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Transgender and Gender Diverse Clients' Experiences in Therapy: Responses to Sociopolitical Events and Helpful and Unhelpful Experiences

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We examined transgender and gender-diverse (TGD) people's reports of their therapy experiences over the course of a year. We explored how participants' therapists integrated discussions about current events, as well as their more general perspectives on helpful and unhelpful experiences. A total of 107 participants provided data on these questions at least once over 12 months of surveys (M age = 33.79; 70.1% White), reflecting on their current therapy experiences. Through thematic analysis of qualitative data, the following themes were constructed regarding discussing sociopolitical events: (a) facilitating coping via bearing witness to clients' internal experiences and implementing other therapeutic interventions; (b) moving beyond the individual by integrating identity, systems, or contexts; (c) feeling disconnected and misunderstood. We grouped participants' helpful experiences into the following themes: (1) availability, connection, and therapeutic approaches facilitate positive experiences; (2) the necessity of knowledge, education, and affirmation of TGD identities; (3) helpful therapy means seeing the world in which clients live. We grouped participants' unhelpful experiences into the following themes: (1) logistical issues can interfere with therapy; (2) lack of depth and disconnection results in subpar therapy; (3) insufficient understandings of TGD identities results in potentially harmful practices. These findings deepen understandings of how to integrate discussions about current events into therapy and provide competent and affirming care to TGD clients.

Public Significance Statement

General therapeutic skills are essential to the quality of care transgender clients receive, but so are identity-specific factors. Therapists can improve their work with transgender clients by attending to how sociopolitical contexts and identity shape lived experiences.

Keywords: transgender, gender minorities, therapy, helpful, sociopolitical context

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continued

Transgender and gender-diverse (TGD) people represent a broad group whose gender identities differ from the gender identity typically associated with their sex assigned at birth, including individuals who are trans men, trans women, genderqueer, and nonbinary people, among others. In the field of psychology, TGD people have historically been mistreated, pathologized, and had their lives and access to gender-affirming care regulated in oppressive ways (Schuster, 2021). This history can create affective blocks of stigma and oppression (Ciszek et al., 2021), resulting in many TGD people being cautious when seeking therapy services. TGD clients may expect mistreatment and poor outcomes, particularly if they have had negative experiences in the past (Applegarth & Nuttall, 2016). In addition, this history has resulted in a lack of education on the part of providers about competent and affirming care (American Psychological Association [APA], 2015; King et al., 2007; Puckett et al., 2022). Given these challenges and the potential for therapy to play a positive role in TGD people's lives, we sought to understand more about how TGD people experience therapy. More specifically, given how TGD people's identities and lives are inherently connected to the broader sociopolitical climate (Ashley & Domínguez, 2021), we sought to understand how therapists respond to and interact with TGD clients regarding these contextual factors. In addition, we explored overall experiences in therapy and what TGD clients find helpful and unhelpful.

Many TGD people will seek therapy at some point, whether to improve mental health and well-being in general or as part of their process of affirming their gender (Bartholomew et al., 2019; King et al., 2007; Platt, 2020). For instance, the U.S. Trans Survey found that 58% of participants had sought therapy already, with 77% of the

sample desiring therapy in the future (James et al., 2016). In relation to TGD people's gender experiences, therapy may include evaluation for gender-affirming medical care, care planning, and support around exploring one's gender or decreasing gender dysphoria (Bockting et al., 2006). Outside of gender-related topics, a TGD client could seek therapy for the same range of needs as a cisgender client, including personal growth, improving relationships, and reducing emotional distress (Rachlin, 2002).

When seeking therapy, TGD people encounter providers who vary widely in their knowledge about TGD people's lived experiences, resulting in vast differences in the quality of therapy services (Holt et al., 2021; King et al., 2007). Unfortunately, this means that negative therapy experiences are commonplace for TGD people (Elder, 2016). Due to negative therapy experiences, TGD individuals may feel hesitant to share information about their gender with therapists or fear that they need to "prove" their gender, depending on the provider's knowledge of TGD people's experiences (Applegarth & Nuttall, 2016). These concerns can likely impair the therapeutic relationship and may influence therapy outcomes.

TGD people report a variety of unhelpful experiences in therapy. Some examples include therapists being dismissive of TGD clients' identities, misgendering clients by deadnaming (i.e., using a person's given name vs. a chosen name) and using the wrong pronouns, and gatekeeping or creating barriers to TGD people's access to medical gender affirmation processes (Bess & Stabb, 2009; Cavanaugh & Luke, 2021; Elder, 2016). TGD people also report that educating their providers about appropriate and competent care is burdensome (King et al., 2007). TGD clients also note that it is unhelpful when therapists gloss over other aspects of identity such as race, sexuality,

understanding the role of marginalization stress and mental health disparities in the lives of transgender and gender-diverse communities and addressing these within societal, clinical, and research contexts.

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and religion or when they do not consider how these intersectional experiences play a role in their mental health (Applegarth & Nuttall, 2016; Berke et al., 2016; Elder, 2016). Negative experiences also span beyond individual interactions, as the forms and documentation providers use can also be marginalizing if they include heteronormative or cisnormative content (Israel et al., 2008; Puckett et al., 2018).

Research has also found that TGD people report specific therapy experiences being helpful. For starters, good quality clinical skills are essential for TGD clients' helpful experiences, as would be the case for any client, such as being a skilled listener (Applegarth & Nuttall, 2016; Cavanaugh & Luke, 2021; Hunt, 2014). Related to being a TGD person, having a therapist who is validating of TGD identities and is supportive of clients affirming their gender experiences is also helpful (Alessi et al., 2019; Berke et al., 2016; Chen et al., 2020; Rachlin, 2002). Other acts of affirmation include using the correct name and pronouns, being responsive to feedback, and acknowledging and disrupting cisnormativity (e.g., discussing identity exploration in positive and affirming ways rather than emphasizing stability of identity; Anzani et al., 2019). For some TGD clients, it also may be helpful to have therapists who share their gender identity, are part of the broader lesbian, gay, bisexual, transgender, and queer community, or identify with similar racial or ethnic backgrounds (Bess & Stabb, 2009; Cavanaugh & Luke, 2021; Chen et al., 2020; Israel et al., 2008; King et al., 2007).

Another aspect of competent care is recognizing that TGD people's experiences are connected to power structures (Ashley & Domínguez, 2021). The sociopolitical climate in the U.S. is one in which the rights of TGD people are being actively targeted. There has been an increase in proposed legislation to reduce access to gender-affirming care and reduce legal protection from discrimination (Ashley & Domínguez, 2021). Furthermore, in addition to their direct effects, these legislative efforts, whether enacted or not, weigh heavily on the mental health and well-being of TGD people (Price et al., 2021). For instance, a recent survey by *The Trevor Project* (2022) found that 85% of TGD youth reported that current debates about legislation restricting the rights of TGD people were negatively impacting their mental health. As such, it can be critical for therapists to recognize the sociopolitical contexts that may influence mental health, identity development, and overall well-being (Singh, 2016; Singh & Dickey, 2016).

Literature addressing affirming clinical practice with TGD clients has grown over the years, including the creation of the American Psychological Association's guidelines for practice with TGD clients (APA, 2015). These guidelines were released in 2015 and, at the time of this writing, are being revised. These guidelines provide various aspirational calls to therapists, including to be mindful about the impact of stigma and minority stress on TGD clients. Although these guidelines provide overarching direction on how to approach therapy with TGD clients in an affirming way, they also lack specificity in the types of behaviors or actions that may demonstrate the implementation of these guidelines.

Given the range of therapy experiences TGD people report in the literature and the implications for quality of care, we sought to understand more about the nuances of TGD people's experiences in therapy. We also specifically wanted to understand more about how therapists respond to sociopolitical events. Although past research has generally documented helpful and unhelpful experiences, there has been little investigation into how therapists respond to the ongoing contextual factors that impact TGD clients' lives. In addition, much of

the past research on therapy experiences has relied on data from a single time point when interactions with providers can evolve and change over time. Our study expands on this foundational literature by examining therapy experiences in a year-long study.

Method

Participants

Data reported in this article are from a broader study that was not specific to therapy experiences (i.e., participants did not have to be in therapy to join the study). In the broader sample, there were a total of 158 participants who completed the baseline data collection. There were 107 (67.72%) participants who provided any information about therapy experiences across the 12 months of monthly surveys that followed baseline data collection. The data presented in this analysis are specific to this subset of participants. Table 1 provides an overview of the demographics for the total sample and the subgroup of participants included in the current analyses. Participants in the present analyses ranged in age from 19 to 66, with an average age of 33.79 ($SD = 12.50$). Participants had a range of gender identities, including trans men (21.5%), trans women (21.5%), and nonbinary (27.1%), among others. The sample was primarily White (70.1%) and identified their sexual orientation as queer (54.2%).

Procedure

Participants were recruited through outreach to community organizations (both in-person and virtual), snowball sampling, and social media. If interested, participants first completed a screener questionnaire with items about basic demographics and contact information. This allowed us to purposefully enroll participants with a range of identities across locations within each state. To be eligible for the study, participants had to be above the age of 19 (the age of majority in Nebraska), TGD identified, and live in either Oregon, Michigan, Nebraska, or Tennessee. We intentionally recruited from these states because they represent a range of sociopolitical climates for TGD people (see *Movement Advancement Project*, 2017 for state-level ratings of policies and protections for TGD people). Participants were not required to be in therapy to participate; instead, we simply report data from the subset of participants who reported being in therapy at any point in the monthly data collection in the current analyses.

A broad overview of the study process is provided here to better understand the experiences of participants, even though not all components were included in the current analysis. Baseline data collection entailed an in-person visit with a semistructured interview, followed by quantitative surveys and the collection of biomarker samples for health measures. After this, once the full sample was enrolled, participants completed monthly surveys at the start of each month, reflecting on the prior month's experiences, for 12 months from April 2020 to March 2021. These monthly surveys included questions about participants' experiences in therapy over the prior month and are the basis for the current analyses. After these 12 months, participants completed a virtual semistructured interview and then a brief in-person meeting for the final collection of biomarker data. Information from baseline data or follow-up interviews are not included in the present article. At baseline, participants provided information about their views of their therapists' knowledge in working with TGD clients, how long they had been in therapy with this therapist, and other pertinent details about

Table 1
Sample Demographics

Characteristic	Full sample (<i>N</i> = 158) <i>N</i> (%)	Reported therapy data during 12 months of study (<i>n</i> = 107) <i>n</i> (%)
Gender identity		
Transman/trans man	37 (23.4%)	23 (21.5%)
Transwoman/trans woman	32 (20.3%)	23 (21.5%)
Genderqueer	16 (10.1%)	9 (8.4%)
Non-binary	40 (25.3%)	29 (27.1%)
Agender	3 (1.9%)	1 (0.9%)
Androgynous	1 (0.6%)	1 (0.9%)
Genderfluid	2 (1.3%)	1 (0.9%)
Woman	9 (5.7%)	7 (6.5%)
Man	6 (3.8%)	4 (3.7%)
Bigender	2 (1.3%)	2 (1.9%)
Not listed	9 (5.7%)	6 (5.6%)
Missing	1 (0.6%)	1 (0.9%)
Sex assigned at birth		
Female	105 (66.5%)	68 (63.6%)
Male	52 (32.9%)	38 (35.5%)
Missing	1 (0.6%)	1 (0.9%)
Race or ethnicity		
Black or African American	8 (5.1%)	6 (5.6%)
American Indian or Alaskan Native	2 (1.3%)	1 (0.9%)
Asian	6 (3.8%)	4 (3.7%)
Latinx	6 (3.8%)	5 (4.7%)
White	109 (69%)	75 (70.1%)
Not listed	1 (0.6%)	0
Multiracial/multiethnic	26 (16.5%)	16 (15.0%)
Sexual orientation (check all that apply)		
Bisexual	44 (27.8%)	29 (27.1%)
Gay	23 (14.6%)	16 (15.0%)
Lesbian	20 (12.7%)	16 (15.0%)
Queer	83 (52.5%)	58 (54.2%)
Asexual	16 (10.1%)	10 (9.3%)
Pansexual	60 (38%)	44 (41.1%)
Heterosexual/straight	8 (5.1%)	5 (4.7%)
Not listed	8 (5.1%)	6 (5.6%)
Education level		
High school graduate—high school diploma or equivalent	14 (8.9%)	6 (5.6%)
Some college credit, but less than 1 year	8 (5.1%)	4 (3.7%)
Technical or vocational school degree	5 (3.2%)	3 (2.8%)
One or more years of college, no degree	42 (26.6%)	25 (23.4%)
Associate's degree	18 (11.4%)	15 (14.0%)
Bachelor's degree	52 (32.9%)	42 (39.3%)
Master's degree	16 (10.1%)	10 (9.3%)
Doctorate or professional degree (e.g., PhD)	2 (1.3%)	1 (0.9%)
Graduate of a certificate program	1 (0.6%)	1 (0.9%)

their therapy experiences (see Puckett et al., 2023 for more details). However, we cannot be certain that these providers are the same therapists that participants were seeing at the monthly follow-up as we did not ask this information. Given this, we only report details about participants' monthly therapy experiences in the present article. This study was not preregistered and was approved by the institutional review board of the University of Oregon.

Measures

Demographics

Participants completed items assessing various demographics, including age, gender identity, sex assigned at birth, race or ethnicity, and others (see Table 1, for response options).

Therapy Experiences

Each month, participants completed a series of investigator-created items to reflect on their experiences in therapy over the prior month. They were asked if they were currently seeing a mental health provider (*yes, no*). Following this, participants were asked, "In therapy, have you discussed current events related to the transgender community?" (*yes, no*). If *yes*, they were asked, "Please explain more about what these conversations were like and how you felt about your therapist's responses on these issues," followed by a text box. Participants who were in therapy that month were asked about helpful ("Thinking about your therapy experience as a transgender person over the past month, what has your therapist done that has been helpful?") and unhelpful experiences ("Thinking about your therapy experiences as a transgender person over the past

month, what has your therapist done that has been unhelpful?"). These answers were provided via text boxes.

Analysis Plan

SPSS (Version 26) was used to analyze descriptive data about the sample and how many participants responded to study questions. Qualitative data were analyzed using Dedoose software (Version 7.0.23; [SocioCultural Research Consultants, 2016](#)). We conducted a thematic analysis for the qualitative responses ([Braun & Clarke, 2006, 2022, 2023](#)), using modifications to facilitate the involvement of a coding team. The team took an experiential, inductive approach to coding.

Our approach to the thematic analysis was as follows: (a) We began with familiarization. The first author reviewed all qualitative data and constructed a codebook that entailed codes, definitions, and exemplifying quotes. Although a codebook is not necessary in all types of thematic analysis, we utilized this to facilitate the involvement of multiple coders. Following this, the coding team collaborated to revise the codebook and the group met regularly to facilitate an iterative revision process. Teams of two coders were then assigned to each question. Reliability coding was completed for each question, with scores on the final test ranging from .76 to .86 across coders, indicating excellent agreement ([Fleiss, 1971](#)). (b) Following this, the team completed coding for all of the data and reviewed the coding multiple times to ensure consistency. (c) We then began to generate ideas for themes by examining the relationships between codes and how they clustered together around a central concept or idea. (d) Next, we continued to develop and refine the themes, including reviewing the content within each theme and how the themes related to the overall data. (e) Following this, we continued refining the themes, including naming and developing descriptive definitions of each theme. (f) Finally, we produced the written description of the findings. A high-level overview of findings was produced in [Supplemental Figure 1](#). The team took a variety of steps to ensure methodological integrity ([Levitt et al., 2018](#)), including: regular meetings during the coding process, reliability testing, iterative revision of the codebook, audits of each code to ensure data were properly coded, and we provide ample quotes throughout the results to demonstrate each theme.

Results

Over the course of the 12 monthly surveys, 107 (67.72%) participants endorsed attending therapy during at least 1 month of data collection. Of these participants, 87 (81.31%) discussed current events with their therapist at least once over the year, whereas 20 (18.69%) did not discuss any current events. The number of participants who provided written data each month describing these conversations ranged from 17 to 32, with 297 data points across the 12 months ($M = 24.75$). In terms of responses about helpful therapy experiences, there were 658 responses (range across 12 months = 45–69; $M = 54.86$). And, for responses about unhelpful therapy experiences, there were 615 responses (range across 12 months = 42–62; $M = 51.25$).

Qualitative Findings From Thematic Analyses

Findings are organized by question to provide depth in each domain: (a) Responses to Sociopolitical Events; (b) Helpful Experiences; and (c) Unhelpful Experiences.

Responses to Sociopolitical Events

Facilitating Coping Via Bearing Witness to Clients' Internal Experiences and Implementing Other Therapeutic Interventions. Participants reported their therapists used a variety of general strategies to facilitate coping. At a basic level, participants felt affirmed when therapists conveyed empathy and validation for their experiences, such as this participant: "I was the victim of a hate crime, and she gave me resources and validated how upset I was." Participants also needed to feel that their therapists listened to their concerns (e.g., "It's just a lot to deal with right now and she doesn't have all the comforting answers I want to hear (not that she should). She is a very empathetic listener though."). These responses left clients feeling that their therapist was engaged and began to facilitate coping in response to challenges.

The relationship between participants and their therapists also helped them to cope with challenges. As one participant reflected,

My relationship with my therapist is one of the most valuable things in my life. She is a cisnet [cisgender and heterosexual person], but she does her research and makes sure she knows what I'm going through. She responds the way I need her to in nearly every situation.

Beyond the relationship, participants also reported that therapists facilitated coping via other therapeutic interventions such as encouraging emotional exploration (e.g., "She helps me talk through my emotions about it which is helpful"), encouragement to connect with others (e.g., "Conversations have been great. My therapist has been helping me brainstorm how to feel safer in my own home and how to get more involved within the BIPOC [Black, Indigenous, People of Color] community"), and helping clients to recognize their own agency (e.g., "We discuss current events and how they may affect me or loved ones. The discussions revolve around the things I can do vs. what I can not do. I feel it helps [ground] me so I do like the responses being put in relation to how they actually affect me or my friends/family"). Overall, these types of responses seemed to support clients in feeling safe to share their experiences in therapy and helped guide them in navigating challenges.

Moving Beyond the Individual by Integrating Identity, Systems, or Contexts. Some participants shared that their therapists integrated aspects of their identity or the systems and contexts in which they were living. Some therapists highlighted how clients' experiences were connected to systems of oppression, such as the following example: "We discussed my current eating disorder and how current events [are] triggering my old behaviors." Often, this manifested as providers acknowledging specific events that occurred. Examples of events included the 2020 election, hate crimes, TGD people's rights in the military, Donald Trump's presidency, hate groups, news stories, Trans Day of Remembrance, Supreme Court decisions, protests, laws that were up for vote, the death of Supreme Court Justice Ruth Bader Ginsburg, and others. Less often, participants also noted celebrating political and social events they viewed as positive, such as the actor Elliot Page coming out and Joe Biden's presidential election win. Relatedly, participants noted their therapists staying informed about events or how aspects of their identities may relate to their well-being (e.g., "My therapist is amazing. She has done some additional work to learn more about how my indigenous side and ancestral as well as historical trauma may play a role in my healing"). In sum, these types of experiences went beyond the

individual to acknowledge the broader contexts of participants' lives and how this shaped their well-being.

This theme also included when therapists integrated information about themselves into the therapy experience. Some participants stated that they felt more connected and understood when their therapists disclosed a shared perspective (e.g., "She commiserates with me and affirms the horrors of living in this culture as a trans person"). Some of the responses in this theme also reflected who the therapist was—more specifically, whether they were an ally or if they were also TGD (e.g., "I like that I can talk about these things and my therapist knows what I'm talking about because he's a trans man. I don't have to explain every little thing"). Having a TGD therapist made participants feel more connected and allowed them to use their therapy hour to focus on things they wished to discuss rather than having to educate the provider.

Feeling Disconnected and Misunderstood. Some participants described experiencing ruptures in their relationships with their therapists. This included their therapists asking questions in ways that troubled participants, such as the following provider who overemphasized the client's identity:

I was uncomfortable because, while I did not attend this therapist to speak about my gender, she seems invested in asking me questions about my body, my presentation, and how my family perceive and interact with me. She asked if my family refers to me as my preferred name or my deadname, but she did not say my preferred name out loud and did say my deadname.

Other examples of rupturing responses were feeling that the therapist's response lacked substance (e.g., "I felt like the responses were either canned or they expressed surprise that 'these kinds of things' were still happening"), that common therapeutic techniques were used to "gaslight" clients (e.g., "For example, when I expressed disappointment in my mom still deadnaming and misgendering me after a year+ of transition, he asked me to consider the evidence of that"), and minimizing or being dismissive of clients' experiences (e.g., "When I was inpatient, I felt that most of my treaters thought I was overreacting at best and detached from reality at worst when I explained how afraid I was of threats to queer people and other minorities increasing up through and after the November election. It was extremely exasperating and increased my feelings of hopelessness"). Other therapists encouraged actions that were out of touch with the significant marginalization in TGD people's lives, such as:

My therapist attempted to get me to be more forgiving of people's politics, I replied by informing her that I had already ended several friendships because they voted tRump [Donald Trump]. She informed me I shouldn't allow politics to influence whether someone is my friend. I told her "putting the many horrible things he has done aside, how would you feel if I came to you and told you, 'I support the candidate who is taking your rights away and wishes to wipe out your right to [exist], but lets still remain friend ok.'" give me break, someone who would throw me under the bus is not the kind friend I want around, if they hate me that much why do they want to hang around? so they can gloat over my pain ~ ~ ~ they can get lost.

Some participants also described their therapists as lacking an understanding of TGD people's lives and experiences, such as the following example: "My therapist is not as educated as would be ideal. The lack of knowledge makes it difficult to address what lies beneath the surface." In such cases, some participants then had to

educate their providers, placing an unnecessary burden on the participants. These experiences left clients feeling that they did not make as much progress in therapy, resulting in disappointment with their therapists.

Some participants also reported feeling hopeless that therapy would be able to help them with any issues they were facing. This participant's responses exemplified this sentiment:

There's just very little that anyone can do for me. I feel like the world is a dangerous and threatening place because it objectively is. 1,500 people die of Covid every day. Our assclown president has pretty boldly stated that he won't leave office peaceably if he loses the election. He's also openly trying to incite his craziest followers to violence. What pill do you take for that? Which post-it note affirmation should I stick to my mirror? These are not the kind of problems that get solved in a social worker's office.

This participant demonstrates the difficulty facing TGD people in therapy given the complexity of the world and the numerous threats to TGD people, specifically and more general threats to safety. Furthermore, this quote demonstrates an awareness of the health industry's problematic aspects that can at times treat all issues as if there is an easy solution via the deductive biomedical model. In summary, these participants highlight the complexity of behavioral health care and the cracks in the system designed for solution-based care instead of whole-person, contextualized care.

General Experiences in Therapy Described as Helpful

Availability, Connection, and Therapeutic Approaches Facilitate Positive Experiences. Participants reported various experiences that highlighted the importance of therapist availability, in both a practical and theoretical sense. For example, participants endorsed appreciating their therapists making themselves available in general (e.g., "We had a session and she was able to schedule me pretty quickly"). Some participants' responses particularly centered the therapist and the therapeutic relationship. Participants found it helpful when their therapists validated their thoughts, feelings, and experiences, in addition to active listening (e.g., "Just listen and let me ramble. I don't get to speak what's truly on my mind with my family, and I haven't spoken with friends"). The connection with a therapist also provided participants a space to express emotions in relative safety (e.g., "He provides an outlet to help organize & externalize my feelings"). These types of experiences demonstrated that the therapist was attuned and available within the session.

Some participants also commented on their therapists' specific approach to therapy as something that made it helpful. Some therapists helped participants work on specific goals (e.g., "She has remained positive about obtaining any of my immediate personal goals"). In a related vein, several responses mentioned that therapists highlighted their clients' positive experiences and progress (e.g., "Validated my feelings and progress and has helped me stay realistic about how long it takes to conquer some of my life hurdles"). In some cases, participants highlighted the specific therapeutic approach as particularly helpful, such as a specific type of therapy (e.g., "Easing our way into interpersonal family systems approach"). Participants also described the ways that therapy helped them to cope with challenges in their lives, including via learning to reframe their thinking and take on a new perspective (e.g., "tries to direct my thoughts in healthier ways"), providing help navigating relationships,

directing participants to resources, and supporting clients in seeking out or modifying their medication regimens.

The Necessity of Knowledge, Education, and Affirmation of TGD Identities. Participants indicated that it was helpful when their therapists were already knowledgeable about TGD identities and experiences (e.g., “Never asks me to explain what I mean or what I am talking about in reference to medical transition. Asks me what I want”). When therapists may not be knowledgeable enough, it was helpful for them to seek education on TGD-related topics and other marginalized identities on their own time rather than relying on their clients for education (e.g., “Educating herself and staying current on events in the news”). In line with being educated, participants also shared that it was important for therapists to use affirming language, such as getting their names correct. Several participants also indicated that having a therapist who was also TGD was particularly beneficial as there was an assumption of shared knowledge and views related to being TGD (e.g., “he’s also trans so I don’t have to explain trans stuff to him”).

Participants reported that it was helpful when therapists supported them in exploring, affirming, or accepting their identity, such as this experience: “helped externalize a lot of the heteronormativity and transnormativity I’ve internalized.” Similarly, participants found it helpful when therapists supported them in accessing means to affirm their gender. At the same time, participants found it important that therapists not overemphasize their TGD identities (e.g., “I think that her attention to me as a whole person is helpful. She doesn’t try to connect unrelated topics to me being transgender which I think is helpful”). These responses demonstrated the nuanced balance therapists might need when integrating aspects of identity.

Helpful Therapy Means Seeing the World in Which Clients Live. In some cases, participants indicated that their therapists provided assistance by integrating a recognition of the broader sociopolitical context and systems of power and privilege. For example, participants highlighted how therapists helped them cultivate agency: “She’s helping me build the confidence to apply to a company where it is safe for me to be out.” Therapists also acknowledged the role of participants’ context in shaping their responses or lived experiences (e.g., “Just validated the reasonableness of my emotional responses to current events”). Integrating the broader context and systems into treatment was therapeutically beneficial to these participants as it communicated that therapists were seeing the external factors that may shape clients’ day-to-day experiences.

General Experiences in Therapy Described as Unhelpful

Logistical Issues Can Interfere With Therapy. Participants expressed frustration about therapists missing scheduled sessions, starting sessions late, being unavailable, or struggling to find a time to meet with their therapist. In addition, some participants expressed frustration with the telehealth modality, as this data were collected during the COVID-19 pandemic, such as the following participant: “Switched to video sessions. I’m in a 2 bedroom apartment with 2 other people. I have no privacy to actually have an effective session. I fear being overheard.”

Lack of Depth and Disconnection Results in Subpar Therapy. Some participants expressed that their therapists dismissed their perspectives (e.g., “invalidated feelings about some things (non-trans related)”) or failed to recognize differences between their experience and the client’s (e.g., “She doesn’t realize

the huge economic differences we have”). It also was common for participants to report feeling disconnected from their therapists (e.g., “I just don’t really vibe with her”). Some participants also shared that their therapists discussed their own lives and experiences in circumstances where it was not therapeutically helpful. In addition, some participants indicated that therapy lacked the depth that would make it more beneficial to their mental health, such as the following: “Sometimes our sessions don’t go deeper than what I did over the past week, when I have things, I want to talk about but don’t know how to bring it up.” Furthermore, some participants reported that their therapists’ comments did not effectively provide support and, in some cases, made participants feel worse (e.g., “... attempted to shame me for something I had no control of”).

Insufficient Understandings of TGD Identities Results in Potentially Harmful Practices. Several participants reported that therapists minimized their gender identity or gender-related experiences. One participant described an incident typical of others’ responses:

Expressing a sense of disbelief at what I’ve experienced as a trans person, almost as if they couldn’t believe that such things would happen “in this day and age.” I then feel like I’m either exaggerating my experiences or overreacting, or that I’m just not being believed.

In contrast, several participants indicated that their therapists over-emphasized or generalized aspects related to gender in ways that were not therapeutic (e.g., “Keeps asking probing questions about my experience with gender growing up, which was largely a non-issue. I’m lucky enough that even before COVID most of my stressors aren’t gender-related”). Some participants also shared that their therapists were naïve to the nuances of the stressors and discrimination TGD people experience (e.g., “She doesn’t understand what it feels like to be trans”), with some participants having to educate providers. A few participants also described that their therapists made seeking social or medical gender affirmation more difficult or time-intensive (e.g., “Taking really long to get my therapist letter turned for top surgery. Now I have to wait months longer than before which really sucks ...”). In addition, some participants’ therapists misgendered them or other TGD individuals. These types of behaviors can alienate clients, expose them to minority stressors, and increase barriers to gender-affirming medical care.

Integration of Findings

Participants endorsed various helpful and unhelpful experiences ranging from generic to identity specific. This analysis revealed the necessity of nuanced discussions about identity and the broader sociopolitical context that consider individual variability in the centrality of TGD identities while also using the therapist’s position of power to name oppression and validate harms from the broader sociopolitical context. [Supplemental Figure 1](#) was created to provide an overview of the findings in our current analyses and how these may span across levels of the socioecological model, contrasted with examples of minority stressors as proposed in the Sexual and Gender Minority Health Disparities Research Framework ([National Institutes on Minority Health & Health Disparities, 2021](#)).

Discussion

These findings expand our understanding of how therapists integrate sociopolitical factors and explore more closely helpful

and unhelpful therapy experiences over the span of a year rather than at a single time point. Related to sociopolitical events, it was encouraging that most therapists (81.31%) addressed current events at some point throughout the study. Even so, approximately one out of five participants had therapists who did not acknowledge current events. As others have shown, the sociopolitical context and current events, such as legislative efforts, can significantly affect TGD people's well-being (Price et al., 2021). Future research is needed to understand therapist decision-making and how providers approach these conversations. In addition, future research is needed about whether integrating these conversations benefits the therapeutic alliance and client outcomes. In this study, we did not inquire about reactions to therapists not addressing current events, which would have added important information.

The findings demonstrate that discussions about current events can be handled in ways that facilitate connection and rapport or rupture the therapeutic relationship. In these conversations, basic therapy skills (e.g., validation and empathy) were critical. This finding aligns with past research showing that basic therapy skills are central to affirming care (Applegarth & Nuttall, 2016; Cavanaugh & Luke, 2021; Hunt, 2014). In addition, when therapists integrated a focus on identity, systems, or context, this appeared to strengthen the discussion and validate client concerns. These discussions helped name the social systems clients live within and let clients know that therapists were invested in understanding events impacting TGD communities. Conversely, when therapists were uninformed, lacked understanding, or invalidated their clients' experiences, this negatively impacted therapy.

Regarding helpful therapy experiences, general therapeutic skills such as therapists expressing validation and helping clients develop coping skills were again necessary. Beyond this, integrating identity-based discussions and the contexts or systems in which clients lived added to helpful experiences. Similar to other research, our findings indicate these are nuanced conversations, as over-emphasizing identity can be problematic too (Hunt, 2014). Following the client's lead about the centrality of identity or accepting feedback about how much therapy should focus on gender can help facilitate positive outcomes in these conversations.

In relation to unhelpful experiences, there were generic experiences that may impact any client—such as feeling that therapy was unproductive, disconnected, or had a superficial focus, in addition to therapists having limited availability or client concerns about telehealth. Beyond these concerns, participants articulated specific, identity-related unhelpful experiences. In line with minority stress models (Brooks, 1981; Meyer, 2003; Testa et al., 2015), these findings similarly demonstrate the added burden of stress that TGD clients endure as they face generic challenges and these additional identity-related negative experiences. The negative experiences reflected in this study resonated with existing literature. As others have found, having one's gender minimized or overemphasized can be problematic (Hunt, 2014; Mizock & Lundquist, 2016). In addition, gatekeeping, being misgendered, and having therapists who lack knowledge about TGD people's experiences result in negative therapy experiences (Puckett et al., 2018).

One striking point to consider in this study is that many providers were likely perceived positively at some point by these participants. In our past research from this study (Puckett et al., 2023), participants rated the therapists they saw at baseline very positively (e.g., 71.4% were extremely satisfied with their therapist and 89.1% said

their provider was at least moderately knowledgeable). Even so, many participants still had concerning negative experiences in therapy. Although we cannot be sure the providers are the same as those seen at baseline, which is a limitation, there are a few possible conclusions about this conflicting information. This could mean that even knowledgeable therapists are still undertrained and lack awareness. For instance, Budge et al. (2021) evaluated therapists trained in TGD-affirming practices and noted that clients were more likely than providers to initiate discussions about minority stressors. They also found that even after clients started these discussions, therapists only responded or intervened to address the topic 67.67% of the time. Alternatively, it could mean that TGD people temper their expectations about good quality care, thus rating therapists higher in their competency even though they had a variety of negative experiences. These findings in comparison to baseline also highlight the importance of longitudinal data. Had we gathered information at a single time point, we may have been likely to see overwhelmingly positive responses to participants' therapists. However, following participants' experiences over time allowed us to learn more about how these experiences evolved and changed as therapy progressed and as sociopolitical events transpired. Even so, again, we cannot be certain that the therapists participants were seeing at baseline were the same as those they worked with across the year of follow-up surveys, and this is an important caveat to comparing the information reported here to baseline levels of satisfaction with providers.

Implications for Clinical Practice

To be a competent and affirming provider for TGD clients requires developing quality clinical skills, such as empathy, and therapeutic techniques that assist clients with distress, in addition to developing specific knowledge and expertise in the lives of TGD people. These findings suggest that therapists cannot overlook the importance of high-quality basic therapy skills. In addition, we caution against providers believing this is all it takes to be a competent and affirming provider. Some therapists tend to view a lack of overt prejudice as indicating that they are skilled in working with TGD people. On the contrary, our findings suggest that therapists must invest their time and energy in learning about the unique life experiences of TGD people, such as common identity development experiences or current events. Otherwise, their clients may feel disconnected, feel less understood, or be burdened with educating their providers.

We suggest that therapists stay up to date with the latest guidelines for practice with TGD clients (APA, 2015), as these provide aspirational direction for TGD-affirming care. In addition, therapists may benefit from evaluating whether they are implementing the types of strategies and behaviors that demonstrated TGD-affirmative care in this study. Therapists will need to be comfortable having identity-related conversations, such as allowing space for clients to explore their identity and supporting clients in accessing the means to affirm their gender. This process also entails therapists using affirming language, such as the correct names and pronouns for clients. Furthermore, providers can operate from an empowerment perspective that helps clients develop agency and recognizes the context and systems of power that shape clients' lives. Taking these factors into account in case conceptualizations is an excellent way to

acknowledge the minority stressors or social and political factors influencing clients' mental health (Pachankis et al., 2022).

The co-occurrence of positive and negative therapy experiences also highlights the importance of repair within therapy. By having more conversations about identity, there are more opportunities for both positive and negative experiences to occur. Therapists will benefit their clients by addressing mistakes when they happen and making intentional repairs. It is more beneficial for therapists to be prepared for these mistakes rather than assuming they will not occur. By reflecting on how they will acknowledge missteps, therapists will be prepared when these situations arise. In addition, it is important that therapists not shift the therapy focus to their own discomfort or shame and instead should keep apologies to the point with intentional efforts to change their behaviors in the future.

Finally, therapy can be strengthened by integrating a balanced focus on the broader sociopolitical context in a way that meets the client's needs. Through being curious about connections between client experiences and their context, therapists can broach these topics in an open way. This allows clients to provide direction about how much of a connection they believe their experiences have to contextual factors while not overemphasizing their identity or pushing a therapist's views onto the client. Furthermore, initiating these conversations can invite clients to consider connections that may have been outside of their awareness in the past, opening doors for new understandings of how systemic issues may shape their individual experience. We realize that many therapists may have been taught to leave sociopolitical discussions out of their work with clients. We invite therapists to consider the implications of this as such actions inherently result in overlooking critical life experiences that TGD clients are enduring.

Limitations

Although this study provided valuable insight into the experiences of TGD individuals in therapy, there are limitations. First, participants in this study predominantly identified as White, meaning that these findings over-represent their experiences compared to those of TGD people of color. Similarly, the question regarding current events specifically asked participants about events related to the TGD community. As such, we may have missed experiences of discussing other identity-relevant current events. In addition, not all participants who reported discussing current events with their therapists provided an open-ended answer to elaborate on those interactions. Given the nature of open-ended responses, we could not seek additional clarification or ask follow-up questions which may be possible in interview-based studies. We also were not able to explore whether the length of time in therapy with providers influenced participant responses. Although we gathered information about the length of therapy at baseline (see Puckett et al., 2023), it is possible that participants changed therapists over the year they were in the study. Clients who have been seeing their therapists longer may draw on more information from their relationship with their respective provider, which could influence how they experience or respond to their therapists' actions. Finally, these data were collected in 2020–2021, during the COVID-19 global pandemic, when many mental health services were provided via telehealth and there was substantial social and political upheaval. This may have impacted some of the participants' preferences for therapy modality or how they perceived current events.

Conclusions

TGD people's lives are impacted by the broader sociopolitical contexts within which these communities live. These findings can inform therapists about having supportive and affirming conversations with their TGD clients. Developing competence in clinical practice with TGD individuals involves more than the absence of negative experiences. Providers must also explicitly engage in efforts to improve their knowledge about the lived experiences of TGD people and how systems of power shape life experiences and mental health. Furthermore, given these insights, it is vital that providers actively create an inclusive space for TGD clients and engage in continuous improvement and self-evaluation to maintain this environment.

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