related to the research questions to identify relevant information to the study's purpose. The interview narrative also reviews the researcher's own experiences and observations. A number of tables were also included in this chapter in order to provide visual representations of the significant phrases of the interview data. The chapter finishes with a cross-case analysis of the phrases of significance within the explicated main categories.

The eight main themes provided context to understand the elements that were consistent throughout the nine interviews. Hopefully this study will be useful to future clinicians in the field of mental health to serve the gender nonconforming population more adequately. The use of Queer theory allowed for the sense of power differentials and the language and terminology that continues the minority effect on this distinct population. The main themes that presented themselves in this chapter illustrate the common identity and therapy experiences of those who have participated in this study. The common categories described in this chapter explicated from the interviews are discussed in Chapter 5.

CHAPTER V: DISCUSSION

Introduction

Transgender individuals are more likely to face racial-based stigma, poverty, unemployment, homelessness, bullying and violence, family rejection, serious acts of discrimination, and health care discrimination (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Because of these experiences, transgender and gender nonconforming (GNC) individuals may avoid mental health professionals out of fear that they might recreate these negative responses to their gender identity and expression (Farmer & Byrd, 2015; Mizock & Lundquist, 2016; & Morgan & Stevens, 2012). This recreating of negative experiences and avoiding services was certainly apparent in the participants' experiences recorded in this study. The overarching objective of this study was to unearth the narratives of GNC individuals' experiences with mental health services. Furthermore, it was hoped that the study would expose both positive and negative experiences of the participants with an eye toward the future and improving mental health services for GNC individuals.

An unexpected finding of the study was that although the term GNC was clear to me, my participants, many of whom identified as GNC themselves, expressed different definitions of this term. The vagaries of definition were apparent in a number of areas. Significant differences existed in their expressions of their gender, the language they used to describe their gender identity, and how they viewed gender and gender identity. As previously discussed in Chapter IV, these differences demanded that I counter some of my own presuppositions and potential biases to avoid "boxing in" these individuals who are explaining they do not fit in a box. Countering these presuppositions meant that I had to challenge my biases and be comfortable with the participant differences while not corrupting what the participants were trying to say.

This study's findings speak to the struggles that this population can have in developing an understanding and ways to communicate their identities. The participants also discussed how their views of their gender can greatly differ from society's expectations of the male-female binary. Just as there are difficulties in merely finding language to describe the full spectrum of gender variance, there is no single approach or style of counseling that works well for every GNC individual. This difficulty was apparent in the nine participants' iterations of their experiences of mental health services. Alternatively, the necessity and importance of education in the area of gender variant topics and the availability of resources was present across all cases for both positive and negative experiences (Table 11).

The nine narratives in this study illustrated a variety of experiences and perspectives of participants' experiences with mental health services. Eight master themes emerged from the explication of these narratives, which are illustrated in Table 12. This chapter discussed these master themes, which are organized by the research questions that were designed at the beginning of this research project. The responses and themes that pertain to these questions are discussed in order of the supplemental questions and are followed by the implications that these themes have with respect to the mental health profession. The chapter concludes with an examination of the limitations of the study, the questions that was generated by the research, and suggestions for future research that may provide additional clarity in this area of exploration.

Discussion of the Findings

Eight master themes emerged from the nine participant interviews. The study's research questions, informed by a review of the literature, prompted the participant's responses. The research questions and semi-structured interview questions provided an organizational framework for gathering participant perspectives (Appendix B). This section discusses these

master themes within the context of the theoretical lens of the study and each of the specific research questions. Implications to the mental health counseling field are discussed as it relates to how the reader and clinicians can apply the master themes in working with the GNC population.

Queer Theory and Identity Development

Queer theory is a theoretical lens that allows researchers to look at the concept of the socialized “normal” as it relates to the marginalization of gender and sexual minorities (Dilley, 1999). One prominent role queer theory plays in research is allowing the researcher to challenge the language used to communicate these arbitrary socialized distinctions (Dilley, 1999; Jagose, 1996). When GNC individuals challenge these roles, they are left to understand themselves between what they feel about themselves and the external societal messages they receive about their gender identity. Queer theory is the primary underpinning for the study and it is inexorably linked to all of the themes delineated by the research. The theory specifically speaks to how the individuals perceive themselves, which had a significant effect on their ability to describe their experience in this study.

Theme #1. Queer identity development. This study was framed using the lens of Queer Theory which helped me to analyze the interviews for themes of power differentials and the marginalizing effects of socialized norms (Dilley, 1999). Throughout the nine participants’ interview responses, it was clear that each individual had to face not knowing what their options were in terms of a more gender fluid identity as well as how to combat social pressures to be more binary. It was also clear that the participants struggled with the terminology and language to describe their identities and experiences. Among the participants in this study, there was no consistency with terminology and definitions used to describe and define themselves as GNC.

The participants' responses to the research questions revealed this lack of consensus. All of the participants discussed the themes relating to language and terminology, notably that these are personal definitions. Participants' phrases such as "expression of self," "personal thing," "how you feel," and "my definition" illustrate the personal relationship individuals can have with these terms that are used to describe their identities. Phrases that participants used, such as "labels [are] to identify for convenience sake" and "[used to] communicate a common ground," and "[it's] external based construct for understanding people" illustrate the significance of the words one chooses to identify with and carry in terms of interpersonal communications.

Some participants discussed not having any words to describe their experiences and the pressure they felt to submit to binary pressures or categories. Phrases such as "trying to find the language," "when I had the words for it," and "didn't have the words" illustrate the search that many of the participants faced when they noticed dissonance with their assigned birth sex and the role others assigned to them. Additionally, some participants described their fluidity and the experience of shifts between their thoughts and their expressions of gender. These participants used phrases like "it fluctuates," "it depends on what I'm feeling," "not [wanting to] feel exclusive," and "not [being] quite a boy... or a girl." All of the participants described experiences of creating their own gender experiences, whether that meant deciding they "don't need surgery" or by "playing with gender" or actively "blurring those lines of expression... of masculinity and femininity."

In society, there are norms that are socially constructed within its societal power structures, which marginalize those individuals that are not easily categorized (Beasley, 2005 & Dilley, 1999). In this study, the participants' lack of ability to describe themselves and their collective lack of a clear definition of GNC directly speaks to Queer theory's notions of social

construction of norms. These participants do not easily fit societal norms and a collective norm was not clear in their responses. The participant disconnect with societal norms occurred in their social, family, and counseling environments, leaving them to identify with what they took from these messages.

Implications. The participants in this study discussed their experiences of finding their identities and the process of creating gender descriptions and gender expressions in similar ways. Their descriptions of gender and gender identity development mirrored tenets of Queer theory's notions of challenging norms and societal power-based expectations. According to Rachlin (2002), two of the positive factors for transgender individuals' experiences with therapy related to the therapist's respect for gender identity and connection to the transgender community. One way for clinicians to garner this community's respect is through careful study of the terminology and options for expression that individuals can use to externalize their identities fluidly.

Furthermore, I have carried out focused research on the topics of gender fluidity, worked with the community, and I still found myself confused on occasion as I analyzed the interview research data. I concluded that this confusion runs parallel with what transpires in some of the negatively received therapy sessions even when the clinicians have some education on these topics. Clinicians may often need to consider this even if they have training in gender and gender identity topics. I found myself trying to box certain participants' identities beyond what they identified, confusing terms like "body changes" and "pronoun use" to dictate what the participant was identifying themselves with. At times, this bias played out to the point where I was wondering if the participant was fit for the study. Without countering these biases, this could have negatively affected the study. This can also be damaging in counseling sessions,

where the clinician who does not counter their own biases and will be discussed in a later theme in this chapter.

Another implication from this study is the clinicians' own process of understanding and deconstructing socialized norms. Dilley (1999) noted that because of these socialized norms, homosexuality and gender fluidity are considered abnormal. Each participant in this study has their own individual experiences of gender and gender identity despite identifying with GNC. As previously mentioned, even for clinicians with previous experience or education on gender topics, it remains crucial to understand the world view of the individual in front of them and to balance the power in the room.

Lev (2004) and Fassinger and Arseneau (2007) discussed how important it is when working with minority groups to allow them to freely voice their experiences without outside interference. This can speak to power and privilege, especially in the therapist-client relationship. In therapy, the clinician must seek balance in understanding their clients, presenting options for their clients, and carefully scale their interventions based on where the client is comfortable. Counselors and therapists alike need to identify options for their clients without putting their biases or labels onto them. Participants in this study spoke highly of the therapists that were able to understand them without them having to teach clinicians basics of their gender fluid identities. Participants also spoke highly of clinicians who did not label them from a place of biases. Clinicians offering these identify options as suggestions is helpful, but it becomes unhelpful when they do not counter their privilege and power in their therapies.

Additionally, there can implications of this them specific to counselor educators and the classes that they teach. One avenue of inclusion for these topics is being mindful of Queer theory and GNC identity as they are designing their assignments and what case examples they

are selecting for discussions in their classes. It could be empowering and helpful in a training aspect to include nonbinary identities. This will allow counselors to have earlier exposure to these identities and practice thinking and discussing how they can work with and help these individuals. While thinking of multicultural aspects to include in their classes, counselor educators can promote these discussions early on in the counselor development so that when they are face-to-face with someone that describes themselves as gender queer or GNC they do not have to be taught fully by their client or in the least can promote a feeling that they have some exposure to these topics which was a major theme of importance to participants of this study.

Research Question #1

The first research question for this inquiry is as follows: “What challenges did GNC individuals perceive in counseling sessions?” The point of this question was to gather the internal processes that took place within the participant prior to or during their therapy experiences. Participants collectively discussed two major themes that related to their identity development and how they affected their ability to express or think about their identities. These main themes were internal barriers and the environmental and external binary pressures.

Theme #2. Internal barriers. As discussed previously, when transgender and GNC individuals face prior marginalization and discrimination, this can cause them to avoid even seeking out mental health services for the fear of further marginalization (Farmer & Byrd, 2015 & Morgan & Stevens, 2012). In other words, individuals who have experienced outside marginalization and discrimination might fear that working with their therapist could resemble these negative experiences. Their findings pertain to the master theme of internal barriers, or more specifically, what is happening internally for participants either before or during their therapy experiences. The participants’ narratives touched on this topic in a variety of ways.

One of the internal barriers mentioned in the participant responses was the theme of needing to find support to fill in the gaps of knowledge or options for their identity expressions. Some of the outlets for this were “joining clubs at school” such as a “LGBT resource center” or finding groups in the community or through information “online.” Some participants even moved to locations where they were better able to receive these supports. Many of the participants noted that they utilized these resources to gain a community of their own and for access to more options than they had in their previous environment and therapies.

Another internal barrier the participants revealed included the theme of not having the knowledge or language and not being ready to discuss their gender experiences. Many participants discussed the terms that they “use for convenience” or “because it’s easier” than to discuss their identities, however they do not match their feelings and understanding of their gender. Several participants discussed how their identity variance was met with resistance when communicating them to others. Others mentioned how these understandings change over time in terms of their feelings, thinking, and expression of their gender. Another consideration was the theme that some of the participants had to overcome their own personal barriers before being able to communicate and work with a mental health clinician. In turn, some participants described the tendency to avoid these personal barriers and topics which left some using negative coping strategies.

Additionally, internal barriers manifested as the participant’s own internalizations of social and binary pressures on how they move through their own process of gender expression and understanding. These participants described these manifested feelings with descriptions such as “feeling off” or “not meeting expectations or in the world” or even having “angst” about not being able to just pick one gender or expression. Other forms of this phenomenon were the

pressures for how they were to express their identities; whether that was finding a label and being “exclusive” to it or “having surgery” or presenting themselves at one of end of the binary poles of masculinity and femininity. Lastly, there were several participants who discussed the culture of their community or family and how that fed into what they felt comfortable sharing or expressing about their lives and their gender identity.

When dissonance exists in identification, individuals are left to explore and negotiate their conflicting thoughts about their identities and consider what is congruent for them (Ehrensaft, 2013; Levitt & Ippoolitoo, 2014; & Morgan & Stevens, 2012). All of the participants in this study noted having this gender identity dissonance and some form of counseling. For many of the participants in the study, this individual exploration process of identity was the barrier in it and of itself. These participants had to resolve their own struggles with identity before they could process it with someone else.

For counselor educators, promoting direction for their students to know that this phenomenon can happen and for them to be mindful of their role in this process. Counselors in these scenario are to offer options without labeling and pushing them to feel pressured to decide a label in the room. Some clients may not be ready to discuss these topics, but offering reassurance and the space to discuss these topics can be a good first step in their own identity development process. Some of the experiences were not having the education or knowledge of these options, counselors can be the “seed planters” in this scenario where this information is given but not pushed and having this knowledge can help these clients later even if they have since discharged or are with another clinician when it comes to fruition.

Theme #3. Environmental and external binary pressures. As previously addressed, transgender individuals are 63 percent more likely to face racial-based stigma, poverty,

unemployment, homelessness, bullying and violence, family rejection, serious acts of discrimination, and health care discrimination (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). This was apparent in almost all of the participants' narratives in various forms. The first form of this was peer feedback and rejection. Participants described people questioning their gender, having peers "poking and making fun" of them, and peers treating them differently because of their expression or perceived identity. However, it varied between the participants for whether or not these interactions of being "other-ed" was internalized as hurtful or not. Some of the participants discussed how individuals within the LGBTQ community treated them differently for their non-binary identities.

Another form of the external pressures related to participants' families' mixed reception or rejection of their identities. Most of the participants spoke of "shaming" or "mislabeling" or sometimes "abusive" dynamics that were existent in their families. For some, this had a silencing effect, pushing them either to feel too uncomfortable to come out or to present themselves differently around others. Not all participants were outcasted or rejected by their families, however most faced either ignorance of their identities or mixture of contempt and confusion to their identities.

A few of the participants spoke on these external pressures in the form of a lack of comfort in terms of being "out at work." Another participant discussed the external pressures of going to a school where there was "gender-specific uniforms." Another participant discussed the pressures coming from the community they lived in and how strictly it "abided on the gender binary scale." A few participants also noted instances where they faced harassment or ridicule by people in the community, such as being "verbally assaulted" outside of a bathroom, "denied services" or being asked to leave and "asked to change," or even to the point of physical assault.

Some of this transphobia and the related assaults came from spouses or family members or peers at school bullying for the participants in the study.

Lastly some of the external barriers for participants were previous negative therapy experiences and the distance it took to get quality and affirming services. Many described the distance they had to travel in order to obtain “supportive” services by using phrases like “all of those resources are 2.5 hours away,” “nothing within a 100-mile radius”, “we literally had to make our own support groups” or “without traveling” or simply “there isn’t much here.” A few participants spoke of their “distrust for mental health professionals” and the amount of time it took for them to recover and try and seek out more services.

As previously mentioned, these individuals have a higher likelihood of facing stigma, bullying, violence, rejections, and discrimination (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). These negative and damaging experiences that participants experienced also served as barriers to quality mental health services. These individuals were left to either travel considerable distances for their services or forced to find their needed boundaries with family and others to maintain their emotional, professionally, and at times, physical safety.

Implications. The participants of the study struggled with both internal and external barriers that had to do with their gender identities. Although the research says these factors of prior marginalization or discrimination can cause clients to avoid reaching out to mental health providers this was not explicitly stated by most of the participants (Farmer & Byrd, 2015; Mizock & Lundquist, 2016; & Morgan & Stevens, 2012). However, these experiences can affect how they receive the therapist and their work with mental health services. The participants of this study all spoke of dynamics in their lives that occurred that they carried with them into their first session.

The major theme of internal and external barriers can be a challenge to therapist as these factors are not always explicitly communicated or even known to the client. Participant 02 discussed this in two parts. One of his points was that he perceived that he was just not ready to talk about his gender identity and that he would have shared more if he had let himself go to services longer. He stated:

“I feel like if I were to have gone more, it would have eventually like dove into that... but I think that I was really good at compartmentalizing issues... like not being out at the time, so it didn't come up a lot... but I didn't have that conversation with myself until mid-college and I moved into my own place on my own and I kind of said it aloud to myself... and I was like “there it is” it was made tangible...”

In this case, the participant does not claim that his clinician did anything wrong, but rather that he was not ready. This is a tricky line for a therapist to draw in the sense that on one hand you can provide the space, but if the client is not ready they will not go there. On the other hand, you could be pushing biases or pressuring your clients as well with that space provided. As noted previously, it can be exceedingly important for counselor educators to discuss this process and hurdle so that these counselors can be mindful of their role in these situations to offer but not push their views of this process.

This study suggests that using the language and terminology provided by the participant is vital to working with the GNC population. For those who do not have that language to discuss their identities, it is important for the clinicians to have an idea of options and their meanings, while not labeling and identifying the clients. It is quite important for the client to feel comfortable self-identifying and feeling support to do so. Other factors to provide this space and

promote successful therapeutic experiences were discussed in the second research question section.

Research Question #2

The second question of this research study was “What factors were present in perceived successful GNC’s counseling experiences?”. This research question sought to highlight what the participants’ perspectives were and what made their therapy experiences positive or helpful. It is important to note that positive experiences were not something that most of the participants tended to focus on during the interviews. Rather, many participants spoke at great length about the struggles experienced, although several positive themes did emerge.

This negative outlook could be due to a variety of reasons. Many of the participants noted that most of their prior therapy experiences were unhelpful or harmful. When reviewing the interviews, I was unsure why the participants did not focus on their positive experiences. The ones that did highlight positive experiences were presently in mental health services and spoke highly of their present clinician. The themes that arose from the analysis of participant interview data for positive experiences were “feeling heard” and the safety and openness of the environment.

Theme # 4. Feeling heard. Rachlin (2002) found that their participants noted the factors that led to positive experiences were acceptance, respect for participant gender identity, flexibility in treatment approach, and connection to the Trans community. Similar to the theme of being heard, the participants of this study collectively spoke on “validation,” “acceptance,” or the “receptive” nature of their clinicians. Some spoke of how important it was to have the counselor respect their gender and gender identity and use the terms with which they had identified. Many of the participants who described positive experiences discussed their

clinician's openness regarding gender topics, validation of their own experiences, and letting them talk and explore their thoughts in session.

Theme # 5. Open and safe environment. Bess and Stabb (2009) spoke of their study and the positive therapy experiences contained positive factors such as clinicians having expertise, empathy, and providing a space for clients to express their struggles while validating them. A major theme that arose from those participants who spoke of positive experiences in this study was the idea of an open and safe environment. Most of the participants noted some of their positive experiences was affected by the physical space and openness of their clinician's style. Some of the physical space participant comments concerned therapists having decorations such as "rugs and lamps" or a "safe space sticker on the wall" or gender neutral bathrooms" set the space for them to feel "safe and comfortable." In terms of clinician style, it was either the impression the clients got in "just feeling safe" with their clinician or even the clinician simply offering a space for the participant to sit for a while and self-pace the session.

Implications. The previous research on transgender participants and their experiences with therapy concluded that positive experiences included the following: clinical expertise, empathy, validation, acceptance, respect for gender identity, flexibility in treatment approach, and connection to the Trans community, while providing space for client to express their struggle (Bess & Stabb, 2009 & Rachlin, 2002). The themes that emerged in this study in terms of positive factors included feeling heard and having an open and safe environment. The participants of this study discussed the importance of them feeling validated, accepted, respected, and clinicians' reception of their gender and what they had to say. The space discussed by Bess and Stabb (2009), can be achieved using basic counseling skills of attending and empathy. In addition to these skills, it is important for clinicians, according to the participants of this study, to

respect and use the gender and gender identity labels presented by clients or to have ideas on how to refer them to resources to better understand their gender identity options. It is important for the clinicians to be open and flexible.

It is also important to note that not all the participants in the study were open to gender nonconforming as a structure of their identity initially. One participant stated: “I think as people get more secure in their [gender] they can open up to this sort of more fluid and nonbinary parts...” So due to the very different and individual processes of identity development for those who are GNC, it can be important for clinicians working with the population to be mindful of their suggestions and responses. As a mental health professional, it is important to avoid contributing to binary pressures or moving faster than the client would like.

Other factors discussed by participants in the study pertain to the space that the mental health services are conducted in and the messages that can be received from this space. Later in this chapter, discussed the negative messages participants can receive from an undecorated and “cold and sterile” room. The speed of which the clinician jumps into the work with clients was also discussed as important. One participant noted that silence and space to settle was positive for them, stating:

“So for the positive experience in therapy, were very flow... Some therapists wanna rush... they wanna get right into it... they’re very aggressive. But sometimes I want to sit and exhale for a time... and the therapist that I’ve had the most success with allowed for that, you know, she would be like, when you are ready... Other counselors don’t want to do that... don’t have the time for that. So that was a very positive thing for me.”

This participant’s iteration explains how beneficial silence can be or letting the client know that they have the time to set the pace can be. The clinician in such cases is noting and off-

setting their power in the room, which can be important for client sharing. The next section details the factors that were present in both positive and negative experiences of mental health services.

Research Question #3

The third research question is as follows: “What factors did the GNC participants perceive to be the ones that caused these interactions to be positive or negative?” The intention of this question was to illuminate the factors that were in the room that caused for participants to perceive their experiences as positive or negative. This section sorts their views of factors in terms of negative and positive factors in their therapy experiences.

Theme # 6. Negative factors of therapy experiences. The first component of the master theme of negative factors in therapy experience was the discussion of the physical space or room in which counseling is conducted. This was not in the previous research. One client discussed their discomfort with the physical room as it was “bright and cold,” “very sterile,” and “no decorations, just a chair and a desk.” The client discussed that this caused them to not “feel comfortable.” Another client discussed the waiting room being an “uncomfortable” variable depending on where one is in terms of their physical expression of their gender expression. This participant suggested that having a “private entrance” or accommodations to help these clients who at different comfort levels with their outward gender expressions as important.

The second component was another factor that was not explicitly discussed in previous research. Multiple participants noted an instance of having to find the right therapist or losing the clinician they matched with due to clinician turnover. Clinician turnover was discussed by several clients using significant phrases of “offered another job and left” or “she graduated, which was hard.” Other participants discussed not matching and needing to transfer to a new

clinician. Some stated they had to “find a right counselor” or switch counselors until they found someone with a style they could work with.

Rachlin (2002) noted their participants found it unhelpful when a provider was extremely passive or distant with their therapy. This was definitely something some of the participants noted in this research project stating they weren’t “getting anything out of it” or the work “never really applied to me or my needs” or the work “just wouldn’t resonate and I wasn’t getting there.” One participant shared that they do not connect with “therapists that will share more of their personal experiences” stating it does not help them talk about theirs. Further participants discussed clinicians talking and their clinicians “not responding” or “getting it” or “not understanding” or “hoping they would wise against my “cool cat me.” One participant spoke specifically that their therapist would let them “talk and talk... and if I was about to go off the cliff... send me in another direction”. Many participants described these clinicians as lacking “empathy” or “compassion” or “caring.” These factors contributed to clients feeling like they had either negative experiences or just unhelpful services.

In the previous literature, there were elements in a few of the studies that stated that the participants felt as though their clinicians were not competent in gender issues or would outright avoid the topics (Bess and Stabb, 2009; Ellis, Bailey, & McNeil, 2015; & Rachlin, 2002). This lack of education and avoidance of gender topics was definitely mentioned by nearly all participants in this study concerning their therapy experiences. Some participants discussed on not knowing the “extent of exposure” or them “not understanding the gender piece of it” or being “like a deer in headlights” or even “being oblivious about trans and gender issues.” Other participants spoke of being misdiagnosed or mislabeled or mis-medicated. A few participants specifically cited the training the counselor had as being the problem, stating things like “I guess

it was the way he was train... it's not resonating" or "it would have been great if I had someone who was very knowledgeable" or "I feel I shouldn't have to inform my therapist on trans stuff." Finally in this light, one participant shared that they felt that some "independent practitioners market themselves [by] slapping every major buzz words out there and saying "I'm trans knowledgeable, when they're not really."

Finally, Bess and Stabb (2009) spoke on hostile reactions from clinicians and the participants noting that they felt disregarded and rejected by their clinicians. This was something that came up with a few participants. One participant spoke on the "disrespectful staff" at the hospital and "not getting consent" from him. Another discussed their therapist communicating their impressions that they weren't "trans because [they] wore skirts and makeup." Some discussed outward expressions of anger or power by their clinicians with phrases like "he was like 'this is what you have to do'" or "she was very defensive" or "he was so angry about it" or "you have to pick one" or "he yelled at me." Other participants shared that they "didn't feel allowed to talk about [their] major issues" or "was scared" to discuss these topics.

Counselor Educators can have a role in preventing these more adverse experiences in counseling for GNC individuals by promoting a discussions and examples of how to recover in these scenarios when they are wrong or their interventions are perceived as wrong and offensive. In courses such as Theoretical Foundations of Counseling and Therapeutic Techniques, a discussion with these student counselors of how to react to clients when they perceive you are wrong in your interventions or even potentially biased. Specific examples of GNC topics can be helpful so that counselors have had practice or previous thoughts of how privilege can show even when the counselor is well-intended and how doubling down on their approach can be unproductive and at times damaging.

Theme # 7. Positive factors of therapy experiences. This theme focused more on the specifics of the counselor's successes. As mentioned earlier, Rachlin (2002) stated their participants noted the factors that were present in positive therapeutic experiences included: acceptance, respect for gender identity, flexibility in approach, and connection to the Transgender community. Bess & Stabb (2009) stated in a similar light that participants who noted positive therapeutic experiences noted expertise, empathy, trustworthiness. The participants of this study spoke more on their clinicians being knowledgeable and educated, as well as offering perspectives over labeling them.

Those who discussed the education of their clinicians, stated that their counselor was able to “key in on what [they] needed” or that participants “didn’t have to be a teacher” or “can just be nonbinary” or that the counselor was “well-versed in gender identity and expression... was very positive.” Other participants spoke on the use of their names on records or having knowledge of different “trans experiences” or “someone who knows and who’s talked to other trans people” as being positive factors in their therapies. Those participants who discussed liking their clinicians offering options over labeling them, stated: “I felt freed and not labeled” or their clinicians were “open to talking... without having to label” or that they didn’t “put their own agenda or ideas into it” or “caring... not labeling.”

Implications. The American Counseling Association’s (ACA) code of ethics dictates that clinicians be informed and nondiscriminatory in their work with clients (American Counseling Association, 2014). There were a few participants who discussed having to match with the right clinician, but it was not apparent in all cases that there was anything being done “wrong” by the clinician when a switch was needed. Some of participants plainly stated that transferring helped them find a better match and others stated they transferred due to mistreatment. Some of the

mistreated participants described themselves as being yelled at, labeled, misdiagnosed, or challenged at times or on topics where support was needed.

Ultimately if a clinician is following the ACA code of ethics (2014), they should be building rapport and trust with the clients before even stepping into a challenging role. Within this challenging role, however, clinicians are never to attack the client, shame them, or tell them what they have to do. Queer theory discusses power dynamics and how people in power positions can further marginalization or work against them; to some therapists these can be considered positions of professional power. Due to the perceived power dynamic in such cases, clients may not feel that they can report these instances of mistreatment and certainly not speak out against them. These interactions with therapists who are defensive, or even just invalidating to their client, can damage the client, thereby leaving them worse off than they were prior to coming in for services. These clinicians are abusing their roles as therapists.

Other general factors discussed by participants were related to the physical space in which the therapy is conducted. Having decorations, "inviting colors", and the right lighting were mentioned as positive factors. Participants noted these things offered visual cues of safety and openness without the clinician speaking. Another participant noted concerns about the waiting room stating that depending on where the client is in terms of coming out, it could be helpful for the clinician to have ideas for accommodating GNC clients needs on this matter.

Lastly, the theme of, and need for, knowledgeable and educated clinicians came up as both positive and negative experiences with mental health care. In order to overcome situations where the clinicians appeared uneducated or unknowledgeable, according to the participants of this study, was to be attentive, validating, and open from the start of services. It is important to illustrate one's openness and understanding of gender topics as a clinician and offer your

perspectives without forcing them on clients or labeling them. It was stated that in order to improve these dynamics, clinicians should use the language spoken by the clients, accrue knowledge of options or resources without labeling or mislabeling clients themselves, and asking for and using client-preferred gender pronouns. The next section discusses participants views of whether services met their needs and their suggestions for how services could have been changed.

Research Question #4

The final question of this inquiry was “How did GNC participants perceive counseling services to meet their needs? In what ways could services have been changed?”. This question was used to identify how participants viewed their services as helpful and whether they had any suggestions to improve their therapeutic services. As previously mentioned, there were factors that led to both positive and negative experiences, to identify whether participants were left with more work, the researcher asked participants whether they felt they reached their goals. The feedback of the participants was mixed with feelings of meeting their goals while still having to work on them.

Theme 8. The work’s not done yet. Many of the participants were still actively in counseling, and thus another theme that emerged: participants were still in the process of working through their goals. The ones that were not presently in therapy spoke about finding their own methods of exploring their identities and filling their needs through art or community participation. Others discussed their current work in therapy as helping them “more transform to myself and getting to know myself” or “growing a lot as a person with my current therapist” or “it continues to be a work in progress” or “I feel like it’s actually working now.”

Implications. The participants of this study spoke with mixed messages of their views on meeting goals. In some cases, the mixed messages might be due to having multiple clinicians who varied in their helpfulness. Other participants spoke on not being done yet. One participant noted in their interview that they felt they are “still in the process of coming out.” Some mentioned that they found outlets other than therapy to assist them with their identity development whether that was art, community center or activities participation, or groups that were specific to this gender identity. Most of the participants also spoke about their current clinicians and how they are working with them currently to meet their needs. There were not a lot of suggestions from participants speaking to how services could have better met their needs beyond what was covered in the previous research questions. Some of this could be explained by the fact that they are not clinicians, themselves, and that they might still be figuring out their needs as they develop and mature.

The clinical implications of this theme is that clients may not know what their needs are. Notably, some clients may not know how they want or can achieve these goals. One participant spoke eloquently, stating:

“If I were to over simplify it a little... generally speaking, no. But that’s not necessarily the therapists’ fault all the time... you know, I’m facing some tough stuff and my ability to face that and to, um, meet my own objectives depends on how reasonable they are or how hard I work on them... and then, now that I’ve said that, in some great way, yes. I’ve done a lot of growth in the last 2-3 years and have grown a lot as a person and that has largely been under this relationship with my current therapist... So the therapy relationship has been really good and I’ve met a lot of my objectives and that being said

they've never been really formal or written as far as i know... and individual therapy can only do so much..”

So despite years to therapy, this participant states that this is hard work to do and that they are doing the work, in spite of the limitations that can exist within individual therapy.

This research sought to highlight gender nonconforming individuals' views of their counseling and mental health services. This research adds to the insubstantial research pertaining to effective mental health treatment for gender nonconforming individuals. The researcher has given the GNC community a voice in the scholarly literature, whereas other studies have often spoken for them. The themes of the study elucidated perceived factors that were positive and negative about therapy experiences. Additionally, these themes suggest areas for future research to better highlight GNC experiences in the literature. Table 12 provides an overview of the eight themes delineated from this study.

Limitations to the Study

This qualitative study of nine participants who all confirmed being in alignment with the researcher's definition of Gender Nonconforming (GNC). The working definition used in this study was: people who do not identify or express their gender identity with conventional standards for what is masculine and feminine (Brown and Rounsley, 1996 & Pettitt, 2010). These individuals identify as being outside of the identity binary and some identify as a blend, androgynous, or neither gender. These participants were recruited purposefully through the use of networking by email or phone calls to leaders of community centers or groups that cater to this population, by posting to social media groups, and by posting recruitment fliers in various community events or groups. The reason for these diverse recruitment strategies was to recruit the most diverse sample possible.

One limitation of this study could be that nearly half of the sample was in their 20s. Four of the nine members of the studies were in their 20s. This factor could potentially skew the scope of experiences to reflect a specific generational group. The other half of the group was spread out, with two people in their 40s, one person in their 30s, one person in their 50s, and one teenager. Another limitation was that there was a difference in the amount of education between the nine participants, this could also potentially skew the experiences and knowledge of these topics or this identity as an option.

Another limitation was that the sample obtained to participate in the study was overwhelmingly white. Six out of the nine participants identified as white. There were three participants that identified as people of color; they categorized themselves with the following labels to describe their race and ethnicity: African American, Native American/White, and biracial. This aspect could skew the data. Participant 08 stated feeling internalized cultural pressures for him “not talk about [his] business in the streets.” Thinking of how this relates to research, this could potentially be a barrier that the researcher experienced to get as wide set of diversity in the sample. It is also important to note in the researcher’s own identity which is white and cisgender, and could have affected potential GNC participants’ comfortably in participating.

Another limitation, as is the case with qualitative research, is that I, as the researcher, could have served as a potential limitation. A briefing of known suppositions was provided in the previous chapter, however there is potential that there could still have been unknown biases and/or the ones mentioned could have come through in unknown ways. Due to my aforementioned history of working with the Trans/GNC population, it could have influenced my interactions with participants or even views of what they were trying to say. Another factor in

this light is the potential for clients to feel the need to perform in a way that would be helpful to the researcher or tell the researcher what they thought they might want to hear. Lastly, participants could also have had factors of anxieties or discomfort to share fully and opens for their fears of confidentiality breaches, in spite of the precautions taken by researcher in the process of reporting interview data.

Another limitation was also something cited as a strength in previous sections of this study, which was the use of electronic media for interviewing participants. This allowed for some participants who felt more comfortable online, but may have been harder for those who are not comfortable speaking about personal experiences in this form of communication. Recording sessions was vital for being able to transcribe and for the research analysis process, however this could have deterred those who were concerned for anonymity or for limitations in keeping confidentiality. This could have limited the level of participation this study received due to the fear of electronic interview or the fear of being discovered as a participant.

Implications for Future Research

This research project generated many possibilities for future research on gender nonconforming (GNC) individuals. As aforementioned, the present literature does not detail specific screening for those who are nonbinary, so it is nearly impossible to differentiate the studies that were on binaried or nonbinaried definitions of gender minorities. This lack of language, terminology, and nomenclature speaks to the barrier that can exist in treatment and in research. It could be more important for future research to screen for and clarify these identities, which may differ from those who are more binaried.

One thread of importance that emerged from the interview process was the dual identities each participant carried. Due to the varied and multiple identities, it seemed that some of the

difficulty was in defining what was at play. A few examples of these identity experiences could be racial, sexual, and gender development. Albeit these identities are all different, they can interact and play off each other. Several participants noted that their therapies were not solely about their gender identities. Future research could be conducted on these multiple identities and how they interact with each other. It is important for clinicians to understand these interactions and strategies to overcome them so that they can help clients who identify as GNC.

Moreover, future research could also take into consideration that not all experiences, negative or positive, were to do with GNC identity. Some of the factors mentioned previously were based in the clinicians' ability to work with gender identity topics. What was hard to discern with the participants was their general experience of therapy, both strengths and limitations. In future research, it could be vital to highlight what factors were specific to the gender topics and what were just general processes or limitations of therapy.

This research project illustrates that there are clinicians still practicing that do not know about the possibility of a GNC gender experiences and either refuse to modify their work or do not know how. This inability or unwillingness of clinicians understanding negatively affected GNC individuals and their experiences with mental health services. At times, such experiences had negative impacts on their overall mental health and ability to stay in therapy or even to pursue a new therapist. More research on the impact of negative experiences such as these on GNC individuals is needed, perhaps with a larger sample. There is not a lot of research on GNC individuals in general and especially with their mental health experiences. Future research on this topic could provide future clinicians with understanding necessary to meet GNC individuals needs in therapy.

Questions Generated by the Research

In qualitative research, more questions are generated than answers (Patton, 2002). This inquiry has brought forth numerous questions as far as avenues for further research:

1. With a wider sample, is there a consensus for a definition of nonbinary? Similar expressions?
2. Does race play into queer identity development and later disclosure in therapy for GNC individuals?
3. How do GNC multiple identities interact and play off each other in participant understanding of their gender identity?
4. What is the relationship between negative therapy experiences due to discrimination and due to a poor match with clinician?
5. What is the relationship, differences, and similarities of those who identify as trans gender and those who identify with gender nonconforming?
7. Is there a difference between community agency and private practice help in terms of positive or negative therapy experiences for GNC individuals?
8. Do GNC individuals respond better to new clinicians or more seasoned clinicians?
9. What is the relationship with trauma and bad experiences of therapy for GNC individuals?
10. What are the negative coping skills that GNC individuals develop to counter social binary pressures (both internal and external)?

Conclusions

This study sought to discuss the lived experience of gender nonconforming (GNC) individuals' experiences with mental health services. The participants all acknowledged fitting

the study's definition based on their rejection of a binaried definition of gender and gender identity. The findings of the study illustrated the varied positive and negative experiences of GNC individuals in their therapies. The study provided context to factors previously researched regarding positive and negative outcomes for gender minorities. This study paid close attention to the GNC population to highlight their experiences which were absent from the current literature.

This study included nine participants in semi-structured interviews conducted either electronically or in-person. Their disclosure of their mental health experiences provided detailed information about their identities and their experiences. The data of the study was delineated from the participant interviews and informed by the four research questions, from which eight master themes emerged. In these master themes, the participants were able to discuss their queer identity development in terms of how they view and describe their identities. The participants endorsed their barriers to care, which included both internal barriers and external binary pressures. The participants were able to identify factors of their positive counseling experiences which included feeling heard and an open and safe environment. The participants were also able to identify the negative factors for their counseling experiences. Finally, the participants were able to discuss their ideas as far as goals and accomplishments in therapy, revealing that the work is not done yet.

The study's findings illustrate that there is greater need to highlight the experiences of GNC individuals, especially in their therapy experiences. A number of the participants experienced defensive and hostile clinicians in their mental health services. The study showed the need to focus on these identities so people are knowledgeable about them and do not feel the need to defend their pride or education. If clinicians can better understand GNC identities, then

their work with this population would not reflect the invalidation, power abuse, and emotional unprofessionalism that some of the participants faced.

Thus, if these instances where clients experienced a harmful power differential and bad therapy can be reduced, the quality of mental health care that these individuals are getting would improve as well. This study sheds light on the uncommon focus of GNC individuals and their mental health experiences. I hope that by giving the voice back to the community, future and present clinicians will be in a better position to understand and empathize with those who are often overlooked like the GNC population.

REFERENCES

- American Counseling Association. (2014). *ACA Code of Ethics*. Alexandria, VA: Author.
- American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders* (1st ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Arlington, VA: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Arlington, VA: Author.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Barriball, K. L., & While, A. (1994). Collecting Data Using a Semi-Structured Interview: A discussion paper. *Journal of Advanced Nursing*, *19*, 328-335.
- Bauerband, L. A., & Galupo, M. P. (2014). The Gender Identity Reflection and Rumination Scale: Development and psychometric evaluation. *Journal of Counseling & Development*, *92*, 219-231.
- Bayer, R. (1981). *Homosexuality and American Psychiatry*. New York: Basic Books.
- Beasley, C. (2005). *Gender and sexuality: Critical theories, critical thinkers*. Thousand Oaks, CA: Sage.
- Benjamin, H. (1967). The Transsexual Phenomenon. *Transactions of the New York Academy of Sciences*, *29*(4), 428-430.

- Benson, K. E. (2013). Seeking Support: Transgender Client Experiences with Mental Health Services. *Journal of Feminist Family Therapy*, 25(1), 17-40.
- Berg, B. L. (2009). *Qualitative Research Methods for the Social Sciences* (7th Ed.). Boston, MA: Allyn & Bacon.
- Bess, J., & Stabb, S. (2009). The Experiences of Transgendered Persons in Psychotherapy: Voices and recommendations. *Journal of Mental Health Counseling*, 31(3), 264-282.
- Bidell, M. P., & Stapleman, L. M. (2017). An Interdisciplinary Approach to Lesbian, Gay, Bisexual, and Transgender Clinical Competence, Professional Training, and Ethical Care: Introduction to the Special Issue. *Journal of Homosexuality*, 64(10), 1305-1329.
- Bissinger, B. (2015, June). Caitlyn Jenner: The Full Story. *Vanity Fair*. Retrieved from <http://www.vanityfair.com>.
- Blistein, J. (2017, April). 'Survivor' Contestant's Transgender Outing Sparks Outrage. *Rolling Stone Magazine*. Retrieved from <http://www.rollingstone.com/music/news/survivor-contestants-transgender-outing-sparks-outrage-w476555>
- Bockting, W. O., Miner, M. H., Swinburne, R., Hamilton, A., & Coleman, E. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health*, 103(5), 943-951.
- Boskey, E. R. (2014). Understanding Transgender Identity Development in Childhood and Adolescence. *American Journal of Sexuality Education*, 9, 445-463.
- Brown, L. S. (1994). *Subversive Dialogues: Theory in feminist therapy*. New York: Basic Books.
- Brown, M., & Rounsley, C. (1996). *True Selves: Understanding Transsexualism: For families, friends, coworkers, and helping professionals*. Jossey-Bass.

- Caplan, P. J. (1995). *They Say You're Crazy*. New York: Addison-Wesley.
- Cromwell, J. (1999). *Transmen and FTMs: Identities, bodies, genders, and sexualities*. Champaign, IL: University of Illinois.
- Dargie, E., Blair, K. L., Pukall, C. F., & Coyle, S. M. (2014). Somewhere Under the Rainbow: Exploring the identities and experiences of trans persons. *The Canadian Journal of Human Sexuality*, 23(2), 60-74.
- Davidson, M. (2007). Seeking Refuge Under the Umbrella: Inclusion, exclusion, and organizing within the category Transgender. *Sexuality Research & Social Policy*, 4(4), 60-80.
- Denzin, N. K. & Lincoln, Y. S. (2000). *Handbook of Qualitative Research* (2nd ed.). Thousand Oaks, CA: Sage.
- Diamond, M. (2002). Sex and Gender are Different: Sexual Identity and Gender Identity are Different. *Clinical Child Psychology and Psychiatry*, 7(3), 320-334.
- Dilley, P. (1999). Queer Theory: Under construction. *Qualitative Studies in Education*, 12(5), 457-472.
- Ehrensaft, D. (2013). "Look, Mom, I'm a Boy - Don't Tell Anyone I Was A Girl." *Journal of LGBT Youth*, 10(1-2), 9-28.
- Ellis, S. J., Bailey, L., & McNeil, J. (2015). Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study. *Journal of Gay & Lesbian Mental Health*, 19(1), 4-20.
- Elder, A. B. (2016). Experiences of Older Transgender and Gender Nonconforming Adults in Psychotherapy: A qualitative study. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 180-186.

- Farmer, L. B., & Byrd, R. (2015). Genders in the LGBTQQIA Community: An interpretive phenomenological analysis. *Journal of LGBT Issues in Counseling*, 9(4), 288-310.
- Fassinger, R. E. (2000). Gender and Sexuality in Human Development: Implications for prevention and advocacy in counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of Counseling Psychology* (3rd ed., pp. 346-378). New York: Wiley.
- Fassinger, R. E., & Arseneau, J. R. (2007). 'I'd Rather Get Wet Than Be Under That Umbrella': Differentiating the Experiences and Identities of Lesbian, Gay, Bisexual, and Transgender People. In K. J. Bieschke, R. M. Perez, K.A. DeBord, K. J. Bieschke, R. M. Perez, K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19-49). Washington, DC, US: American Psychological Association.
- Feinberg, L. (1996). *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman*. Boston: Beacon Press.
- Filmore, J. M., & Ginicola, M. M. (2017). Counseling an LGBTQI+ person of color. In M. M. Ginicola, C. Smith, J. M. Filmore (Eds.). *Affirmative counseling with LGBTQI+ people* (pp. 273-284). Alexandria, VA: American Counseling Association.
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. Chichester, West Sussex: Wiley-Blackwell.
- Gagnon, J. H., & Simon, W. (1973). *Sexual Conduct: The Social Sources of Human Sexuality*. New Brunswick: Aldine Transaction.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.

- GLAAD (2017). GLAAD Transgender Media Program. Retrieved from <http://www.glaad.org/transgender>.
- Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory: Strategies for qualitative research*. Piscataway, NJ: Transaction.
- Glicksman, E. (2013). Gender Identity: Biology or Environment? *American Psychological Association, 44*(4), 38.
- Goldman, R. (1996). Who is the queer queer? Exploring norms around sexuality, race, and class in queer theory. In B. Beemyn & M. Eliason (Eds.), *Queer studies: A lesbian, gay, bisexual, and transgender anthology* (pp. 169–182). New York, NY: New York University Press.
- Goodrich, K. M., & Ginicola, M. M. (2017). Evidence-Based Practice for Counseling the LGBTQI+ Population. In M. M. Ginicola, C. Smith, J. M. Filmore (Eds.), *Affirming counseling with LGBTQI+ people* (pp. 97-107). Alexandria, VA: American Counseling Association.
- Grant, J. M., Mottet, L. A., & Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A report of the national transgender discrimination survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Green, J. (1998). FTM: An emerging voice. In D. Denny (ed.), *Current Concepts in Transgender Identity* (pp. 145-161). New York: Garland.
- Google Trends. (2017). Transgender. Retrieved from <https://trends.google.com/trends/explore?geo=US&q=transgender&hl=en-US&tz=Etc%2FGMT%2B5&tz=Etc%2FGMT%2B5>.

- Halperin, D. (2003). The normalizing of queer theory. *Journal of Homosexuality*, 45, 339–343.
- Hines, S. (2007). *Transforming Gender: Transgender practices of identity, intimacy, and care*. Bristol, UK: The Policy Press.
- Hooker, E. (1957). The Adjustment of the Male Overt Homosexual. *Journal of Protective Techniques*, 21, 18-31.
- Hycner, R. (1985). Some Guidelines for the Phenomenological Analysis of Interview Data. *Human Studies*, 8, 279-303.
- Intersex Society of North American. (1993). One the Word “Hermaphrodite”. Retrieved from <http://www.isna.org/node/16>
- Jagose, A. (1996). *Queer theory: An introduction*. New York, NY: New York University Press
- Joy, V. J. S. (2008). Reflections on Psychotherapy Experiences: The voices of transgender/transsexuals (Doctoral dissertation). Our Lady of the Lake University, San Antonio, TX.
- Kafle, N. P. (2011). Hermeneutic Phenomenological Research Method Simplified. *Bhodi: An interdisciplinary Journal*, 5. 181-200.
- Kirk, S., & Kutchins, H. (1997). *Making Us Crazy: DSM, the psychiatric bible, and the creation of mental disorders*. New York: Free Press.
- Kralik, J. (2017, February). ‘Bathroom Bill’ Legislative Tracking. National Conference of State Legislatures. Retrieved from <http://www.ncsl.org/research/education/-bathroom-bill-legislative-tracking635951130.aspx>.
- Kruger, D., & Stones, C. R. (1981; 1979). *An Introduction to Phenomenological Psychology*. Pittsburgh, PA: Duquesne University Press.
- Lev, A. I. (2004). *Transgender emergence: therapeutic guidelines for working with gender variant people and their families*. Binghamton, NY: Haworth Clinical Practice Press.

- Lev, A. I. (2007). Transgender Communities: Developing Identity Through Connection. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of Counseling and Psychotherapy with Lesbian, gay, bisexual, and transgender clients* (2nd ed, pp. 147-175). Washington, DC: American Psychological Association).
- Levitt, H. M., & Ippolito, M. R. (2014). Being Transgender: The experience of transgender identity development. *Journal of Homosexuality, 61*, 1727-1758.
- Madrigal, D., & McClain, B. (2012). Strengths and Weaknesses of Quantitative and Qualitative Research. Retrieved from <http://www.uxmatters.com/mt/archives/2012/09/strengths-and-weaknesses-of-quantitative-and-qualitative-research.php>.
- McCullough, R., Dispenza, F., Parker, L. K., Viehl, C. J., Chang, C. Y., & Murphy, T. M. (2017). The Counseling Experiences of Transgender and Gender Nonconforming Clients. *Journal of Counseling & Development, 95*(4), 423-434.
- Merriam, S. B., & Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education* (2nd ed.). San Francisco, CA: Jossey-Bass Publishers.
- Minton, H. L. (1997). Queer theory: Historical roots and implications for psychology. *Theory & Psychology, 7*, 337-353.
- Mizock, L., & Lundquist, C. (2016). Missteps in Psychotherapy with Transgender Clients: Promoting gender sensitivity in counseling and psychological services. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 148-155.
- Morgan, S. W., & Stevens, P. E. (2012). Transgender Identity Development as Represented by a Group of Transgendered Adults. *Issues in Mental Health Nursing, 33*, 301-308.
- Morse, J. M. (1994). Designing Funded Qualitative Research. In Denzin, N. K. & Lincoln, Y. S., *Handbook of Qualitative Research* (2nd ed.). Thousand Oaks, CA: Sage.

- Nanda, S. (1994). Hijira: An alternative sex and gender role in India. In G. Herdt (ed.), *Third Sex Gender: Beyond sexual dimorphism in culture and history* (pp. 373-417). New York: Zone Books.
- Neuman, W. L. (2007). *Basics of Social Research: Qualitative & quantitative approaches* (2nd ed.). Boston, MA: Pearson.
- Norwood, K. (2012). Transitioning Meanings: Family members communication struggles surrounding transgender identity. *Journal of Family Communication, 12*, 75-92.
- Patton, M. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Pettitt, J. (2010). The Trans Umbrella. Retrieved from <http://www.uis.edu/lgbtqa/wp-content/uploads/sites/83/2013/12/Trans-Umbrella-Pettitt.png>.
- Rachlin, K. (2002). Transgender Individuals' Experiences of Psychotherapy. *International Journal of Transgenderism, 6*(1), 1-19.
- Robinson, C. (2014). Sampling in Interview-Based Qualitative Research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41.
- Roscoe, W. (1998). *Changing Ones: Third and fourth genders in native North America*. New York: St. Martin's.
- Shealy, C. R. (2015). Theories and Interventions with Transgender and Gender Non-Conforming Clients (Master's thesis). Smith College School for Social Work, Northampton, MA.
- Stryker, S. (2008). *Transgender History*. Berkeley, CA: Seal Press.
- Teh, Y. K. (2001). Mak Nyahs (Male Transsexuals) in Malaysia: The influence of culture and religion on their identity. *International Journal of Transgenderism, 5*(3). Retrieved from http://www.symposion.com/ijt/ijtvo05no03_04.htm.

- Thomas, W. (1997). Navajo Cultural Constructions of Gender and Sexuality. In S.E. Jacobs, W. Thomas, and S. Lang (eds.), *Two-Spirit People: Native American gender identity, sexuality, and spirituality* (pp. 156-173). Chicago: University of Illinois Press.
- Townsend, M. (2012). Timeline: A look back at the history of transgender visibility. *GLAAD*. Retrieved from: <http://www.glaad.org/blog/timeline-look-back-history-transgender-visibility>.
- Van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.
- Van Manen, M. (2007). Writing qualitatively or the demands of writing. *Qualitative Health Research*, 16(5), 713.
- White, M. (2007). *Maps of Narrative Practice*. New York: W.W. Norton.

APPENDICES

Appendix A – Demographic Questionnaire

1. Education Level
2. _____
What is your age? (must be above the age of 18)
3. _____
What is your Ethnicity?
4. _____
What is your race?
5. _____
Gender Identity
6. _____
Are you presently in or in the past participating in therapy/mental health services?
Yes OR No
7. Do you believe your gender identity exists between male and female (rather than one or the other)?
 - Yes
 - No

EXPLAIN (if applicable)

*If you are interested in participating in the study, please provide us with your preferred e-mail and phone contact information.

*only collected in solicitation for participation in interviews for this study. This item will be omitted for the on-line survey demographic questionnaire.

Appendix B – Semi-Structured Interview Questions

- 1) What is your view of gender and gender identity?
- 2) What is your earliest memory of your gender identity?
- 3) What was the reception of your identity from peers and family?
- 4) What experience lead you to seek out mental health services?
- 5) How did you feel seeking mental health services?
- 6) How would you describe your experiences of therapy or mental health services?
- 7) Did you accomplish your therapeutic goals in your experiences of mental health services?
- 8) What do you think went well in your mental health services?
- 9) What do you think did not go well with your mental health services?
- 10) Was finding supportive, understanding, and helpful services hard to do in your area?
- 11) What is it like to be a person who is GNC in your community?
- 12) Is there anything that you think that I should know about your experience as a GNC Individual with MH services that I did not ask?

Appendix C – Email to Faculty Requesting Participants

Subject: Queering the Transgender Umbrella - Gender Nonconforming Individuals Experiences of Mental Health Services

As a doctoral candidate in Duquesne University's Counselor Education and Supervision program, I am conducting a descriptive study to better understand gender nonconforming, nonbinary gender identified, individuals' experiences of mental health services. The term gender nonconforming refers to individuals who do not identify with a strictly male or female concept of gender identity - those who identify as falling somewhere between the poles of the spectrum of identity. I am interested in learning how to improve counseling services to better affirm and meet the needs of this population which have not been covered in the literature. I am contacting you because you are listed as the [position] for [insert program name]. If you could please forward the paragraph below (along with the attached informed consent document) and distribute the flyer describing the study, its intent, and requirements for participation. Participants must be over the age of 18 years old. I thank you in advance for your assistance and am very appreciative. This study has been approved by Duquesne's Institutional Review Board for the Protection of Human Subjects.

E-mail to Participant

You are being asked to participate in a research project that seeks to investigate the experiences of individuals who are gender nonconforming in their gender identity and expression and their experiences of mental health services. The term gender nonconforming refers to individuals who do not identify with a strictly male or female concept of gender identity - those who identify as falling somewhere between the poles of the spectrum of identity. This is a research project being conducted by third year doctoral candidate for his dissertation work in his Counselor Education and Supervision program at Duquesne University. You are being asked to participate in an interview that will last approximately 45 minutes to 1.5 hours. Attached to this e-mail you will find the informed consent document for the study that explains, in detail, the purpose of the study and other important details. If you are interested in participating, please follow the link below in order to complete a brief demographic questionnaire. If you fit the sample characteristics of being gender nonconforming and over the age of 18 years, you will be contacted by one of the researchers in order to schedule your interview. This study has been approved by Duquesne University Institutional Review Board. Simply click on the link below, or cut and paste the entire URL into your browser to access the questionnaire:

<https://www.surveymonkey.com/r/HYX257N>

Thank you for your help!

Michael Stephens
Stephen3@duq.edu

Doctoral Candidate, Duquesne University

**Clicking on the survey link will direct participants to the Brief Demographic Questionnaire (Appendix A)*

Appendix E - Recruitment Flier



Participation NEEDED!!

GENDER

NONCONFORMING/

GENDERQUEER

IDENTITIES!!!

Study - QUEERING the Transgender Umbrella: Gender Nonconforming Experiences of Mental Health Services

Researcher Info: Michael Stephens, LPC, Doctoral Candidate (Duquesne University - Counselor Education and Supervision program)

Have you had good experience of therapy as a nonbinary identified person and/or genderqueer person??

Have you had negative experiences of therapy as a nonbinary identified and/or genderqueer person?

WE WOULD LIKE TO HEAR FROM YOU!

If this sounds like you and you are above the age of 18 & you feel comfortable talking about your experiences, I may want to interview you for a 45 minute to 1 hour interview for my dissertation study. There is little to no research out there on your experiences and I would like your help to inform the MH field to better inform clinicians on identities few have focused on / encountered.

Participation is voluntary and confidential. If you are interested and want to participate please contact me at stephen3@duq.edu or phone at xxx-xxx-xxxx.

This study has been approved by the Institutional Review Board (IRB) of Duquesne University, verifying it's ethical treatment of participants. References

Appendix F - Informed Consent



Duquesne University
Institutional Review Board
Protocol #2017/06/13
Initial Approval: 09/08/2017
Expires: 09/07/2018

DUQUESNE UNIVERSITY
600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

- TITLE:** Queering the Trans Umbrella: Gender Nonconforming Experiences of Mental Health Services
- INVESTIGATOR:** Michael Stephens, LPC, NCC
Doctoral Candidate
Duquesne University
School of Education
Department of Counseling, Psychology, and Special Education
xxx-xxx-xxxx
- SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the doctoral degree in Counselor Education and Supervision at Duquesne University.
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate the experiences of individuals who are gender nonconforming, individuals who do not identify with a strictly binary categorization of male and female gender identity, and these individuals' experiences of mental health services. The term gender nonconforming refers to individuals who do not identify with a strictly male or female binary concept of gender identity, those who are in between this binary in terms of their gender expression and views of their overall identity. This is a research project is being conducted by third year doctoral candidate in Counselor Education and Supervision program at Duquesne University. You are being asked to participate in an interview that will last approximately 45 minutes to 1.5 hours. To be appropriate for the study, you must identify with a non-binary form of gender identity, you are over 18, you have had some experiences with mental health services, and you must have some level of comfort/ability to talk about these experiences of seeking and engaging in mental health services.
- PARTICIPANT PROCEDURES:** You are being asked to participate in an interview that will last approximately 45 minutes to 1.5 hours. During the interview, you will be asked about your both positive and negative experiences with mental health services. The interview will be held at a mutually agreed upon location that will ensure your privacy as a participant. The interview will be audio taped for later transcription both in person and if you are using an online medium to participate (i.e. Go-To Meeting). You will be given the opportunity following the interview to review the transcript and the themes that emerge during the process of analysis for accuracy.
- These are the only requests that will be made of you.

RISKS AND BENEFITS:

Given the design of this study and the descriptive nature of the questions as an educational practice, there are only minimal risks to you. You are only being asked to discuss your experiences of mental health services and how they have impacted you for both the good and the bad. There are no more risks to participating in the study than you would encounter in your day to day conversations. There are no direct benefits to participating in this study, however you may experience positive psychological effects from having your experience validated by others and knowing that you have assisted in this research study.

COMPENSATION:

Compensation will not be provided in exchange for participation. However, participation in the project will not cost you anything. As aforementioned the interviews and time requested of participants is 45 minutes to an hour.

CONFIDENTIALITY:

All responses in this study will be de-identified by the researcher in order to maintain your confidentiality. No names will be used and results will only be reported in aggregate. All other potentially identifying information will be removed from transcriptions. All materials will be destroyed five years after the study. All materials related to the study will be stored in a locked cabinet to which only the investigator has access to. Any electronic data will be password protected. This password protection will also be used on all flash drives and other external memory devices. All written and electronic documentation will be destroyed after 5 years as to be compliant with HIPAA guidelines for document disposal.

GoToMeeting holds standards that are in line with HIPAA standards to ensure of the security and privacy of the participant data (GoToMeeting, 2017). In the use of GoToMeeting, only the administrate and approved participants maintains complete control of screen sharing, which will be used for the interviews of the study. The meetings are attended by the use of ID codes and passwords set by the administrator. Thus, individuals can only access what the administrator shares with them. Additionally, GoToMeeting employs industry-standard & advanced encryption standard (AES) encryption using 128-bit keys to protect data stream, chat messages, and keyboard/mouse input. For more information go to <https://www.gotomeeting.com/meeting/hd-video-conferencing-resources/documents-reports/gotomeeting-and-hipaa-compliance>.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time without suffering any negative consequences. To withdrawal from the study you would notify the researchers via email or tell them at any time of discomfort. If you choose to withdraw after you have engaged in the interview, the researcher will not use or make any references to data from your interview.

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied to you, at no cost, upon request, with the option to provide feedback of the transcript fit for their experience as well as the themes and codes to see if they have any feedback to provide.

VOLUNTARY CONSENT:

Your participation in this research study is voluntary, and you do not have to answer any questions that you do not want to answer. You may choose not to participate. If you decide to participate, you may withdraw at any time. If you decide not to participate in this study, or if you withdraw from participating at any time, you will not be penalized.

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Michael Stephens xxx-xxx-xxxx OR Dr. Hyatt-Burkhart (412) 396-5711, or if I have questions about human subjects in research I may contact Dr. Jim Phillips, Institutional Review Board Administrator, 412-396-6326.

Participant's Signature

Date

Researcher's Signature

Date