Trans in treatment: a mixed-method systematic review on the psychotherapeutic experiences of transgender and gender diverse people

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ABSTRACT

Transgender and/or non-binary (TNB) individuals encounter a variety of attitudes from mental healthcare professionals in therapeutic contexts, ranging from microaffirmations to the reinforcement of cis- and heteronormative stereotypes and even overtly invalidating behaviors or communications. Given the scarcity of literature addressing the therapeutic experiences of TNB individuals, the current mixed-method systematic review aimed at better understanding the factors that promote or adversely impact the therapeutic experiences of TNB individuals in clinical contexts. A comprehensive search for relevant records published before August 1, 2024, was conducted across four databases (*i.e.*, Scopus, Web of Science, PubMed, PsycInfo), following PRISMA guidelines. The inclusion criteria specified that only peer-reviewed, indexed, English-language articles addressing the therapeutic experiences of TNB individuals would be selected. A total of 20 studies (both quantitative and qualitative) met these criteria. A meta-synthesis of the selected studies identified three main themes: (1) factors influencing therapist selection and reasons for seeking psychotherapy (*e.g.*, quality of life, gender-specific concerns); (2) factors contributing to a positive therapeutic relationship (a nurturing therapeutic alliance that, *e.g.*, acknowledges authentic gender and addresses intersectional stigma); and (3) factors contributing to negative encounters with mental healthcare providers (*e.g.*, micro- and/or macroaggressions, inadequate trans-specific knowledge, pathologization of TNB identities). Recommendations for future research and clinical practice addressing the needs of TNB individuals in psychotherapy are provided.

Key words: transgender and non-binary individuals; mental health providers; microaggressions; mixed-method systematic review; therapeutic relationship.

Introduction

The term "transgender" (or "trans," more broadly) is a fluid and evolving concept (Saketopoulou, 2020) describing individuals whose gender differs from the sex they were assigned at birth (American Psychological Association, 2015). In the literature, the acronym TGD (transgender and gender diverse) is widely applied to refer to a range of identities that do not conform to societal cisgender binaries (*e.g.*, binary trans, genderqueer, non-binary) (Scheim & Bauer, 2015). However, in this paper, we use the term TNB (*i.e.*, transgender and non-binary) to include also individuals with non-binary identities who do not identify as transgender.

It is well documented that TNB individuals frequently expe-

rience stigma and discrimination, not only within society at large but also within healthcare settings. Through acts of omission or commission, healthcare providers often fail to meet their needs (Schuster *et al.*, 2016), and these acts of institutional violence—typically rooted in power imbalances—thereby exacerbate inequalities related to healthcare access (da Cruz Leal *et al.*, 2024). In more detail, TNB individuals commonly encounter hostile attitudes, denial of care, unequal treatment, harassment, and non-acceptance of their identity, often manifested through misgendering or deadnaming (Jones & Patel, 2022; Mkhize & Maharaj, 2020). These experiences constitute barriers to TNB individuals' access to appropriate healthcare services, thereby negatively impacting life expectancy in this population (Bristowe *et al.*, 2018).

Although considerable research has highlighted the elevated risk of negative mental health outcomes among TNB individuals compared to their cisgender counterparts (Dhejne *et al.*, 2016; Mezza *et al.*, 2024), research on the relationships between TNB patients and mental healthcare professionals remains limited (*e.g.*, Anzani *et al.*, 2019). Moreover, the overall portrayal of TNB individuals' therapeutic experiences is concerning. The 2015 U.S. Transgender Survey (James *et al.*, 2016) revealed that 18% of respondents reported at least one experience of a mental healthcare provider attempting to dissuade them from being TNB, which exacerbated psychological distress and led to poorer mental health outcomes. Furthermore, 33% of TNB participants reported negative interactions with providers, characterized by inappropriate questions, denied access to medical affirmation, and the need to educate providers on TNB-specific issues (James *et al.*, 2016). Similarly, a 2024 survey conducted by the European Union Agency for Fundamental Rights (2024) on stigma and health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals found that TNB individuals (n=30,627) were most likely to experience barriers to accessing mental health services linked to rejection, fear of rejection, or inappropriate curiosity (second to only asexual individuals). In most countries, TNB individuals are required to undergo psychological or psychiatric evaluation and receive a diagnosis of gender dysphoria before engaging in medical affirmation. However, given the prevalence of negative therapeutic experiences in this population, this requirement may harm their well-being. Thus, there is an urgent need for more affirmative and empathetic approaches to transgender care (Anzani *et al.*, 2019).

Over recent decades, the progressive depathologization of gender diversity has resulted in changes to transgender care, including psychological and therapeutic approaches to treating TNB patients (Applegarth & Nuttall, 2016). Standards of care (Coleman *et al.*, 2022) now guide therapists to adopt an affirmative approach when working with TNB patients (American Psychological Association, 2015), aimed at supporting them to accept and validate their gender identity (Weir & Piquette, 2018). From a psychodynamic perspective, the goal is to facilitate an exploration of *how*—rather than *why*—the patient holds a particular gender identity, thereby moving beyond an etiological approach and considering the body as a medium through which the self is expressed (Lemma, 2018). However, despite this contemporary emphasis on affirmative care (Coleman *et al.*, 2022), some therapists and mental healthcare providers continue to resist this approach, often due to personal biases rooted in internalized cisnormative and heteronormative gender norms.

Of note, most prior research on this subject has focused on binary transgender individuals. As a result, non-binary individuals remain poorly understood. This lack of visibility contributes to shaping unique stressors for this population, leading to poorer mental health and well-being outcomes (Matsuno & Budge, 2017). Moreover, while several reviews have addressed the therapeutic experiences of LGBTQ+ individuals in general, only a few have focused on the TNB population, specifically addressing mental health contexts (*e.g.*, Scandurra *et al.*, 2019). Among the studies that have explored the TNB population, some addressed healthcare contexts rather than therapeutic settings (*e.g.*, da Cruz Leal *et al.*, 2024; Goulding *et al.*, 2023). For instance, da Cruz Leal *et al.* (2024) found that, in general health services, transgender individuals are compelled to face institutional violence involving stigma and discrimination, deadnaming, barriers to accessing health services, lack of specialized care and professional preparedness, and a systematic binary system. Other reviews were limited to qualitative research (*e.g.*, Compton & Morgan, 2022) or centered on specific aspects of psychological interventions for TNB individuals, including family-based interventions (Malpas *et al.*, 2022); treatment outcomes (Shelemy *et al.*, 2024); intervention efficacy (Expósito-Campos *et al.*, 2023); or the methods, goals, and theoretical backgrounds of these interventions (Catelan *et al.*, 2017). Additionally, some reviews have focused on psychological interventions for the broader LGBTQ+ population without specifically targeting TNB individuals (Mezzalira *et al.*, 2024; Yang *et al.*, 2024). Thus, there is a gap in the literature on the subjective experiences of TNB individuals in therapy.

The current mixed-method systematic review aimed at bridging this gap by synthesizing qualitative and quantitative literature on the therapeutic experiences of TNB individuals in clinical contexts. The goal was to better understand the factors that promote or adversely impact the therapeutic relationship and to provide insights for future research and clinical practice with this population.

Methods

Search strategy

The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page *et al.*, 2021), considering articles published on or before August 1, 2024, within four databases: PubMed, Web of Science, Scopus, and PsycInfo. Boolean operators were employed to combine search terms related to the experiences of TNB individuals in therapy as follows: (transgender OR gender diverse OR gender variant OR gender nonconforming OR non-binary OR nonbinary) AND (psychotherap* OR counseling OR counselling). These terms were applied to titles, abstracts, and keywords across all records.

Eligibility criteria

To be eligible for inclusion, articles had to meet the following criteria: (1) published in a peer-reviewed journal, (2) written in English, (3) studied a TNB sample, (4) focused on therapeutic experiences, and (5) presented original quantitative and/or qualitative data. Studies were excluded if they: (1) did not focus on TNB individuals, (2) did not focus on therapeutic experiences, (3) were not written in English, (4) lacked original data (*e.g.*, conceptual papers), and/or (5) comprised grey literature (*e.g.*, editorials, letters to the editor, commentaries, abstracts). Single-case studies were also excluded to ensure methodological rigor. Even though single-case studies can indeed illuminate insights into unique ther-

apeutic dynamics that may not emerge in larger studies, they can be more prone to biases (*e.g.*, selection bias), their findings may not be generalizable to broader populations and, additionally, their inclusion might increase the variability of the evidence base. Thus, we decided to include only more methodologically structured material and only quantitative and/or qualitative population-based studies regarding the TNB individuals' experiences in mental healthcare contexts. No restrictions were placed on the year of publication or participant age.

Selection procedure

The initial search retrieved 4,581 records. Following the removal of duplicates, 3,157 records remained for screening. Two authors (SM and SV) independently assessed the titles and abstracts based on the inclusion criteria. Any disagreements were resolved through consultation with a third author (CS). Following this process, 3,062 records were excluded, leaving 95 records for full-text review. These full-text articles were then evaluated by the two original reviewers (SM and SV), with discrepancies resolved via discussion and consultation with an additional reviewer (CS). Ultimately, 75 full-text articles were excluded based on the eligibility criteria, resulting in 20 articles for the final review. Figure 1 presents a detailed outline of this process.

Data extraction process

Data were extracted from each full-text article by two reviewers (SM and SV). The extracted information included: author(s) and year of publication, country, study design, sample characteristics (*i.e.*, participants, age, sample size), outcome measures (for quantitative studies), and/or research focus (for qualitative studies), and key themes identified in the qualitative studies. One additional reviewer (CS) cross-checked the data extraction process. *Supplementary Table 1* outlines the details of this process.

Quality assessment

The quality of the quantitative studies was evaluated using the National Institute of Health's Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (National Heart, Lung and Blood Institute, 2014). This tool comprises 20 items assessing factors associated with internal validity (*e.g.*,

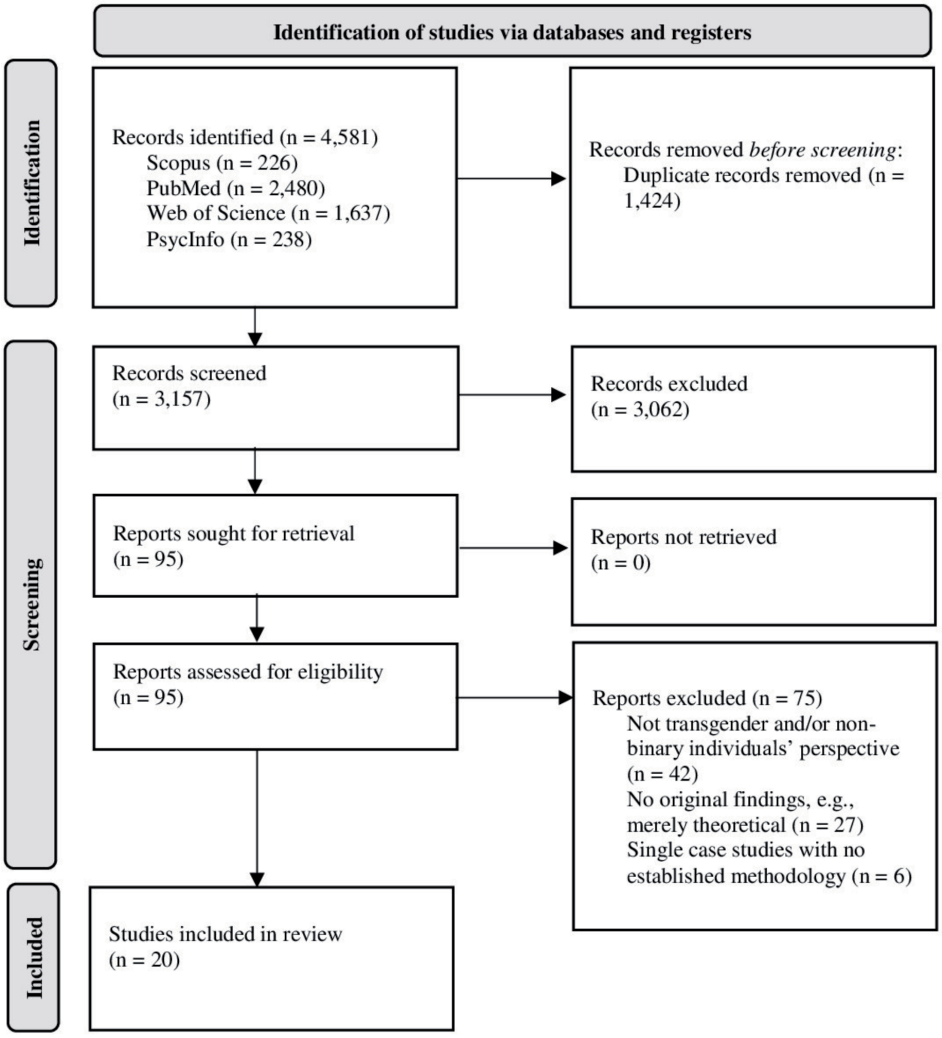

Figure 1. PRISMA 2020 flow diagram.

clarity of the research question and methods, representativeness of the sample, appropriateness of the study measures). Each study was assessed across 14 domains, with responses coded as: *yes*, *no*, *not applicable (N.A.)*, or *not reported (N.R.)*. For the qualitative studies, the assessment followed the guidelines established by Walsh and Downe (2006). The two original reviewers (SM and SV) independently attributed each study an overall quality rating of *poor*, *fair*, or *good* based on the assessment criteria, with any discrepancies resolved through discussion and consultation with a third reviewer (CS). Cohen's kappa (Cohen, 1960) of κ=.91 indicated strong inter-rater agreement. Detailed information on the quality assessment procedure is provided in *Supplementary Tables 2 and 3*.

Systematic synthesis process and main themes

For the meta-synthesis, the quantitative and qualitative studies were initially analyzed separately. However, it became apparent that the outcome measures of the quantitative studies were comparable to the research focuses of the qualitative studies. Consequently, we employed a two-step process to identify and synthesize the key themes and subthemes across both groups of studies. In the first step, two authors (SM and SV) identified the main outcomes (for the quantitative studies) and research focuses (for the qualitative studies) of each article, as well as the associated subthemes, comparing their findings until consensus was achieved. In the second step, a bottom-up analysis was performed to group the emergent themes and subthemes based on their similarities and/or differences. Any inconsistencies between (SM and SV) were resolved through further discussion with an additional author (CS). This process resulted in the identification of three main themes related to the therapeutic experiences of TNB individuals.

The first macro-theme comprised "TNB individuals' choice of therapist and reasons for seeking psychotherapy," with the following subthemes: "choice of therapist" (subtheme 1), "quality of life and general mental health concerns" (subtheme 2), and "gender identity-related concerns" (subtheme 3). The second macro-theme referred to "factors promoting positive relationships with mental healthcare providers," with the following subthemes: "a trans-affirmative approach to gender identity" (subtheme 1), "a nurturing therapeutic bond" (subtheme 2), "positive outcomes of effective therapy" (subtheme 3), and "acknowledging authentic gender and facing intersectional stigma" (subtheme 4). Finally, the third macro-theme addressed "factors involved in negative relationships with mental healthcare providers," with the following subthemes: "micro- and macroaggressions" (subtheme 1), "lack of knowledge among mental health providers and the patient's need to 'educate' them" (subtheme 2), and "pathologization of gender diversity" (subtheme 3). Table 1 outlines the main themes and subthemes.

The "Results" section is subdivided accordingly.

Results

Of the 20 studies included in the review, 12 (60%) were conducted in the United States, 3 (15%) in the United Kingdom, 2 (10%) in Canada, 1 (5%) in Australia, and 1 (5%) in Italy. Finally, 1 study (5%) involved multiple countries (i.e., Australia, Brazil, Canada, England, Finland, France, Germany, the Netherlands, Scotland, and the United States). With respect to the study design, 13 (65%) employed a qualitative approach, 5 (25%) utilized a mixed-method design (*i.e.*, quantitative and qualitative), 1 (5%) used a quantitative approach, and 1 (5%) comprised a retrospective cohort study. The following section presents the results of the meta-synthesis, which identified three main themes and corresponding subthemes, as previously outlined.

Theme 1: TNB Individuals' choice of therapist and reasons for seeking psychotherapy

Below, we present the three subthemes pertaining to TNB individuals' choice of therapist and reasons for seeking psychotherapy (macro-theme 1), referring to patients' choice of therapist (subtheme 1.1), quality of life and general mental health concerns (subtheme 1.2), and gender identity-related issues (subtheme 1.3).

Subtheme 1.1: choice of therapist

TNB individuals often seek therapists who demonstrate empathy, care, and expertise in areas relevant to their specific needs, such as legal issues, sexuality, and identity development (Bess & Stabb, 2009). For some, the therapist's personal characteristics (*e.g.*, their gender identity and, to a lesser extent, sexual orientation) are also important, as shared minoritized identities can create a sense of resonance between the patient and therapist (McCullough *et al.*, 2017; Rosati *et al.*, 2022). Additionally, some TNB individuals are influenced by their prior expectations of therapy, with those exhibiting higher levels of internalized transphobia and self-stigma often reporting negative preconceptions of the thera-

Table 1. Themes and subthemes identified in the meta-synthesis.

1. TNB individuals' choice of therapist and reasons for seeking psychotherapy
1.1. Choice of therapist
1.2. Quality of life and general mental health concerns
1.3. Gender identity-related concerns
2. Factors promoting positive relationships with mental healthcare providers
2.1. A trans-affirmative approach to gender identity
2.2. A nurturing therapeutic bond
2.3. Positive outcomes of effective therapy
2.4. Acknowledging authentic gender and facing intersectional stigma
3. Factors involved in negative relationships with mental healthcare providers
3.1. Micro- and macroaggressions
3.2. Lack of knowledge among mental healthcare providers and the patient's need to "educate" them
3.3. Pathologization of gender diversity

peutic experience (Mackie *et al.*, 2023). Practical considerations, such as cost and location, as well as the therapist's knowledge of trans-specific issues, are also frequently cited as influencing factors. TNB individuals particularly value therapists with an affirmative approach and prior experience working with TNB clients (Hunt, 2014). Overall, their choice of therapist seems to depend on a combination of the professional characteristics they perceive in the therapist and their individual expectations.

Subtheme 1.2: quality of life and general mental health concerns

TNB individuals seek psychotherapy for a variety of reasons beyond gender concerns (Goldberg *et al.*, 2019; McCullough *et al.*, 2017; Puckett *et al.*, 2023; Strauss *et al.*, 2021). In fact, many TNB individuals do not view their gender identity as problematic and instead pursue mental health services to address broader life challenges that align with those experienced by cisgender individuals (Benson, 2013; Mizock & Lundquist, 2016). Such challenges include concerns related to general well-being, self-esteem, relational satisfaction, and emotional health (Benson, 2013; Hunt, 2014). In addition, TNB individuals often seek therapy for common psychopathological conditions, such as anxiety, depression, eating disorders, self-harm, and/or suicidal ideation (Benson, 2013; Mizock & Lundquist, 2016; Strauss *et al.*, 2021). Rachlin (2002) found that TNB individuals frequently seek therapy for general growth concerns (*e.g.*, stress management, work conflicts, relationship issues, perceived distress; Puckett *et al.*, 2023), before later focusing on gender-related issues. Furthermore, those who seek therapy primarily for personal growth tend to remain engaged in therapy longer than those whose primary focus is gender exploration. However, some TNB individuals report that they do not require therapeutic support for gender-specific issues, as they already receive effective support on these issues from pre-existing social networks. Such networks may include religious communities, LGBTQ+ groups, family members, friends, and online communities promoting resilience, pride, and a sense of belonging (McCullough *et al.*, 2017). In such cases, therapy may be utilized to explore other life challenges, which may or may not relate directly to gender identity.

Subtheme 1.3: gender identity-related concerns

TNB individuals nonetheless frequently cite gender identity as a motivation to seek psychotherapy (Benson, 2013; Hunt, 2014). For instance, many wish to work through discriminatory experiences (or a fear of such experiences) from transphobic individuals, which may compound their body dysphoria and distal stressors (Hunt, 2014; Mizock & Lundquist, 2016). Moreover, many seek professional support as part of a medical affirmation process, which typically requires a diagnosis of gender dysphoria (Benson, 2013; Goldberg *et al.*, 2019; McCullough *et al.*, 2017; Mizock & Lundquist, 2016). Other gender-related goals for psychotherapy may include navigating the coming-out process, exploring one's gender identity, coping with isolation, addressing family rejection, and envisioning a positive future as a TNB individual (Goldberg *et al.*, 2019; Puckett *et al.*, 2023). For instance, adjustment difficulties at work or within one's family during the gender affirmation process (Strauss *et al.*, 2021) may lead to social isolation and non-acceptance by others (Mizock & Lundquist, 2016). In these cases, the therapist may play a crucial role in helping the TNB patient navigate these challenges and affirm their gender identity.

Theme 2: factors promoting positive relationships with mental healthcare providers

In what follows, we present the four subthemes pertaining to the macro-theme describing the factors that contribute to positive therapeutic relationships with mental healthcare providers. Strong relationships are especially fostered when therapists endorse a trans-affirmative approach to the patient's gender identity (subtheme 2.1), which helps to build a positive therapeutic alliance (subtheme 2.2). This alliance is associated with more effective therapeutic outcomes (subtheme 2.3) and may enable TNB patients to better confront stigma and discrimination while affirming their authentic gender identity (subtheme 2.4).

Subtheme 2.1: a trans-affirmative approach to gender identity

A "trans-affirmative" approach involves accepting, validating, and affirming TNB individuals' identities without pathologization (McCullough *et al.*, 2017). This approach fosters a sense of connection and trust, allowing TNB individuals to feel accepted, supported, and empowered (Hunt, 2014). When therapists are understanding, respectful, and empathetic, TNB clients are more likely to feel safe and open to exploring their identity concerns (Strauss *et al.*, 2021). Moreover, positive therapeutic experiences, in which the therapists are affirming, respectful, and flexible (Elder, 2015), encourage TNB individuals to continue therapy rather than abandon it (Arora *et al.*, 2022). Even simple actions, such as asking patients for their preferred pronouns, can make the therapeutic space feel more inclusive, safe, and welcoming (Keating *et al.*, 2021).

TNB individuals feel affirmed when their therapists demonstrate empathy, listen attentively, and validate their thoughts, feelings, and experiences (Bess & Stabb, 2009; Puckett *et al.*, 2023). Therapists who possess knowledge of trans-related concerns and have prior experience working with TNB clients are particularly valued (Mackie *et al.*, 2023). Of note, TNB individuals often perceive even the absence of microaggressions as an affirming practice (Anzani *et al.*, 2019). Creating a positive therapeutic environment involves fostering a safe, non-judgmental space where patients can freely discuss their concerns while feeling accepted and supported (Mackie *et al.*, 2023). Therapists who consistently use the correct names and pronouns are highly praised, especially when they also display competence in trans-related issues and recognize that gender identity is not necessarily fixed but may evolve over time (Goldberg *et al.*, 2019).

Positive therapeutic experiences also involve providers acting as "allies," fully embracing gender diversity as a natural expression of human identity, and employing non-pathologizing language (Elder, 2015). A trans-affirmative approach also includes both verbal and non-verbal communication (*i.e.*, microaffirmations), which may significantly enhance the patient's sense of comfort and safety by validating their lived experiences (Rosati *et al.*, 2022). TNB patients also express appreciation for therapists who facilitate connections with other TNB individuals (*e.g.*, in group therapy), as these connections may be instrumental to patients' processes of self-discovery and self-actualization (Bockting *et al.*, 2004). Overall, TNB individuals express that therapists should be inclusive and non-judgmental and offer a safe space for exploring their life experiences (Elder, 2015).

Subtheme 2.2: a nurturing therapeutic bond

Therapists who validate their TNB patients' experiences and identities are more likely to establish a strong therapeutic bond (Arora *et al.*, 2022). Additionally, TNB individuals feel most respected when their therapist reacts calmly to their disclosure of gender identity (Mackie *et al.*, 2023). Therapeutic alignment within the therapist-patient dyad promotes interpersonal comfort and encourages the TNB patient to share their identity openly in the therapeutic setting (McCullough *et al.*, 2017). However, many TNB individuals report that the therapeutic relationship can be complex and ambivalent, sometimes providing a safe and non-judgmental space in which they feel heard and at other times making them feel vulnerable, thereby impacting their willingness to open up (Applegarth & Nuttall, 2016; Mackie *et al.*, 2023). Positively, this ambivalence can foster the development of adaptive coping strategies to help TNB patients manage the challenges associated with their gender identity (Applegarth & Nuttall, 2016).

In key moments of therapy, therapist self-disclosure may foster trust by creating an atmosphere of togetherness and mirroring, enhancing feelings of inclusion (Schofield *et al.*, 2023). Many TNB individuals view the therapeutic relationship as essential for boosting their autonomy and sense of freedom in making life choices (Mackie *et al.*, 2023). A positive connection with an attuned and emotionally available therapist may also facilitate the expression of emotions in a safe space (Puckett *et al.*, 2023), making it easier for TNB individuals to navigate the coming-out process and deepen their self-awareness (Rosati *et al.*, 2022). Therapist availability is highly valued, especially by TNB individuals experiencing strong gender dysphoria (Bockting *et al.*, 2004). However, the therapeutic relationship can also be complicated by underlying fears, whether related to engagement in therapy or the anxiety surrounding significant life decisions. These fears can be effectively worked through within the therapeutic relationship (Applegarth & Nuttall, 2016).

Subtheme 2.3: positive outcomes of effective therapy

Therapy can significantly help TNB individuals achieve self-acceptance and self-definition while normalizing their gender identities (Bess & Stabb, 2009). Through positive therapeutic experiences, TNB patients may gain comfort with their gender identities, learn to rethink gender labels, and achieve a better understanding of how negative life experiences may have contributed to shaping current coping strategies. This may improve their ability to make long-term life decisions and increase their gender comfort, both intrapsychically and relationally (Applegarth & Nuttall, 2016). Therapy may also enable TNB individuals to better identify and manage symptoms such as panic and anxiety, fostering growth and self-understanding (Mackie *et al.*, 2023). Empowering TNB patients involves encouraging their emotional exploration and connection with others, while also helping them acknowledge their agency and active role in shaping their lies (Puckett *et al.*, 2023).

Positive outcomes from therapy include an increased capacity to work through painful emotions, including gender incongruence, depression, loneliness, and low self-esteem, linked to the therapist's unconditional acceptance and support (Elder, 2015; Mackie *et al.*, 2023). Many TNB patients also find therapy beneficial for exploring the complexities of transitioning, which may include (internalized) transnegativity and feelings of ambivalence, doubt, and fear (Schofield *et al.*, 2023).

Therapist expertise in trans-specific issues is strongly and positively associated with higher patient satisfaction and a lower perception of harm from therapy (Rachlin, 2002). For instance, in a large sample of sexual and gender minority individuals (n=2685), Artime *et al.* (2023) found that cisgender women reported fewer barriers to treatment compared to transgender men and non-binary individuals. Additionally, gay and lesbian individuals experienced fewer microaggressions in therapy than queer individuals, while non-binary individuals reported lower satisfaction with psychotherapy compared to cisgender men and women (Artime *et al.*, 2023).

Subtheme 2.4: acknowledging authentic gender and facing intersectional stigma

TNB individuals often find it affirming when their therapist acknowledges the cisnormative context of their lives and challenges societal cisnormativity (Anzani *et al.*, 2019). Trans-affirmative therapy involves exploring, normalizing, and affirming TNB patients' gender identities while being sensitive to their unique life circumstances (Benson, 2013). Recognizing the sociocultural and political systems of power and privilege that affect a TNB individual's life is therapeutically beneficial, as it demonstrates the therapist's awareness of external societal factors that may influence the patient's health and well-being (Puckett *et al.*, 2023). Positive therapeutic experiences are also associated with therapists' efforts to address and reduce the systemic barriers that hinder access to resources for TNB individuals (McCullough *et al.*, 2017), which may include fears of being misunderstood or judged, doubts about the effectiveness of therapy, concerns about affordability, and anxieties over potential prejudice or discrimination (Hunt, 2014).

Acknowledging and affirming the authenticity of a TNB individual's gender identity is an empowering microaffirmation, as it conveys that their identity is valid and not pathological (Anzani *et al.*, 2019; Rosati *et al.*, 2022). However, TNB individuals with multiple marginalized identities (*e.g.*, those from ethnic minorities) may experience therapists' cultural biases or "interpersonal insensitivity" (McCullough *et al.*, 2017). For instance, Black TNB individuals often express fears that a White therapist may not understand their unique experiences of marginalization. This points to the importance of decolonizing therapy, expanding its scope, and prioritizing safety for marginalized groups (Arora *et al.*, 2022). Ultimately, the dismantling of systemic oppression in therapeutic contexts is crucial for ensuring an optimal therapeutic experience for TNB individuals (Arora *et al.*, 2022).

Theme 3: factors involved in negative relationships with mental healthcare providers

Below, we present the three subthemes pertaining to factors that adversely impact the therapeutic relationship between TNB individuals and mental healthcare providers (macro-theme 3). These include micro- and macroaggressions (subtheme 3.1), lack of provider knowledge and the burden placed on patients to "educate" them (subtheme 3.2), and the pathologization of gender diversity within therapeutic settings (subtheme 3.3).

Subtheme 3.1: micro- and macroaggressions

A trans-negative approach to care often includes invalidations (*e.g.*, avoidance, interpersonal bias, refusal to use correct names and pronouns), micro- or macroaggressions (*e.g.*, assuming that gender incongruence is inherently pathological), lack of knowl-

edge of trans-related concerns, and frequent misunderstandings (McCullough *et al.*, 2017). In subtle cases, these microaggressions can be difficult to recognize. For instance, a TNB patient might interpret the therapist's lack of reaction during discussions of gender identity as neutral or "natural" when it may, in fact, reflect a failure to engage meaningfully with their experiences (Rosati *et al.*, 2022). In these situations, therapy can leave TNB patients feeling worse about themselves (Elder, 2015).

The therapeutic alliance may rupture when the environment is no longer perceived as safe and supportive, leading the patient to conceal their identity. To prevent drop-out, the therapist must actively restore a sense of safety following incidents of misunderstanding, disappointment, or microaggression by acknowledging the harm caused and offering an apology (Rosati *et al.*, 2022). Microaggressions may also occur when therapists become overly sensitive to identity issues or when they over-identify with patients' gender experiences, showing a lack of awareness of the nuanced realities of identity-related concerns (Artime *et al.*, 2023). Additional ruptures may occur when therapists ask uncomfortable or invasive questions, employ "gaslighting" techniques, or minimize patients' experiences. Conversely, an overemphasis on gender issues may increase minority stress and disrupt gender-affirming care (Puckett *et al.*, 2023).

TNB individuals often report negative experiences in mental healthcare settings, including invalidation and dismissive attitudes from professionals during discussions of gender, and transphobic and other non-affirming behaviors (*e.g.*, misunderstandings, rejection, denial of a free expression of identity) (Elder, 2015; Hunt, 2014; Strauss *et al.*, 2021). Mental healthcare providers show a lack of respect for TNB individuals when they question their gender identities, share their names or pronouns with staff or family members (raising significant privacy concerns), misgender (leading to heightened anxiety, depression, stress, gender dysphoria, and perceived stigma), and sexualize or exoticize them (Goldberg *et al.*, 2019; Morris *et al.*, 2020).

A major source of dissatisfaction among TNB individuals is the "gatekeeping" of professionals who hold the power to determine eligibility for transition-related care (Mizock & Lundquist, 2016; Morris *et al.*, 2020; Strauss *et al.*, 2021). This paternalistic role, which grants providers the sole right to make decisions related to the bodies of TNB individuals, is often experienced as patronizing (Strauss *et al.*, 2021). Finally, overt acts of aggression from healthcare providers, including openly prejudiced or transphobic comments, may function as distal stressors within the minority stress framework (Arora *et al.*, 2022).

Subtheme 3.2: lack of knowledge among mental health providers and the patient's need to "educate" them

Lack of trans-specific knowledge among healthcare providers may place an "education burden" on TNB patients, generating feelings of disappointment and frustration (Benson, 2013; Goldberg *et al.*, 2019; Hunt, 2014; Mackie *et al.*, 2023; Mizock & Lundquist, 2016; Puckett *et al.*, 2013; Schofield *et al.*, 2023). TNB individuals report that mental healthcare professionals frequently ask invasive questions or rely on outdated concepts of gender (Strauss *et al.*, 2021). This is concerning, as professionals who lack the appropriate knowledge are more likely to enact unintentionally insensitive behavior, such as conflating sexual orientation and gender identity (Mizock & Lundquist, 2016; Morris *et al.*, 2020). Despite these challenges, a respectful attitude and a genuine desire to help are viewed positively, even when the provider lacks specific knowledge of gender issues (Strauss *et al.*, 2021).

Therapists sometimes commit clinical errors by assuming there is a "right" or "wrong" way to express gender identity, thereby reinforcing stereotypical views (Mizock & Lundquist, 2016). Non-binary individuals, in particular, often describe their therapists as unprepared to address their specific identity-related concerns (Rosati *et al.*, 2022). In many cases, the frustration of having to act as the "expert" in their own therapy leads these patients to discontinue the therapeutic process (Rosati *et al.*, 2022).

Subtheme 3.3: pathologization of gender diversity

One of the most problematic beliefs reported by TNB individuals is the assumption that their gender identity is the root cause of all of their difficulties (Hunt, 2014). In fact, many TNB individuals seek therapy for issues unrelated to their gender identity (including gender-related stigma and prejudice) (Benson, 2013). Thus, it can be problematic if mental healthcare professionals misjudge patients' gender identity concerns, either by overstating the contribution of these concerns to patients' difficulties or inappropriately minimizing their significance (Mizock & Lundquist, 2016; Morris *et al.*, 2020). In this regard, TNB patients generally appreciate therapy that integrates all aspects of their identity, including (but not limited to) their gender identity (Schofield *et al.*, 2023).

A further negative experience in therapy may occur when a therapist views gender incongruence as a problem to be "fixed." This harmful approach is referred to as "gender repairing," and it can cause significant harm to TNB patients (Mizock & Lundquist, 2016). The pathologization of gender diversity, which occurs when therapists treat gender diversity as a pathological condition requiring treatment or the root cause of all of patients' difficulties, further stigmatizes TNB patients, contributing to shame and diminished self-esteem (Goldberg *et al.*, 2019; Mizock & Lundquist, 2016; Rosati *et al.*, 2022). TNB patients typically view their gender identity as an aspect of human diversity, rather than a psychiatric symptom (Bess & Stabb, 2009). Thus, they often criticize therapeutic approaches aimed at eliminating pathology rather than facilitating wholeness: "transgender people do not want to be fixed, they want to be whole" (Bess & Stabb, 2009, p. 275).

Discussion

The present mixed-method systematic review highlighted a wide range of perceptions among TNB individuals regarding therapists' attitudes, spanning trans-affirmation approaches to the enforcement of the gender binary and, in some cases, even explicit transphobia. The findings showed that, although some healthcare professionals engage in microaggressions that harm the health and well-being of TNB individuals, many therapists are willing to support the gender affirmation process of their TNB patients.

Positive therapeutic experiences tend to center on therapists' preparedness to work with TNB individuals, manifesting in their respectful, flexible, supportive, and empathic attitudes towards their patients' gender diversity, and willingness to learn about trans-specific needs (Kuvalanka *et al.*, 2014). Microaffirmations can render the therapeutic space a safe environment for TNB individuals to explore their (gender) identity without fear of judgment (or worse, discrimination). However, several "missteps" commonly occur within therapeutic settings, including education burdening (*i.e.*, therapists requiring their TNB patients to educate them about trans-specific needs), gender inflation (*i.e.*, ther-

apists assuming that gender identity is central to all of their TNB patients' mental health challenges), gender avoidance (*i.e.*, avoiding discussion of trans-specific issues in therapy), gender generalization (*i.e.*, therapists assuming a singular, universal TNB experience), and gender pathologization (*i.e.*, therapists treating TNB identity as a condition requiring treatment) (Mizock & Lundquist, 2016).

The negative attitudes that TNB patients frequently encounter in therapeutic contexts add to the barriers they face when accessing mental health services, which include identity dismissal, misgendering, deadnaming, and obstruction of their gender affirmation path (Cavanaugh & Luke, 2021). Many TNB individuals also report feeling persecuted due to the perceived "gatekeeping" role of therapists (Vitelli & Ricciardi, 2011). Invalidation, particularly through pathologization, is a common therapy experience (especially for TNB individuals with non-binary identities) that may increase patients' anxiety and apprehension about seeking therapeutic support, thereby compounding societal discrimination and exacerbating mental health challenges (Institute of Medicine, 2011). A key issue contributing to these negative experiences is the limited knowledge held by many mental healthcare providers (APA, 2009). Further barriers to treatment for TNB individuals include a scarcity of gender-affirming services, a need to conceal their identity, fear of stigma and discrimination, and a general mistrust of providers (Pachankis *et al.*, 2021). However, strides are being made to improve training programs for both general clinicians (Santamaria *et al.*, 2024) and therapists (Cruciani *et al.*, 2024).

The present results point to the importance of establishing a solid therapeutic alliance to empower TNB individuals and promote their positive mental health outcomes. Social support (also from therapists) may foster resilience and adaptive capacities. Additionally, as adult attachment figures for their patients, therapists may help TNB individuals reframe and transform maladaptive relational patterns that were formed in stigmatizing environments (Esposito *et al.*, 2022). Moreover, therapist empathy and understanding, when accompanied by adequate education about TNB-specific needs, can provide important relational support, validating TNB individuals' gender identities and bolstering their capacity to resist societal discrimination.

The scientific literature has also explored countertransference issues in treating TNB patients (*e.g.*, Giovanardi *et al.*, 2021; Hansbury, 2017; Harris, 2022). Hansbury (2017) identified "unthinkable anxieties" as a key factor underlying transphobic reactions within the countertransference processes of cisgender analysts working with TNB patients. These anxieties highlight the complex dynamics at play in therapeutic relationships involving TNB individuals. As Harris (2022) notes, the transformative experiences of TNB patients reveal that the construct of "gender" inherently requires "the imaginative space to emerge" (p. 283). Consequently, in treating TNB individuals, countertransference processes often confront "the overwhelming presence of the indeterminate, the emergent, the co-constructed" (p. 284). Harris (2022) further emphasizes that while Saketopoulou (2020) advocates for enabling patients to explore and remain curious about their gender, therapists should, in turn, cultivate curiosity about their own countertransference responses. These responses encompass a range of relational, social, and institutional dimensions, from excitement to aversion, which, when addressed, can help the therapeutic relationship mitigate the impact of the "massive gender trauma" that TNB individuals often endure (Saketopoulou, 2014). Therapists are encouraged to validate the patient's desire for bodily change while simultaneously fostering mentalization and body acceptance (Giovanardi *et al.*, 2021). Ultimately, the therapeutic space should serve as a "transitional" environment (Winnicott, 1971) where TNB patients can integrate a renewed sense of self and construct new meanings from their experiences, particularly in the *après-coup* of their evolving identities (Mezzalira *et al.*, 2023).

Finally, the depathologization of TNB identities requires a deep understanding of the distress caused by body dysphoria and the pressure to conform to gender stereotypes (Egan & Perry, 2001; Mezzalira *et al.*, 2023). Therapists who enact a depathologizing approach not only empower their TNB patients by affirming their identities as natural expressions of human diversity, but they also promote their patients' well-being in a safe and non-judgmental clinical setting (American Psychological Association, 2015; Coleman *et al.*, 2022). An affirmative approach should consider the minority stress that TNB individuals endure daily, including distal (*e.g.*, victimization) and proximal stressors (*e.g.*, internalized transnegativity), which impede their identity expression. With respect to body dysphoria, an explorative approach may help TNB individuals become more attuned to, affirming of, and comfortable inhabiting their bodies.

The present mixed-method systematic review offers several strengths. First, by including both quantitative and qualitative studies, the review benefited from a rich and varied data set capturing multiple dimensions of TNB individuals' experiences in therapy. Second, it drew on diverse perspectives, reflecting the inherently subjective nature of therapy and the wide variability in TNB individuals' perceptions of it. Third, it reviewed studies whose participants ranged in age from 12 to 83 years, providing a comprehensive view of therapy experiences across different life stages and generational cohorts, each with unique developmental trajectories. Fourth, the absence of temporal restrictions led to the inclusion of studies spanning more than 20 years, capturing key transformations in transgender care. Finally, as shown in *Supplementary Tables 2 and 3*, the quality assessment revealed that most of the included studies were good or fair, with none classified as poor, thereby enhancing the credibility of the findings.

However, the review has several limitations that should be considered when interpreting the results. First, the predominance of qualitative studies in the dataset precluded a meta-analysis, highlighting the need for more quantitative research on the topic. Second, the literature search was conducted within four databases (*i.e.*, Scopus, Web of Science, PubMed, PsycInfo), and relevant records from other databases may have been overlooked in the analysis. Furthermore, the review excluded grey literature, which may have provided additional valuable insights. Third, the majority (n=12 out of 20) of the included studies were conducted in the United States, thereby limiting the generalizability of the findings. Future research should aim at achieving greater geographic inclusivity by studying other (Western and non-Western) countries and performing cross-national research to elucidate sociocultural differences in TNB individuals' subjective experiences of therapy. Finally, the review focused exclusively on the perspectives of TNB individuals. Future research should also consider the perspectives of mental healthcare providers to enable a more comparative understanding of the identified dynamics.

Based on the present findings, several clinical recommendations can be made to improve the mental healthcare experiences of TNB individuals. First, specialized training programs for mental healthcare providers should be prioritized to increase their awareness of the specific mental health needs and challenges faced by TNB individuals. These programs should also

address personal biases that may perpetuate health disparities affecting gender-minoritized individuals (Carone *et al.*, 2023). Such training could be integrated into professional curricula and include empathic and affirmative approaches, employing a variety of techniques (*e.g.*, group-based workshops, role-playing activities, ongoing supervision, case studies). Second, positive and effective patient-therapist relationships may be fostered through the adoption of a non-pathologizing approach, whereby therapists view TNB patients as whole persons rather than reducing them to a gender dysphoria diagnosis. By cultivating a holistic understanding of the individual, therapists may create a safe, judgment-free space for TNB patients to explore their identities. Finally, to improve the therapeutic experiences of TNB individuals, the barriers that prevent them from accessing mental healthcare services must be addressed. This may be achieved by promoting affirmative messages through social communities, media platforms, and professional groups.

Conclusions

The present mixed-method systematic review revealed that TNB patients report highly varied experiences of psychotherapy, influenced by factors such as their expectations, the quality of the therapeutic bond, the empathy and understanding exhibited by the therapist, and the therapist's pathologizing or affirmative approach. Future research and clinical practice concerning psychotherapy for TNB individuals should aim at dismantling the barriers that prevent TNB individuals from seeking therapy, educating therapists on the specific mental health needs of TNB patients, and promoting a depathologizing and affirmative approach to transgender care.

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Online supplementary material:

Supplementary Table 1. Main characteristics of the included studies.

Supplementary Table 2. Quality assessment of qualitative studies.

Supplementary Table 3. Quality assessment of quantitative studies.