Centering the Voices of Transgender Supervisees through Critical Inquiry

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CENTERING THE VOICES OF TRANSGENDER SUPERVISEES
THROUGH CRITICAL INQUIRY

A Dissertation
Submitted by

Kimberly Cherry

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

LESLEY UNIVERSITY
May 22, 2021
This dissertation, titled:

Centering the Voices of Transgender Supervisees through Critical Inquiry

is submitted for final approval by Kimberly Cherry under the direction of the chair of the dissertation committee listed below. It was submitted to the Counseling and Psychology Division and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy Degree at Lesley University.

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understanding of this research. Thank you for envisioning with me what supervision can be.

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DEDICATION

To the queer and trans community, with love.
ABSTRACT

Reflecting the systemic cisgenderism within dominant culture, transgender perspectives have been historically silenced in psychological literature. There is growing research regarding therapy with transgender clients; however, transgender therapists have not been the subject of substantial study. This critical narrative dissertation explores the experiences and insights of transgender therapists during clinical supervision. Drawing from intersectional feminism, queer theory and liberation psychology, this study utilizes a critical, relational approach in attending to issues of power, oppression, and social change. Semi-structured interviews were conducted with eight transgender therapists regarding their experiences in supervision.

Employing the Listening Guide method, a feminist narrative voice-centered approach, analysis included three sequential listenings to participant stories (Gilligan, 2015). Disrupting normative discourse on transgender experience, findings examine both affirming and cisgenderist experiences in supervision, participant resilience, resistance to cisgenderism, and recommendations for supervisors. The discussion tracks voice and silence, making evident the multiplicity and layered meanings related to identity, relationship, and power within participant experience. The discussion illuminates these constructs through an examination of contrapuntal voices of self-preservation and resistance, knowing and not knowing, connection and disconnection. Drawing from relational cultural theory (RCT), critical and liberation psychology, and building from the findings in this study, recommendations are presented for clinical supervisors focused on developing critical relational capacity, an integration of relationality, critical consciousness, and analyses of power.
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CHAPTER 1: INTRODUCTION

Susan Stryker’s (2017) *Transgender History* describes the life of Reed Erickson, a transman who worked within the medical arena to advocate for transgender people. Stryker (2017) describes him this way:

He thought that transgender people such as himself represented a vastly underused resource of talent, creativity, energy, and determination. . . . Erickson in fact did what most transgender people find themselves needing to do—working to create the conditions of daily life that allow them to meet their needs and pursue their dreams. (p. 104)

In approaching this study, I am inspired by both the resilience and resistance of trans people as well as the audacity of institutions that perpetuate oppression of people, in this case transgender people, while divorcing theory and treatment from an understanding of dominant culture. Transgender therapists are vital to the field of psychotherapy for both their representation and their expertise, and understanding their experiences is important to support accessibility of the profession and, in turn, to move the profession toward more equitable and liberative practice. “To reach beyond cisgenderism, we must move beyond the confines of the counselling session into the institutions and professional associations within which we practice” (Ansara, 2010, p. 198). The purpose of this qualitative study is to reach beyond cisgenderism by centering transgender voices in supervision, expanding current understanding and improving theory and practice from a critical, liberative framework. Specifically, my aim in this study is to seek an in-depth appreciation for how transgender and gender nonbinary therapists explore, understand, and develop marginalized aspects of their identities within the context of clinical supervision and how
supervision processes influence their experience. This introductory chapter begins with a description of the research purpose containing the research problem, question and summary of relevant literature. In addition, I include my motivation as a researcher for conducting this study. I then present the theoretical framework for this project, the general research design, and a description of key terms. Lastly, this introduction includes considerations regarding social justice aims.

**Research Purpose and Context**

This study explores the experiences and insights of transgender therapists in clinical supervision. I am interested in gaining an in-depth understanding of how transgender supervisees are able to develop aspects of their identities in supervision and navigate supervisory relational dynamics. The purpose of this investigation is to highlight transgender voices that are not typically heard in psychological research in order to inform the theory and practice of supervision. I understand this erasure of transgender supervisees in psychological research as a reflection of larger cultural structures that are oppressive toward gender expansive identities. To contextualize this inquiry, this section briefly discusses the impact of oppression on transgender people and how dominant social structures of oppression are embedded within the field of counseling and psychology.

Transgender and nonbinary people have dealt with substantial structural violence throughout the last century, including the pathologization and medicalization of gender expansive identities (Stryker, 2017). Despite transgender liberation movements, cultural shifts and emerging support within mainstream culture, significant difficulties persist for the transgender community, including experiences of systemic oppression and violence,
stress in anticipation of interpersonal discrimination, and internalized stigma (Hendricks & Testa, 2012). This systemic oppression violates safety, belonging, and dignity, and is a form of structural trauma (Haines, 2019; Iantaffi, 2021; Richmond et al., 2012).

Research, academia, and clinical settings echo similar oppressive social structures. Training programs, supervision practice and therapeutic services are maintained within the fields of counseling and psychology, which are contextualized by dominant structures that oppress transgender people. It is imperative for the field of counseling to address sociopolitical issues facing therapists in training who are marginalized and to incorporate new understandings as to how to think about and conduct inclusive therapeutic practice and supervision (Quiros & Berger, 2015). This study focuses specifically on supervision with therapists who identify as transgender to learn about their experiences in supervision for the purpose of informing supervision praxis.

The review of literature on the topic of transgender experiences in supervision in the next chapter covers salient topics for supervision as well as models for therapy and supervision with transgender people. The field of counseling and psychology has traditionally pathologized transgender experiences and perpetuated cisgenderism in research, therapy and supervision (Dewey & Gesbeck, 2017; Singh & Shelton, 2011). Likewise, supervisory relationships often have a parallel process to therapeutic ones such that supervision can echo oppressive social structures due to the inherent power difference in the relationship (Hernandez & McDowell, 2010). Many models of therapy and supervision that address transgender identities focus on the client’s identity or conflate gender with sexual identities (Burnes et al., 2017). While not specific to transgender supervisees, research on supervisees’ experiences generally suggest that they
feel the impact of power dynamics, want to be able to talk about identity issues in supervision, and are positively affected by affirming experiences (Chui et al., 2018; Burkard et al., 2009; Satterly & Dyson, 2008). The literature review provides examples of models of supervision that incorporate these ideas and highlights research on the experiences of sexual minorities and racial minorities in clinical supervision (Arczynski & Morrow, 2017; Burkard et al., 2009; Chui et al., 2018; Constantine & Sue, 2007; Halpert et al., 2007; Jernigan et al., 2010; Messinger, 2007; Satterly & Dyson, 2008; Singh & Chun, 2010). The limited literature on transgender therapists’ experiences suggests that issues salient to supervision are self-disclosure, use of self, navigating serving within their own smaller communities, and self-care (Chang et al., 2018; Shipman & Martin, 2017). While literature on transgender therapists’ perspectives is almost exclusively theoretical, there remains a gap in research conducted to understand the experiences of transgender supervisees (dickey & Singh, 2017).

The experiences of transgender supervisees in supervision are sorely understudied. Having been a therapist for over ten years and a supervisor for the last few years, I am both familiar with and curious about how these processes work to bring about transformative change. I have enjoyed my professional roles and have also faced challenges in my professional training. As a white queer, cisgender therapist, I hold the tensions of privilege and oppression inherent in the ways my identity positions me; I process this in dynamic with my clients and supervisees. This has been an important part of change work for me. As a therapist who provides queer and trans-affirming care, I am particularly sensitive to the interests of LGBTQ individuals. I am passionate about

\footnote{In this dissertation, I break with APA guidelines for writing about race by capitalizing Black and keeping white lowercase as a symbol of disrupting normative power structures through linguistic expression.}
challenging the field of counseling and psychology to move toward affirming and liberating understandings of gender expression and identity. My personal relationships with transgender people, my professional relationships with transgender clients and colleagues, and my values regarding the role of critical consciousness in change work, have each influenced how I understand my own gender identity as well as the needs and experiences of transgender people. My hope is that this study contributes to moving the field toward affirmative practice that supports transgender individuals in their growth as people and professionals. Likewise, I hope to engage the expertise of transgender therapists to influence psychological research as well as therapeutic and supervisory theory and practice.

**Research Design**

This study is grounded in critical, feminist, queer, and liberation psychology theories. I utilize concepts of critical consciousness, intersectionality, historical memory, and the importance of action and social change emphasized in critical research (Cole, 2009; Cooper, 2015; Crenshaw, 1989; Friere, 1970a; Martín-Baró, 1994; Motschenbacher & Stegu, 2013). The shared aim of these approaches is collective liberation. In the tradition of critical inquiry, I am conducting this research to challenge dominate social structures by focusing on the lived experiences of transgender supervisees whose voices are rarely heard in psychological literature. This study centers their voices to raise collective consciousness within the academy for the purpose of social change and shared liberation. Qualitative research centers the lived experiences of individuals, focuses on social and historical contexts, and allows for an emergent process of investigation (Marshall & Rossman, 2016). I use relational, voice-centered research
methods to explore the experiences of transgender therapists in the contexts of supervision, gathering stories and descriptions from the participants themselves (Gilligan, 2015; Gilligan et al., 2003).

I conducted semi-structured interviews with eight transgender therapists regarding their experiences in supervision. My research question focuses on investigating the experiences and insights of transgender therapists in clinical supervision. In interviews, I asked participants to share their supervision stories. After I analyzed the data, I invited participants to offer feedback and reactions to the findings through member checking, the results of which are included in the findings chapter. I utilized the Listening Guide, developed by Carol Gilligan (2015), a feminist narrative voice-centered method of analysis that integrates literary and music theory to include three sequential steps of listening to the meaning-making processes of participants. It prompts the researcher to attend to the complex terrain of narrative landscapes as well as to the layered and evolving voices of participants. And it is often used, as Gilligan (2015) writes, “to access and understand marginalized and understudied experiences” (p. 70). Discussing transgender identity in general can be complex as a topic of research due to the limitations of language, which in many ways is also reflective of dominant social structures.

**Definition of Key Terms**

This study uses a variety of terms within the current culture and context of this study. These terms are evolving rapidly and attempt to convey complex concepts regarding identity. *Transgender* describes those with genders that are different than those assigned to them, sometimes also referred to as people of trans experience. *Cisgender*
refers to those with gender identities that align with their assigned genders. While these should not be mistaken for distinct binary categories, *cisgenderism*, or *cisnormativity*, describes a cultural structure in which cisgender people are viewed as normal and good, and dichotomized with those who are transgender or nonbinary, who are viewed as deviant and bad (Ansara & Hegarty, 2012, 2013; Singh & Shelton, 2011). Ansara (2010) describes cisgenderism as the belief that transgender and nonbinary people are inferior or unnatural, which manifests in both interpersonal relationships and also in community and institutional policies and practices. While much of current literature continues to use the term *transphobia*, which is related to cisgenderism, evolving critical theorists have critiqued use of the term *phobia* as ableist and argue that it reduces structural issues to processes at the individual level (Ansara & Hegarty, 2012; Anti-Violence Project, 2021; Nelson & Prilleltensky, 2010). Therefore, this study applies the term transantagonism as suggested by the Anti-Violence Project (2021) except when quoting participants or for clarity when referring to current literature that utilizes the term transphobia.

*Transantagonism* can be defined as:

Active hostility, opposition, aggression and/or violence towards trans people.

Transantagonism reflects a hatred of those who do not fit easily into the gender binary. The language has shifted from the use of “phobia” (as in transphobia), to the use of antagonism to better encompass the violence that is perpetrated. (Anti-Violence Project, 2021)

Cisgenderism and transantagonism can be conscious or unconscious and therefore may be present in implicit ways through interpersonal dynamics as well as within the policy and practice of larger social systems. Cisgenderism is embedded within dominant social
structures, which influence the academy and field of psychotherapy. This type of discrimination ultimately leads to lack of access to resources and increased health risks for transgender people. Cisgenderism is perpetuated through counseling practices when transgender identities and experiences are pathologized or erased and when cisgender researchers, therapists, and supervisors do not interrogate their own biases. This study seeks to interrogate cisgenderist practices in the field of counseling, specifically clinical supervision, by highlighting transgender therapists’ lived experiences.

One way to decentralize cisgender identity is to acknowledge the variety of gender identities that exist. There is a multiplicity of identities that exist beyond gender binaries of male and female: “The term transgender represents a broad group of identities with a variety of gender identities (e.g., gender queer, genderblend, drag king, drag queen, transsexual, androgyne) with separate and distinct sexual orientation identities” (Worthington, & Strathausen, 2017, p. 336). The term transgender must be understood within a historical and global context, namely colonialism that has stripped indigenous people from their language around identity (binaohan, 2014). binaohan (2014) critiques the word by defining it as “a hegemonic socio-political identity crafted by (mostly) white, binary trans people” (p. 29) and states that it serves to decenter trans women of color.

Ansara (2010) notes that many identities are not included in psychological literature, such as genderqueer, kathoey, third gender, Two Spirit, agender, gender-free, bi-gender, tri-gender, androgyne, and macha. Further, people may identify as gender nonconforming, masculine of center, feminine of center, gender neutral, intergender, multigender, or polygender (Chang et al., 2017). There are many more terms that may be used to describe a person’s gender identity. While holding the tension inherent in the effort to convey
ideas with the ways in which language has been utilized to erase and oppress, I use the term transgender in this study to refer to the many variations, subjectivities, and experiences of gender expansive identities.

**Context and Reflexivity**

In approaching this research, I am shaped by my work as a trauma therapist, working mostly with queer and trans people. I’m trained as a marriage and family therapist (MFT) in systems and relational therapies, which positions problems within relational/societal structures. Throughout my clinical identity development, both critical consciousness raising and attuned listening to my clients has led me to an understanding about what therapy can be: how it can be a caring, transformative, and healing space while also contextualized by a field and institutions that perpetuate the harm of dominant culture. As a therapist who is a white, cisgender, queer woman, my own self-work has involved a growing understanding of how my identities, my clients’ identities, and sociopolitical forces inform our relationship and how we co-create meaning in the work of healing. Becoming a supervisor more recently, I began to think about my own experiences as a client in therapy and as a therapist in supervision, where my experience was supported and affirmed, as well as my experience when the space was not supportive or growth-oriented. I became curious about the theory of supervision, and about the potential for this space to also be healing and transformative.

**Social Justice Aims**

While choosing a research focus and preparing to conduct this study, I heard the echoing voices of transgender friends, colleagues, and clients expressing the effects of dominant culture on their lives. I am motivated on both personal and professional levels
to conduct this study in a way that moves supervision toward a practice that is ethical and socially just. I have a deep commitment to the development of the field toward affirmation and liberation for all gender identities and believe that liberation is a collective process. However, liberation from gender constructs requires particular effort to empower transgender voices in contrast to dominant discourse that centers cisnormativity.

Social justice values are inherent in the epistemological and methodological lens of this study. It is important for me to attend to issues of power in the research process so as not to reproduce the social oppression embedded in structures of society as well as the field of counseling (Griffith et al., 2017; Potts & Brown, 2005). In this research process I prioritized the dignity, safety, and affirmation of transgender participants. As an anti-oppression researcher, I am committed to processes of reflecting on my own biases, utilizing affirming language, asking participants to self-identify, and considering the impact of various social locations and intersectional oppressions experienced by transgender people. I centered participant experiences through their own stories.

As a primary social justice aim, I consider how this study may impact transgender people. My hope is that this voice-centered study will positively impact participants themselves as they share their stories, are heard by me as the researcher, and have their experiences acknowledged within the broader academic community. Their voices add to the growing literature on the experiences of transgender people. I hope this study shifts how clinical supervision addresses issues of power, intersectionality, and use of therapeutic self, particularly with transgender supervisees. I believe that if supervision were more inclusive and supportive of transgender supervisees, more trans-identified
therapists would flourish within the profession and be able to offer insights, expertise, and perspectives to the field. This may also allow for our colleagues, supervisees, and clients to benefit from more expansive perspectives of gender and for transgender health care to improve. Their representation in the field may encourage other transgender people to become therapists and to conduct research regarding gender identity and expression. As the field becomes more trans-affirming, clients will subsequently benefit from more affirming and liberative spaces in therapy.

Lewis et al. (2011) defined advocacy as “a natural outgrowth of the counselor’s empathy and experience” (p. 9). My hope is that this study will be viewed as an act of advocacy. Given my social justice values and responsibilities as a privileged person, therapist, and researcher, I am compelled by my respect and empathy for transgender people, my friends, colleagues, and clients. There are few transgender therapists and so cisgender clinicians must join the liberation work to transform the mental health field (Singh, 2016). It is a gift to have heard the stories of transgender therapists and to have the opportunity to contribute to further understanding of the human experience as it applies to therapy and supervision.

This narrative study centers transgender therapists as the experts on their experiences and the source of knowledge for understanding clinical supervision processes. This dissertation surveys relevant literature and positions this study within the research gap related to transgender supervisee experiences. The methodology chapter details the research design, data collection and data analysis. The next chapters provide narrative summaries of the participants’ supervision stories and report findings that
emerged from the data across participant interviews. The final chapter provides an interpretation and discussion of the findings with implications for supervision practice.

The next chapter surveys literature related to supervision experiences of transgender therapists, including examining how dominant culture contextualizes and is present within the field of counseling and psychology. The chapter explores research related to therapy with transgender clients, experiences of queer supervisees and supervisees of color, theories of supervision, and existing literature pertaining to transgender therapists. The review of literature situates this study within the gap that exists regarding transgender therapists’ experiences as supervisees.
CHAPTER 2: LITERATURE REVIEW

This literature review examines research related to transgender therapists in supervision. The purpose of this review is to situate this study within relevant literature and to highlight the significant gap regarding research on transgender and nonbinary therapists’ experiences in supervision. There exist several theoretical pieces by transgender therapists and supervisors about themes in clinical supervision with transgender people, but no research has been conducted to further support these understandings. Because there is a dearth of research specifically regarding transgender and nonbinary therapists, this review examines related areas for themes and concepts pertinent to my study. First, this review begins by discussing critical feminist thought that provides a theoretical framework for this study and then moves on to a description of how oppression influences the field of counseling. Then, relevant subjects are explored including considerations and models for therapy with transgender and nonbinary clients, client experiences, supervision models, and experiences of supervisees with marginalized identities.

Epistemology

This section presents the epistemological philosophies that provide a framework for this study. Drawing most heavily from intersectional feminism in addition to queer theory and liberation psychology, I utilize a critical approach in attending to issues of power, oppression, and social change. Ponterotto (2005) describes the critical paradigm as “one of emancipation and transformation, one in which the researcher’s proactive values are central to the task, purpose, and methods of research” (p. 129). A criticalist addresses issues of power and social oppression of a phenomenon as well as the potential
toward social change (Carspecken, 1996; Patton, 2015; Ponterotto, 2005). This approach is in opposition to and in service of deconstructing an *epistemology of ignorance* that describes willful structural ignorance and cognitive deficit regarding cultural and historical contexts, thereby perpetuating oppression (Alcoff, 2007).

Feminist psychology entails social consciousness-raising and critical reflection regarding identity, power, and oppression, with the goal of social change (Le et al., 2018; Singh, 2016). Feminist theory draws attention to the politics and social constructions of social categories such as gender, emphasizing collaboration, egalitarianism and advocacy for social change. Black feminists have criticized the white feminist movement for its neglect of the impact of racial oppression and white supremacy in mainstream feminist thought (Grzanka, 2018). Crenshaw (1989) popularized the concept of *intersectionality*, the understanding that gender identity intersects with other identities to determine one’s social location and the impact of multiple forms of oppression. The Combahee River Collective made up of Black feminists stated that oppression of their race, class, and gender were experienced simultaneously (Kolenz et al., 2017). The concept of intersectional identity comes out of decades of work by Black feminist scholars and activists who have rejected the compartmentalization of individual identity issues within dialogues about social oppression (Cole, 2009; Cooper, 2015; Crenshaw, 1989; Grzanka, 2018; hooks, 2000; Lorde, 1984; Moradi, 2017).

Liberation psychology emphasizes the importance of raising consciousness about structural and historical oppression and collective and social change (Freire, 1970a, 1970b; Martín-Baró, 1994). Friere (1970a), a Brazilian criticalist, popularized the term *conscientization*, which means raising critical consciousness in order to change the reality.
of oppressive social structures. It is a practice of reflection and action. Conscientization comprises both “individual liberation and social transformation” (Martín-Baró, 1994, p. 18). Liberation psychology founder Martín-Baró (1994) wrote about a psychology for the poor Latin American and likewise criticized the field of mainstream psychology for removing the individual from social and historical contexts. Martín-Baró (1994) posited that liberation comes about as marginalized people develop their own understanding of their lived experiences in relation to their social position and collective history. This perspective values local knowledge and the lived experience of the marginalized as authorities on understanding.

hooks (2000) asserts that liberation from oppression can occur only when the most marginalized are placed at the center of the issue. Normativity is centered on those in the dominant group, meaning that standards of what is normal, healthy, and appropriate, privilege certain identities over others. Those who are marginalized, not at the center, suffer the effects of systemic oppression (hooks, 2000). To do the work of addressing cisnormativity in mental health, transgender voices must be at the center. Employing a critical perspective, I shift the focus of this research from dominant groups, including cisgender supervisees or supervisors, to transgender supervisees whose circumstances are not addressed in literature. Within broader discourse, transgender identities remain invisible and therefore are not viewed as normative identities and experiences. Queer theory challenges heteronormativity and the binary constructs of gender and sexuality that make up dominant discourse (Motschenbacher & Stegu, 2013). In fact, these binary and often rigid constructs can serve to perpetuate sociopolitical control and maintain hierarchical power dynamics in which transgender people remain at
the bottom. From a critical postcolonial lens, “The cultural knowledge and life experiences of clients and supervisees is centered alongside developing field knowledge, supporting cultural democracy within the microsystems of therapy, and supervision with the goal of encouraging equity in the broader society” (Hernandez & McDowell, 2010, p. 29).

Critical researchers must examine conceptualizations of simultaneous social categories in order to account for intersectional oppression and inequality (Cole, 2009). In this study, I apply a critical feminist lens while examining literature related to the experiences of transgender supervisees. In this review of literature I integrate critical approaches to address issues of power, social location, oppression, and liberation in discussions about transgender clients, supervision models, and supervisee perspectives. In particular this review highlights research on therapy and supervision models that take into account dominant social structures when working with transgender people. Likewise, the experiences of transgender clients and supervisees are discussed through a critical feminist lens.

Contextualizing the Field of Counseling

Dominant social structures contextualize all practice of research, training, supervising and providing care. This section briefly captures how oppressive structures that contextualize the field of counseling become part of research, theory, and practice. If these structures remain unexamined and are not deconstructed, they are perpetuated and those who have marginalized identities become further ostracized in training or while receiving treatment. This review identifies how social structures oppressive to
transgender people function within the counseling profession and include both pathologizing transgender experience and employing cisgenderist practices.

**Oppressive Social Structures**

Ratner (2009) states, “the path to psychological liberation is not an easy or direct one. It begins with its opposite, the psychology of oppression, which is why liberation is necessary” (p. 2). It is crucial to examine how dominant structures in society are also manifest in the field of counseling if liberation is the goal. Transgender and nonbinary therapists are crucial to the field of mental health and yet are educated, trained, and supervised within this oppressive context as they develop clinical skills and identity. As Ratner (2009) articulates, “Psychology is not simply ‘influenced’ by cultural factors; it is composed of cultural factors” (p. 4). As dominant culture is the context for the development of our ideas about the human psyche, dominant structures are also by nature embedded in these ideas. Colonialism and white supremacy make up these dominant structures that have created and perpetuated the gender binary among other binary categories that are challenged by notions of intersectionality (Iantaffi, 2021). The effects of marginalization within a cisgenderist culture are expressed in collective violence, systemic oppression, risk of mental health issues, and victimization that transgender people face (Richmond et al., 2012). The political intimately affects the personal (Haines, 2019). Galtung (1969) uses the term structural violence to emphasize the systemic and institutionalized way in which marginalized people are kept from meeting their basic needs. Haines’s (2019) definition of trauma includes the implications of structural violence, describing it as “an experience or series of experiences and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and
dignity” (p. 74). Experiences of trauma are created and contextualized by society and culture, such as the systemic trauma of transgender people, and disconnect individuals from well-being (Haines, 2019).

While structural violence and oppression are integral issues when it comes to the experiences of transgender or otherwise marginalized people, clinicians are often focused on intrapsychic perspectives divorced from distress caused by societal influences (Greenleaf & Williams, 2009; Prilleltensky & Fox, 2007). This focus on the source of psychological distress as originating within the marginalized individual is a symptom of dominant social structures. When the conceptualizations of distress and well-being are applied to an individual who is decontextualized from their history and social spheres, then the forces of oppression are ignored and perpetuated in interpersonal and institutional practices (Prilleltensky & Fox, 2007). When contextualizing the profession within its cultural and historical frameworks, the mental health fields are culpable for more than ignoring oppressive structure; they have, in fact, participated in more disturbing aspects in social oppression. From its conception, “mainstream psychology has played a regulatory role, policing normative conceptions of sex, gender, and sexuality” (Clarke & Braun, 2009, p. 242).

Highlighting the dominant social structures within the field is an important step toward being able to subvert and avoid further perpetuation of discrimination. Further, in order to move toward inclusive and transformative practices of supervision, the field must deconstruct these structures and replace them with new understandings of well-being and liberating practices. Deconstructing specific concepts within oppressive structures in counseling and psychology and the effect this has on transgender people is
essential. The next sections discuss pathologizing views and cisgenderist language in particular.

**Pathologizing Practices**

People have lived outside social expectations of gender for centuries. It has been only in the last 300 years that these identities have become criminalized (Stryker, 2017). Currently, due to the burden of systemic discrimination, transgender people are more vulnerable to psychiatric issues. However, these symptoms, along with societal rejection, tend to decrease with gender affirmative treatment (Dhejne et al., 2016; Richards, 2013). This calls into question the etiology of symptoms and diagnoses for gender experiences labeled as disordered. Gender identities and behavior that do not conform to heterosexist and cisgenderist norms have historically been and continue to be pathologized and marginalized within the field of counseling (Alessi, 2013). Dewey & Gesbeck (2017) argued that the invention of diagnostic criteria for transgender patients has created transgender patients through the medicalization of their experience.

regarding what is considered pathological gender expression, influenced by changing
times, cultural shifts, and research. Each subsequent edition shows the evolution of
thought within the mental health community regarding what is considered disordered at
the time of its publication. However, the DSM ignores the social construction of its own
diagnoses of gender experience and expression (Porter, 2002). This epistemological
ignorance creates fractures in care and psychological understanding as the gap between,
for example, traumatology and the advances in LGBT studies widens (Brown &
Pantalone, 2011).

Recognizing the power given to mental health professionals, Lev (2006)
described the provider as the gatekeeper in that transgender individuals have had to seek
a therapist to legitimize their experience in order to receive medical treatment.
Transgender patients then receive mental health disorder diagnoses that perpetuate the
idea that transgender identities and gender variant expressions are inherently disordered.
Lev (2013) proposed that gender variance be considered a normative part of diverse
human development and that diagnoses should reflect this paradigm. Lev’s view is that a
diagnosis of gender dysphoria should be removed from the DSM entirely to not
pathologize the experience of gender variant people. Davy (2013) also calls for a
diagnosis reflective of distress and impairment rather than a break from sociocultural
gender norms. The suggestion by many of these authors is for a diagnosis of gender
incongruence, allowing for billing for treatment while not pathologizing variant gender
identities.

Individuals report experiencing many negative effects as a result of receiving
diagnoses concerning gender identity, which is an area with very little research (Budge,
2015). Davy (2013) spoke to the power that *DSM* and mental health professionals have over the lives of transgender people, often with medical and legal implications. The psychological research and training institutes have power and influence, and the reverberations of pathologization and marginalization of LGBTQ people are felt by individuals and families around the world (Daley & Mulé, 2014). Diagnoses have been used to promote political agendas and can be used in criminal cases, around employment issues and security clearances (Daley & Mulé, 2014). Thus, the *DSM* and mental health practitioners then create the double bind of offering “care” and avenues for healing while often simultaneously perpetuating forces that cause oppression and result in distress.

In addition to the political control that is mediated through pathologizing diagnoses, these practices can affect individuals’ self-esteem (Daley & Mulé, 2014). The *DSM* devotes little attention to the effects of diagnoses on individuals’ mental well-being. Further, Suess et al. (2014) write about the “negative effects that a psychiatric classification has on the citizenship rights of trans people” and trans individuals’ body autonomy (para. 3). The use of pathologizing language is a way dominant structures are perpetuated in counseling, affecting transgender people’s well-being, and undermining their social acceptance. The inclusion of transgender voices within psychological research is crucial to move traditionally pathologizing practices toward liberation and healing for transgender communities.

**Cisgenderist Language**

People whose identities do not fit into a gender binary of male and female have existed before and outside of current Eurocentric ideas of gender. Ansara and Hegarty (2012) pointed to this important connection between cisgenderism and ethnocentricity.
Lev (2006) discussed the historical practice of using scientific language to legitimize racism and to pathologize non-white groups on the basis of biology. One major example concerning gender is the many indigenous tribes in North America who embrace individuals who have nonbinary gender identities and some tribes who honor these individuals with particular roles (Beemyn, 2014). The structural power of colonization erased various indigenous languages and concepts regarding gender expansive identities and replaced them instead with rigid binaries (binaohan, 2014; Iantaffi, 2021). These cultural and historical contexts are virtually ignored in the Western medicalization of gender variance.

Dewey & Gesbeck (2017) conducted a qualitative study of mental health providers’ process of diagnosing and revealed how significantly the binary views of gender influence the diagnostic criteria for gender dysphoria. Many gender-competent therapists worked around these diagnostic hitches, creating a subsequent problem by pathologizing patients with other mental health diagnoses unrelated to gender (anxiety, depression, adjustment disorders) to account for distress and justify treatment (Dewey & Gesbeck, 2017). The World Professional Association for Transgender Health (WPATH, 2012) put forward standards of care that called for mental health professionals to assess gender dysphoria, to not impose gender binary concepts, and to support gender-variant people in navigating the medical and psychological aspects of transitioning. The APA guidelines advanced in 2015 provide a specific standard for psychotherapists in providing psychological care for transgender people (APA, 2015). However, psychotherapists often have very little, if any, training in developing LGBTQ competencies, and even less specifically on working with gender variance (Alessi, 2013; Burnes et al., 2017;
Richards, 2013). This puts individuals who are already at risk in much more danger when they present for treatment.

Cisgenderism is the discriminatory attitude toward transgender people and is rampant in psychological research and therapeutic practice (Ansara & Hegarty, 2012, 2013; Singh & Shelton, 2011). Ansara & Hegarty (2012) reviewed psychological literature about gender non-conforming children from the years 1999–2008 and reported staggering rates of pathologizing language and misgendering of individuals. In fact, the study differentiated authors within and outside medical mental health fields and asserted that mental health researchers displayed more cisgenderist language than non-mental health authors (i.e., social workers and authors not directly linked to psychiatry or psychology departments). The field responsible for research on mental health care of transgender people is shamefully behind. Ansara & Hegarty (2012) pointed to an important connection between cisgenderism and ethnocentricity and the fact that not all cultures and traditions have binary gender concepts or pathologizing views of gender variance. These issues necessitate advocacy for transgender people; anti-cisgenderist, heterosexist and anti-racist policy and practice changes; and safe and affirming spaces for trans clients and clinicians. The next section explores research related to psychotherapy with transgender clients and their experiences.

**Psychotherapy with Transgender Clients**

This study is situated within a critical feminist framework and addresses the presence of oppressive structures in counseling by centering transgender supervisee experiences. The next few sections address considerations of transgender people in
therapy and models for therapy before specifically addressing relevant supervision topics, supervision models and supervisee experiences.

**Psychotherapeutic Issues**

There are parallels between the supervisory relationship and the therapeutic relationship, and the two share isomorphic properties (Bernard & Goodyear, 2019). Considering that both are places where one comes for support where there are inherent power differences, many of the dynamics of the therapeutic relationship can be comparable to the supervisory relationship, and one affects the other. For example, a transgender-affirming supervisor is able to impact the kind of affirming interventions used within the therapeutic relationship (Halpert et al., 2007). This section explores themes within the therapeutic context that are pertinent to my study on transgender therapists in supervision. Specifically, I examine literature on therapeutic work with transgender clients as well as therapeutic models that attend to pertinent issues in therapy. These considerations are also relevant to the supervisory relationship and the development of therapists in training. Lastly, this section examines applicable studies on the experiences of transgender clients in therapy to highlight potential parallel issues for transgender therapists’ experiences in supervision.

**Impact of Oppression and Structural Violence**

When reading literature about therapy with transgender people, significant themes began to emerge regarding salient clinical considerations. In the studies I reviewed regarding transgender people in therapy, unsurprisingly anti-trans discrimination and oppression were evident themes (Reisner et al., 2016; Weir & Piquette, 2018). However, transgender clients seek therapy for many typical reasons, such as overall well-being,
relational issues, and emotional health (Benson, 2013). Employment, career development, and navigating the workplace are important issues in therapy that have come under recent focus of research (Mizock & Mueser, 2014; Motulsky & Frank, 2018; Worthington & Strathausen, 2017). Given that social settings can often be inequitable and discriminatory, fear of coming out as transgender and expressing transgender identity is related to significant psychological distress (Sanchez & Vilain, 2009). Dealing with stigma and discrimination is an important aspect of therapeutic work with transgender clients. Transgender people are at higher risk for mental health issues such as anxiety, depression, substance abuse, and suicide (Weir & Piquette, 2018). The kind of daily and consistent discrimination faced by many transgender people raises their risk for developing PTSD symptoms (Mizock & Lewis, 2008; Reisner et al., 2016; Richmond et al., 2012). As previously discussed, societal structures of oppression can cause psychological distress, becoming salient issues in the therapy room. Many of the therapeutic issues discussed in this section can be understood as the effect of structural violence that disproportionately affects transgender people.

It is important to remember that the fields of counseling and psychology are also fraught with these oppressive structures, and therapists must contend with the pathologizing of marginalized groups that plagues the field’s history and informs current practices of clinical work and research (Grzanka, 2018). Specifically, cisgenderism on the part of service providers is reflective of the dominant culture (Ansara, 2010). This may be acted out in the form of misgendering, gatekeeping, making assumptions about gender based on appearance, and taking the role of decision maker regarding the client’s transition process (Ansara, 2010). Cisgenderism may also appear as overfocusing on
issues related to transgender identity in therapy when clients have come to talk about other mental health concerns, avoiding issues of gender identity, or pathologizing views of gender (Ansara, 2010; Mizock & Hopwood, 2016; Mizock & Lundquist, 2016; Smith et al., 2012).

A dangerous situation is created when standards of care call for therapists to support transgender clients in medical transitions when there is also a dearth of competent therapists well trained in the needs of transgender individuals (Mizock & Lundquist, 2016; Singh & dickey, 2016; Vance et al., 2015). This double bind puts transgender people who are already vulnerable to discrimination at further risk when seeking mental health care and echoes the structural oppression in society.

**Intersectionality**

An important and pertinent issue in providing affirmative therapy with transgender and nonbinary people in therapy is understanding and addressing intersectional identities (Dispenza et al., 2019; Lefevor et al., 2019; Parent et al., 2013; Richmond et al., 2017; Singh et al., 2017; Velez et al., 2019, Worthington & Strathausen, 2017). Referring to the layers of oppression impacted by occupying multiple marginalized identities, the concept of intersectionality addresses how transgender and gender-nonconforming people of color face additional oppression when it comes to violence and barriers such as access to health care, housing, and employment (Beemyn & Rankin, 2011; Chang, & Singh, 2016; Singh & McKleroy, 2011). Dispenza et al. (2019) investigate the nuances of the experiences of people who occupy both a sexual and gender minority status and have a disability. Singh and McKleroy (2011) used a strengths-based and feminist approach in conducting a phenomenological study of
transgender people of color who were also trauma survivors. This study found a number of significant themes related to transgender experience of resilience: pride in one’s gender and racial/ethnic identity, recognizing societal oppression, navigating family relationships, accessing health care, connecting with a transgender activist community, and cultivating spirituality and hope. Singh et al. (2017) reviewed common concerns for transgender and gender variant people of color in therapy, such as power differences between therapist and client given intersectional dynamics, and the role the therapist may take as gatekeeper, which refers to therapists’ structural power to diagnose and authorize treatment. The authors advocated for thorough trauma evaluations including racial and intergenerational trauma experiences, immigration histories, and access to resources like education, employment, and housing.

While some articles pointed out the importance of being aware of microaggressions (Nadal, 2018) and not conflating gender and sexual identities in discussions of intersectionality (Mizock & Hopwood, 2016), others failed to address how racial identities of transgender people could be erased in these discussions. This is ironic in that the concept of intersectionality comes out of Black feminist thought and has been used to specifically address this issue of erasure (Cooper, 2015; Crenshaw, 1989). As Smith et al. (2012) expressed, “Dominant discourses reinforce systems of power and privilege” (p. 387). Indeed, even in discourse around deconstructing one aspect of the dominant social structures, care must be taken to continually deconstruct how dominant discourse shows up to maintain and perpetuate other forms of oppression, in this case, white supremacy.
Failure to address intersectionality in working with transgender clients risks further erasure and discrimination. Drawing upon concepts of intersectionality, Chang and Singh (2016) asserted that white cisgender therapists need to become aware of and deconstruct their own cisgender and racial privilege to address power dynamics within the therapeutic relationship. Budge et al. (2016) studied the outcomes of holding various social identities and the effects on mental health outcomes and found that those experiencing multiple forms of oppression had higher rates of anxiety. Each of these studies implored therapists to acknowledge societal oppression and affirm intersecting identities.

**Identity and Transition**

Gender identity exploration and transitioning often surface as important themes in therapeutic work with transgender clients. Levitt and Ippolito (2014) conducted a grounded theory study investigating transgender identity experiences and development. Findings clustered into several areas including pressure to be closeted, leading to forms of escape in internalized shame, importance of connecting with affirming communities and narratives, self-identifying gender through exploration, making decisions regarding transitioning, navigating possible shifts in sexual orientation, and balancing communicating gender to others with the need for survival and coping. Conflation, interdependence, and divergence regarding concepts of gender identity and sexual orientation and desire can also emerge in therapy (Ansara, 2010; dickey et al., 2012; Mizock & Hopwood, 2016). Gender and sexuality interplay with one another, are related but are also distinct concepts. For example, an individual may identify as transgender and bisexual while another transgender person may identify as straight. Therapeutic support
may include making space for exploration of gender and sexual identities, issues of intersectional oppression, transition decisions, ways of coping, and navigating relationships.

**Therapeutic Models**

As discussed in the previous section, supporting trans clients directly in dealing with structural oppression, intersectional oppression, identity development, and transition issues is paramount. However, there have been few empirical studies to yield best practice when it comes to treatment for transgender clients (Bettergarcia & Israel, 2018). Standards of care have been developed in recent decades offering guidance for treating transgender clients in psychotherapy, emphasizing the importance of therapist basic knowledge of transgender issues, support of transgender identities, and commitment to social justice and advocacy (ALGBTIC Transgender Committee, 2010; APA Task Force on Gender Identity and Gender Variance, 2008; American Psychological Association, 2015; WPATH, 2012). The next section discusses minority stress and resilience in conceptualizations of trans experience and the task of moving beyond basic knowledge of transgender issues to liberatory work in therapy.

**Minority Stress Model**

In addition to themes and considerations for working with transgender clients, some therapeutic models provide insight into possible parallel supervisory approaches and conceptualizations. These models take into account the ecological factors of transgender individuals’ experiences. Hendricks and Testa (2012) first put forward a clinical adaptation of the minority stress model (Meyer, 2003) for trans-identified individuals in therapy. This model incorporates the understanding of the risks
experienced by transgender people including discrimination, violence, and internalized transphobia. While clients may present to treatment with many other stressors or factors, the minority stress model creates a lens to understand the impact of oppression on transgender individuals and its relationship to increased psychiatric distress that can manifest in a number of mental disorders. This model also emphasizes strength and resilience as important aspects of the assessment and treatment process. Subsequent applications of the minority stress model to transgender people examined various nuances of the transgender experience. Studies consistently reported that stress caused by societal oppression could result in psychological distress that takes a number of forms: depression and anxiety among youth (Chodzen et al., 2018); suicidal ideation (Testa et al., 2017); drug use (Gonzalez et al., 2017); experience of being misgendered (McLemore, 2018); transphobia in the workplace (Brewster et al., 2012); depression among older adults (Hoy & Fredriksen, 2017); relationship quality (Gamarel et al., 2014); and family creation issues (dickey et al., 2016).

Several entities advocate the adapted minority stress model as an approach clinicians can take to minimally meet criteria for treating transgender clients. The APA Task Force on Gender Identity and Gender Variance (2008), the APA Resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination (Anton, 2009), and WPATH (2012) all proffer the adapted minority stress model, which includes having empathy, knowledge, and providing nondiscriminatory treatment (Hendricks & Testa, 2012). While this model provides undeniable evidence of the effects of dominant social structures, I assert that meeting these standards is too passive, lacking commitment to social justice and falling short of the celebration of gender diversity necessary for
affirmative and liberatory therapy. While Hendricks and Testa (2012) offer little in the way of reflexivity and understanding of intersectionality and power analysis in the therapeutic relationship, others have adapted this model and incorporated critical approaches. This may indicate the changing direction of research on therapy with transgender people, echoing many critical movements’ efforts to become more inclusive. For example, Ching et al. (2018) discuss their integrative model of intersectional stress and trauma among Asian American sexual and gender minorities. They explain racial and heterosexist discrimination faced by this population both interpersonally in the form of abuse and microaggressions as well as internalized oppression. They highlight the importance of multiple identity development as important to coping and resilience. Likewise, Iantaffi (2021), Nadal (2018), and Richmond et al. (2012) emphasize the impact of systemic oppression faced by transgender people and emphasize that trauma is an appropriate lens by which to understand these experiences. The minority stress model applied to transgender people underscores the importance of conceptualizing ecological factors contributing to psychological distress and personal resilience. The minority stress model does not, however, adequately address the trauma of structural violence nor the liberatory potential of mutual reflexivity within the therapeutic dynamic.

Resiliency Models

While transgender and nonbinary people undoubtedly face many challenges in society, for the most part they report feeling positive about their identities, which helps provide meaning to their experiences (Levitt & Ippolito, 2014; Riggle et al., 2011). While much research focuses on distress and psychopathology, positive aspects of transgender identity include “congruency of self; enhanced interpersonal relationships; personal
growth and resiliency; increased empathy; a unique perspective on both sexes; living beyond the sex binary; increased activism; and connection to the GLBTQ communities” (Riggle et al., 2011, p. 147). Recent psychological literature has also used the minority stress concepts to explore transgender resilience (Breslow et al., 2015; Matsuno & Israel, 2018; Singh, & McKleroy, 2011; Singh et al., 2014). Singh et al. (2011) found that resilience was related to connection to a supportive larger community as exemplified in the following themes: “defining one's own gender identity, cultivating a sense of hope for the future, embracing self-worth, and social activism” (p. 25). Barr et al. (2016) emphasized the importance of connection and community belongingness for the well-being of transgender people. For transgender people of color who are navigating layers of cisgenderist marginalization and racism, resilience is enhanced through connecting with other transgender people of color, multiple identity development, and advocacy (Ching et al., 2018; Singh, 2013; Singh et al., 2017; Singh & McKleroy, 2011).

**Therapeutic Models Beyond Basic Knowledge**

While current standards of care are important for inclusion, being able to move beyond basic knowledge is key to more transformative and liberatory practices in therapeutic work. Ansara (2010) emphasized that working with transgender people must not be done with the same approach used with other populations, and that, in fact, merely taking an approach of seeing each client as equal is a form of cisgenderism. Perhaps this might be called cis-blindness, not seeing the impact of issues of privilege and power around gender identity, which is related to the concept of epistemic ignorance. Ansara (2010) insisted that therapists become aware of their own cisgenderism and their sources of information about gender and discern how cisgenderism is manifest in therapy through
their own biases as well as internalized shame of the client. Ansara (2010) stated the following:

By taking responsibility for asking detailed questions of clients, by offering a lavish banquet of choices rather than waiting for clients to pick the cheapest item on the menu (i.e., the pronouns and gender associated name least likely to require effort or encounter resistance), counsellors demonstrate their willingness to take the journey of discovery with their clients, and to embrace new insights and the self-respect that is essential to thriving rather than merely surviving. (p. 175)

**Models from Affirmation to Liberation**

More recently, social movements represented in the research on treating transgender and nonbinary clients in therapy offer more explicit concepts of affirmation and liberation work beyond having basic knowledge and competencies. Singh and dickey (2017) wrote about affirmative therapy with transgender and gender nonconforming clients, emphasizing the nuanced language of identity, the diverse array of nonbinary gender identities, and the need to listen to clients regarding how they self-identify. They stress the importance of addressing intersectional identities as well as specific issues across the lifespan of a transgender client. Therapists who aim to be affirming in their practice should make sure that there are safe restrooms for clients, advocate for trans-affirming organizational policies, and have referrals for appropriate resources available. Weir and Piquette (2018) described affirmative work with transgender clients and echoed many of the same themes and considerations, emphasizing the importance of providing tangible, affirming community resources to clients. Specific models including
Transfeminism, relational cultural theory, and liberation psychology all provide useful frameworks for conducting therapy with transgender people, addressing issues beyond core competencies and guidelines.

**Transfeminism.** The transfeminist approach to working with transgender clients directly opposes a pathologizing view of gender nonconformity and emphasizes therapist reflexivity (Sennott, 2011). Drawing from feminist tradition and an activist stance, transfeminism requires the clinician to be educated and conscious of the history of diagnosing and pathologizing transgender people. As Sennott (2011) elaborated, “The transfeminist approach operates with the understanding that we construct our own gender identities based on what feels genuine, comfortable, and sincere to us as we live and relate to others within given social and cultural constraints” (p. 103). Helping trans-identified clients explore gender narratives while having a clear comprehension of consequences of pathologizing perspectives and societal oppression is important for transfeminist clinicians working with transgender people. Indeed, this approach encourages critical reflection regarding normative and privileged identities as well.

**Relational Cultural Theory.** Relational cultural theory (RCT) can be applied as an affirmative model in therapy with transgender clients (Singh & Moss, 2016). RCT understands healthy functioning as a product of authentic connection in relationships and challenges overvaluing autonomy and independence (Jordan, 2018; Lenz, 2016). This approach builds upon feminist models and incorporates multicultural and social justice competencies. RCT is used as a framework to address cultural complexity, shame and isolation, mutuality, power, and connectedness (Singh & Moss, 2016). From this model, therapists pursue deep connections with clients and engage in rigorous critical reflection.
regarding their own privilege and oppression within their own lives. Clinicians see symptoms within the context of oppression and isolation and help clients work on internalized stigma.

**Liberation.** Singh (2016) also advocated for movement beyond affirmative therapy to the application of liberation psychology, involving significant client–therapist reflexivity and shared liberation from gender oppression. Liberation psychology emphasizes the importance of raising consciousness about societal oppression and dominant structures that contextualize the lives of the marginalized (Martín-Baró, 1994). A key element is recovery of historical memory.

It has to do with recovering not only the sense of one’s own identity and the pride of belonging to a people but also a reliance on a tradition and a culture, and above all, with rescuing those aspects of identity which served yesterday, and will serve today, for liberation. (Martín-Baró, 1994, p. 30)

Further, liberation psychology promotes the *deideolization* of psychology, calling into question how traditional psychology has perpetuated and reinforced power hierarchies within dominant social structures. Applied to issues of gender diversity, this approach requires intensive interrogation of historical and contextual assumptions about gender, examination of therapist’s own biases, and the use of therapist voice for social change (Singh, 2016). Liberation psychologists question how gender and power are articulated in psychological research and practices, center gender minority stories in creating new understandings of gender, and raise consciousness regarding their own gender liberation.
Transfeminism, relational cultural theory, and liberation psychology offer supportive and humanizing views of transgender people. These models situate symptoms within the context of societal oppression and offer critical reflection on traditional practices in counseling that have pathologized transgender people and centered cisgender experience. Each integrates principles that emphasize individual and collective liberation from oppressive gender constructs. As these models have been applied to therapy with transgender clients, they are useful in conceptualizing models for supervision practice with transgender supervisees.

This section has discussed formal guidelines and standards in treating transgender clients and specifically how the minority stress model is applied to support clients dealing with oppression and developing resilience. There has been recent movement toward affirming and liberatory models of therapy that involve the therapists’ own reflexivity, providing community and systemic resources, and advocacy outside of the therapy room. This section has focused on the practice of therapy from the perspective of therapists and therapeutic models. As my study focuses on the experiences of transgender therapists in supervision, this review highlights the experiences of transgender clients in therapy as a similar and parallel process. The next section focuses on literature regarding the experiences of transgender clients that informs understanding of therapeutic practice.

**Experiences of Transgender Clients**

Closer to my research area of focus, this section examines salient issues in therapy from the perspective of transgender clients. Here, I highlight the current research on the perspectives of transgender clients related to their experiences in therapy. These studies emphasized themes that emerged from these clients’ perspectives, including experiences
of seeking therapy, the competency of the therapist, the therapeutic relationship, affirmation of intersectional identity, resilience, and community support.

Based on the current literature regarding salient issues in therapy with transgender people and minority stress models, the importance of affirmation of transgender identities in therapy is also necessary from the client’s perspective to foster a collaborative therapeutic relationship. Benson (2013) conducted a feminist phenomenological study with seven transgender participants on their experiences in therapy and found that “participants discussed the importance of acknowledging their gender identity with a therapist in order to discuss other quality of life issues” (p. 28). Other themes that emerged were the therapists’ lack of training and problematic therapeutic modalities, the burden of educating therapists falling to clients, and the importance of finding a well-recommended therapist who does transgender affirmative work.

Mizock and Lundquist (2016) conducted a grounded theory study and interviewed 45 transgender and gender-nonconforming participants about their experiences of therapists’ missteps in therapy. Participants identified a variety of these behaviors: education-burdening, gender inflation, gender-narrowing, gender avoidance, gender-generalizing, gender-repairing, gender-pathologizing, and gate-keeping. Each of these missteps is microaggressive and *othering* (Nadal, 2018). They are rooted in the therapist’s position of power and the utilization of that position over clients with marginalized identities. These dynamics serve to further victimize clients to dominant structures of oppression within the therapeutic context. In contrast to models of affirmation and liberation discussed in the previous section, the missteps identified by these transgender clients reflect a lack of conscious awareness and commitment to
liberation on the part of the therapist. Whether explicit or implicit, oppressive biases in therapy place the burden of change on the one with the least social capital in the therapeutic relationship and undermine the healing and liberation of the client.

In a phenomenological study with 13 transgender and gender-nonconforming participants, McCullough et al. (2017) found that transgender clients sought out therapy for both trans-related issues and issues that were not trans-related. Trans-related issues were identified as things like letters for hormone treatment and exploring decisions related to transitioning. Four experiences were found to be salient among the participants including the process of choosing a therapist, trans-affirming therapy, transnegative approaches, and supports outside of therapy. Some participants preferred to find a trans-identified therapist or one that identified as LGBTQ, but generally looked for trust and empathy. The experiences of transaffirmative therapy included feeling a sense of connection to and support from the therapist as well as being empowered by therapists’ advocacy. In line with findings by Mizock and Lundquist (2016), McCullough et al. (2017) defined three areas of transnegative experiences: lack of understanding of transgender issues, invalidations, and insensitivity to intersectional identities. Participants also identified their own resilience in utilizing community supports, such as friends, family, transgender community, workshops, conferences, and online forums. These studies demonstrate how transgender clients have experienced therapy in their path to seeking mental health care and show that many experiences have been quite the opposite of healing and supportive. These studies are important to my focus on transgender supervisee experiences in that participants are likely to have experienced similar dynamics in relation to supervisors.
Transgender clients are seeking out trans-affirming therapy. Bettergarcia and Israel (2018) conducted a two-factor MANOVA with the response of 409 participants to both a video condition of a mock therapy session and their own reported plan to transition as independent variables. The mock therapy session contained therapist responses that were either trans-affirming, nonbinary affirming, or non-affirming. Participants were randomly assigned one of the three situations and rated the session on multiple scales regarding the therapists’ likability and skill as well as their own willingness to seek therapeutic support. As one might intuit, participants rated the therapist in non-affirming conditions unlikable, less trustworthy, and less skilled. The implications for therapists indicate the need for affirmative approaches and greater awareness of what is affirming and what is not affirming of transgender clients to build trust and safety. In a more recent and much smaller qualitative study, Anzani et al. (2019) asked transgender clients how they experienced affirmation in therapy. Their answers ranged from passive actions such as the absence of microaggressions to more active behavior of acknowledging their authentic gender and disrupting cisnormativity.

These studies all highlighted the significance of the therapeutic relationship and the effect of nuances of that relationship on client experiences of support and affirmation. Transgender clients have experienced a multitude of microaggressions when seeking therapy. Clinician knowledge, affirmation, and advocacy are all vital ingredients of supportive care. However, although not explicitly stating so, these studies seemed to assume that the therapists were cisgender. In addition, these studies indicated current trends toward incorporating transgender perspectives to develop trans-affirming therapeutic theory and practice. This section has focused on issues related to transgender
clients in therapy, as many of these themes relate also to the parallel supervisory relationship. The next section of this literature review focuses more directly on supervision that frames this study’s focus on transgender supervisee experiences.

Supervision of Therapeutic Work with Transgender Clients

This literature review has considered therapy with transgender clients, including dominant structures within therapeutic practice, models of therapy, and the experiences of transgender clients. As in the previous section on therapy with transgender clients, this section focuses on clinical supervision and addresses similar aspects of practice. Included are dominant structures in supervision, models of supervision that address intersectional identities, supervision with therapists with sexual minority identities, and finally, transgender therapists’ perspectives of clinical work and supervision.

Issues in Supervision

Dynamics and pertinent issues that occur in the therapeutic space parallel those within the supervision space (Bernard & Goodyear, 2019). As this review focuses in on clinical supervision practice, many of the issues previously discussed related to therapy with transgender clients also emerge from the literature on supervision with therapists working with transgender clients and supervision with transgender supervisees. How dominant social structures and considerations regarding intersectionality are part of supervision dynamics is briefly discussed.

Oppressive Structures in Supervision. Critical models of clinical supervision acknowledge and contend with dominant social structures that contextualize the field and the practices of therapy and supervision (Hernandez & McDowell, 2010). Cisgenderism is pervasive in the practice of therapy and psychological research; it therefore becomes
important to examine the presence of cisgenderism in the practice of supervision. For example, Bernard and Goodyear’s (2019) *Fundamentals of Clinical Supervision*, a text that provides an overview of supervision, has, through its numerous editions, been referenced in many of the studies and articles about clinical supervision. However, even in its discussion of gender, sexuality, and multicultural supervision methods, this text uses cisgenderist language with binary gender references and virtually no mention of transgender clients, therapists, or supervisors.

Supervision is a space where oppressive biases that are embedded in training institutes and then become harmful to clients can be addressed and challenged (Satterly & Dyson, 2008). However, supervision is certainly not exempt from dominant cultural structures that, if left uninterrogated, can enact oppressive racist, heterosexist, and cisgenderist practices (Messinger, 2007; Satterly et al., 2010). Cisgender privilege may include things like ignorance of language for transgender identities, lack of sensitivity to power differences, and Eurocentric views of gender and sexuality.

As previously discussed, transgender people are seeking support for psychological well-being from mental health providers who have been trained in institutions that perpetuate cisgenderist and pathologizing views of the dominant culture (Alessi, 2013; Burnes et al., 2017; Burnes & Stanley, 2017; Richards, 2013). It becomes the job of the therapist to be conscious of these biases in order to provide affirming care. The therapist bears the burden in the space between the prevailing cisgenderism in training and clinical institutions and the empathic support they must provide to transgender clients suffering the effects of oppression. Clinical supervision is a space with potential to bridge that gap and to provide support, collaboration, and deeper and more critical dialogue about social
consciousness and collective liberation. It is also a space in which one’s identity
development, experience, training, and practice become a focus of reflection. Carroll
(2011) stated that supervision is a “respectful interruption of our work to set up reflective
dialogues through which we learn from the work we do” (p. 22). If supervision functions
to foster reflective dialogue for the transgender therapist, the experiences of transgender
therapists should be included in the formation of supervision theory and practice. This
study aims to address this significant gap in research on clinical supervision with the
intent of disrupting dominant structures through the authorization of transgender
therapists on their own experiences to inform supervision theory and practice.

**Intersectionality in Supervision.** Hernandez and McDowell (2010) took a
critically reflective approach to addressing intersectionality in supervision. They wrote
about supervision from a critical postcolonial lens and implored supervisors to engage in
“critical analysis of dynamics of power and intersectionality as these relate to the
performance of supervision and therapy” (p. 29). While centering the issues of race, this
article is helpful in providing a framework from which to consider power dynamics
around gender and intersectional identities in the supervisory relationship. The process of
critical dialogue about the intersectionality of the supervisee and supervisor identities
within the context and history of oppression actually allows for safe learning within the
relationship (Hernandez & McDowell, 2010). The supervisory relationship has an
inherent power dynamic where marginalized voices can be silenced by interpersonal and
structural dynamics that contextualize the practice. When dialogue in supervision can
acknowledge intersectionality, be co-constructed, and provide each the space to
challenge, question, and articulate, then a safe learning environment can develop. In this
way, power moves toward more balance, mutuality is fostered, and otherwise marginalized voices are encouraged to speak.

Relational cultural supervision incorporates these values, adding the importance of language, contextual considerations, and mutual empathy and vulnerability (Lenz, 2014). A critical model of supervision creates a microsystem where cultural democracy is supported, and dominant social structures are interrogated. Hernandez and McDowell (2010) reminded us that from a critical postcolonial frame, “social forces cannot be compartmentalized as individual factors because it is precisely their multiple impact and interaction that accounts for the complexity of human relatedness, including the supervision process” (p. 30). As this review has acknowledged the trauma inherent in the structural violence of cisgenderism, it is important to consider a trauma-informed approach to supervision. Berger et al. (2018) emphasized the importance of incorporating analysis of intersectionality, power, and privilege in trauma-informed practice, acknowledging the gap regarding the integration of these concepts in supervision literature. The authors encouraged the analysis of identities and roles as well as the understanding of trauma on both interpersonal and sociopolitical levels.

**Therapeutic Self.** In addition to the importance of attention to oppression and intersectionality in supervision with transgender supervisees, issues pertaining to the exploration and use of therapeutic self is important. Chang et al. (2018) provided a chapter on transgender counselors in their book on transgender-affirming clinical work. Their concluding chapter focused on important factors that are common to clinicians who are transgender or nonbinary that require exploration, reflection, and intentionality. The preceding chapters of the book provided basic understanding of systems of oppression,
the history of transgender people, issues facing transgender people, and how to provide affirming care and advocacy as a clinician. The authors specified that the book is for clinicians of all identities but there are salient issues specifically for transgender clinicians that deserve attention. The authors disclosed that they are transgender, nonbinary, and gender-nonconforming, and identified several important considerations with case examples. If transgender clinicians choose to work with transgender clients, they must navigate the complexity of serving the local community within which they identify, socialize, and seek support and self-care (Chang et al., 2018). Transgender clinicians have nuanced experiences related to self-disclosure in therapy and in their professional spaces. Decisions regarding self-disclosure may be related to safety, comfort, development, and theoretical orientation. Chang et al. (2018) provided a list of common transference issues and countertransference issues that can emerge for transgender therapists working with transgender clients. Generally referring to the feelings of the client toward the therapist and the feelings of the therapist toward the client, transference and countertransference issues that emerge may be feelings and thoughts that have to do with fear of judgment, choices around transition, confidentiality, and dual relationship issues. Issues of self-disclosure and transference are standard supervision topics as well as nuanced themes that emerged in this study with transgender therapists.

This section on supervision discussed issues salient to supervision with transgender therapists. In addition to issues of oppression and intersectionality in supervision, transgender therapists may benefit from supervision that can attend to the unique issues that emerge as transgender therapists provide care to their clients. The next
section gives attention to approaches to supervision. Models that attend to oppression and
intersectionality rather than issues based on compartmentalized social identities are
necessary for working with transgender therapists. Specifically, I review feminist and
multicultural models of supervision and their potential to provide useful approaches with
transgender supervisees.

**Approaches to Supervision**

Due to the lack of research specifically on supervision with transgender therapists,
this review includes approaches to supervision that address the themes and issues that are
pertinent to working with transgender people, including issues of oppression and
intersectionality. This section discusses feminist and multicultural models as well as
recent studies on supervision with supervisees with minority identities.

**Feminist Supervision.** Porter (1995), a prominent author on feminist
psychotherapy and supervision, wrote about anti-racist, feminist, and multicultural
practices in application to the practice of supervision. Identifying the inadequacies of
traditional psychotherapeutic practice for people of color and for women, Porter asserted
that conversation and knowledge regarding systems of oppression needed to be fostered
in supervision. Porter (2009, 2014) restated the importance of supervision to initiate
conversations regarding oppression. When supervision does not involve conversations
regarding intersectionality, power, and oppression, there is risk that there is not space for
the supervisee to self-reflect and critically engage regarding their therapeutic process
(Porter, 2014). Feminist supervision means practicing relational collaboration,
conducting power analyses, fostering self-reflexivity, tending to intersectionality, and
engaging in feminist activism and advocacy (Gentile et al., 2010; MacKinnon et al., 2011; McKibben et al., 2018; Porter, 1995, 2009, 2014).

Now I find that this exchange is part of establishing the alliance, because it is an anticipated aspect of supervision from the perspective of the student, particularly students who view themselves in the margins: ethnically diverse students; women; lesbian, bisexual, transgendered [sic], or queer students; and those with visible disabilities. Students from these backgrounds want to know where I stand, even if they do not feel able to ask. (Porter, 2014, p. 70)

A productive supervisory relationship within the feminist framework recognizes supervisees’ anxieties and explicitly addresses identity and power imbalances (Porter, 2009). Porter seems to give responsibility to the supervisor, in the position of power, to initiate these important reflective conversations with supervisees.

**Multicultural Supervision.** Multicultural approaches to supervision highlight the supervisor role, supervisee development, the supervisory relationship, and the supervisor-supervisee-client triad (Inman & Ladany, 2014). In multicultural supervision it becomes the supervisor’s responsibility to facilitate multicultural learning on the part of the supervisee and to evaluate supervisee multicultural competencies (Inman, 2006). Supervisors support not only awareness of their supervisee’s personal cultural values and beliefs but also the supervisee’s awareness of self as well as their clients’ cultural contexts and beliefs (Soheilian et al., 2014). A multiculturally competent supervisor attends to cultural processes within the supervisory relationship and also facilitates learning and implementation of culturally appropriate interventions with supervisees’
clients (Inman & Kreider, 2013; Inman & Ladany, 2014). These multicultural competencies support a more positive relationship with supervisees. When supervisors explicitly address cultural issues in supervision and case consultation, show vulnerability regarding their limitations, and have high critical consciousness, then supervisees become more self-disclosing and develop greater critical awareness (Inman, 2006; Inman & Ladany, 2014; McKibben et al., 2018).

**Multicultural Feminist Supervision.** A multicultural feminist approach to supervision brings together multicultural psychology and feminist psychology (Le et al., 2018). Scholarship has moved toward an integration of both theories. Arczynski and Morrow (2017) conducted a feminist constructivist grounded theory study investigating supervisors’ understanding and practice of feminist multicultural supervision. The results created a framework for how feminist and multicultural theory is integrated into supervisors’ practice and management of power. The resulting concepts showed the complexity involved in the supervisory relationship and the shifts that could occur. They found that important common elements of feminist multicultural supervision were: negotiating how personal history influenced supervision process, developing trusting and collaborative relationships, meeting supervisees’ developmentally where they are, cultivating critical reflexivity, and advocacy.

While articles on multicultural supervision tend to highlight the importance of racial and ethnic diversity within the supervisor-supervisee dyad and dissecting racial privilege and oppression, there is little attention specifically to cisgenderism and issues relating to gender diverse people. However, feminist multicultural supervision stresses the importance of a multiplicity of realities and critical reflection on issues of
intersectionality. As with working with transgender clients, intersectionality continues to be an important concept in the supervisor-supervisee dyads with transgender supervisees. Green and Dekkers (2010) discussed the benefits when supervisors attend to power and diversity in supervision. They found that supervision that incorporates these critical conversations enhances the experience of supervisees. In these dyads, supervisees have a more enriched and educational experience (Green & Dekkers, 2010). Not only do supervisees benefit, but because supervision often parallels and affects therapy, clients seeing these supervisees experience better outcomes as well. Overall, attention to power and intersectional identity issues improves supervisee satisfaction and effectiveness.

**Relational Cultural Theory in Supervision.** Building on feminist and multicultural frameworks, relational cultural supervision draws from relational cultural therapy (Jordan, 2018; Lenz, 2016; Singh & Moss, 2016). RCT supervision emphasizes connection, mutual empathy, relational authenticity, and mutual empowerment (Abernathy & Cook, 2011; Duffey et al., 2016; Lenz, 2014). These approaches address the tension of a relational practice and the power difference inherent in hierarchal roles of supervisor and supervisee along with cultural differences. Power analysis becomes imperative as power can be used to foster connection, mutuality, and growth or to abuse and control, resulting in disconnection. While Abernathy and Cook (2011), Duffey et al. (2016), and Lenz (2014) are not focused on transgender therapists as subjects, their utilization of RCT as a model of supervision covers issues relevant to transgender therapists discussed in this review. Relational cultural supervision posits that the more supervisees are connected in supervision, the more present they can become in their therapeutic work (Lenz, 2014).
Feminist and multicultural models provide a framework for attending to issues salient for transgender therapists. Nevertheless, a gap in research focused explicitly on transgender therapists in supervision persists. Therefore, this review of literature includes the related topic of supervision with therapists working with sexual and gender minorities in therapy.

**Sexual and Gender-Affirmative Supervision.** Specific research on transgender therapists’ perspectives is limited, but there is a growing body of literature on supervision for therapists working with sexual and gender minority clients (Bieschke et al., 2014; Mitchell, 2010; Perlstein, 2010; Phillips & Fitts, 2017; Phillips et al., 2017). Supervisory issues with therapists working with transgender clients tend to get lumped under the umbrella category of LGBT issues while those specific to transgender clients remain absent (Burnes et al., 2017). Also, importantly for the current study, the assumption in this body of work is that the therapists identify as heterosexual and cisgender, with the result that transgender therapists’ identities are erased through the conflation of gender and sexual identity (Dudley, 2013). From a critical lens, these assumptions are problematic for a number of reasons. Certainly, it is important to have models and frameworks to assist cisgender and heterosexual therapists and supervisors in this work. However, heteronormative and cisgenderist assumptions in supervision render invisible the sexual and gender minority identities of supervisees. Second, assumptions on the part of supervisors about supervisee identities inevitably place the burden on the more vulnerable supervisee to either correct these assumptions, come out to their supervisors, or bear their invisibility in silence. Third, assumptions that echo oppressive societal structures create an environment that is not conducive to emotional safety and trust.
needed in the supervisory relationship (Hernandez & McDowell, 2010). Centering transgender voices in supervision research allows for these assumptions to surface and be interrogated.

Singh and Chun (2010) provided practical guidance for applying critical theory to the practice of supervision when addressing intersectionality and critical consciousness. They have developed a resiliency-based model of supervision for queer supervisors of color. This approach emphasizes the importance of critical dialogue and asking questions in supervision that stimulate discussion and growth in the area of social consciousness. The model provides clear stages and tasks that attend to identity and power within the supervisory relationship, raise awareness of social oppression, and foster the empowerment of supervisees. While this article provides important and practical implications that are relevant to transgender therapists in supervision, it does not directly highlight intersectional identities of transgender therapists. Thus, perspectives of supervisees who are transgender specifically are not addressed.

Halpert et al. (2007) offered an affirmative supervision approach that is an atheoretical model intended to be integrated with other models for the purpose of creating affirming space both in therapy and in supervision for LGBT people. Three areas of integration were articulated: education regarding current understandings of LGBT people, confronting personal biases, and conceptualizing social contextual factors affecting LGBT people. Halpert et al. (2007) asserted that supervisors inadvertently perpetuate harmful biases if they do not adopt an affirmative stance. However, while attempting to provide a framework that affirms LGBT people, this piece conflated gender identities and sexual orientation identities, used binary language about gender, and lacked emphasis on
intersectional identities. When briefly mentioning LGBT supervisees, important issues in supervision were highlighted, but a liberatory stance taking into consideration the insights and experiences that LGBT supervisees bring to their work with LGBT clients was missing. Mitchell (2010) wrote about supervision fostering the development of a therapeutic self and supporting therapists working with LGBT clients. The article emphasized confronting heterocentrist and transphobic biases. Mitchell’s (2010) approach lacks rigorous critical reflection regarding intersectionality and assumes that supervisees already have access to adequate education regarding LGBT clients. This assumption in particular seems problematic given the pervasiveness of structural oppression of these groups even within the fields of counseling and psychology. While both of these articles are useful in their emphasis on the validity of all identities, providing supportive supervision for therapists working with LGBT clients and the importance of confronting harmful biases, there remains a lack of focus on therapists who have marginalized, particularly transgender, identities. Addressing intersectionality makes space for important considerations regarding the therapist/supervisee gender identity among other social locations and includes the contributions of LGBT supervisees to the therapeutic and supervisory relationships. When the gender identities of the supervisees were left unstated, transgender supervisees became erased in the literature. This erasure persisted in the following articles addressing supervision with therapists working with LGBT clients.

Burnes et al. (2017) provided another resource with their chapter on supervision with supervisees who had transgender and gender-nonconforming clients. They underscored the fact that supervision was one of the top activities that mental health
professionals utilized toward professional development. The authors recognized a
deficiency in both graduate education around transgender issues and supervision research
focused on working with transgender clients. In contrast to much of the literature on
supervision with LGBT people, Burnes et al. (2017) pointed out that transgender and
nonbinary identities are often conflated with sexual identities, rendering them virtually
invisible. They based their theoretical approach on the idea that all gender identities are
valid and valuable and underscored the importance of attention to one’s own biases.
Included at the end was a section on therapists who identify as TGNC, transgender or
gender-nonconforming. They specified considerations such as the therapists’ identity
development, experience of oppression and lack of support, overidentification with
clients, and power dynamics within the supervisory relationship. However, they noted a
lack of critical reflection on the intrapersonal and relational dynamics of intersectional
identities of supervisor, therapist, and client. While they took an affirming stance, it was
not a liberatory one. Burnes et al. (2017) provided competencies of an affirmative
approach but also appeared at times to dichotomize therapists and supervisors as either
TGNC-affirming or TGNC-non-affirming. However, I assert in this study that doing
liberatory work is a process that takes continual effort to raise awareness and engage in
critical reflection regarding privilege and oppression to dismantle normative and binary
structures of gender.

Phillips and Fitts (2017) put forward considerations when training and supervising
therapists working with sexual minorities and transgender and nonconforming people.
The authors bemoaned the lack of counselor education on sexual and gender minority
issues. The article covered knowledge, skill, and attitude in developing therapists’ ability
to be competent in their work. They addressed specific competencies needed in work with sexual and gender minorities, including such things as relevant training program policies and student conflicts in working with this population. The authors made explicit their own social locations, both white and cisgender, and emphasized throughout the chapter the importance of attention to intersectionality. Importantly, they suggested that trainees tended to overestimate their competence in working with sexual minority and transgender clients.

There persists a gap in research on the unique considerations transgender therapists present to the supervisory context. These articles went a short distance toward closing this gap by offering important insights regarding supervision with therapists working with transgender clients, including developing basic knowledge, challenging cisgenderist assumptions, and providing affirmative care. However, the assumption that therapists were cisgender erased the nuanced perspectives of transgender therapists. Further, critical analysis reveals that transgender therapists can also be erased from this literature when conflated with sexual minority identity categories under the umbrella of LGBT. This section has reviewed literature on issues raised in models of supervision that address issues of oppression, power, and intersectionality. Publications on supervision with sexual and gender minorities addressed salient issues in supervision but often erased the identities of transgender therapists. When supervisees who identified as transgender were discussed, the voices and lived experiences of the supervisees themselves were missing. Often an affirmative approach emphasizing the validity of transgender identities was encouraged, but this encouragement fell short of taking a liberatory stance in therapy and supervision. As this review moves to literature on transgender therapists, the next
section gives attention to supervisee experiences both generally and in relation to marginalized identity.

*Supervisee Experiences*

There is a lack of research that addresses therapists in training who identify as transgender (dickey & Singh, 2017). While there is growing research on feminist and multicultural supervision, supervision focused on sexual and gender minorities as clients in therapy, and some literature on supervision with sexual minority therapists, there is a more significant gap regarding voices of transgender therapists in supervision studies. In fact, as has been noted in discussions of transgender issues in therapy and supervision, gender minority identities are all too often conflated with sexual minority identities. Much of the literature on therapy with transgender people sets up a dichotomy between transgender identity and clinician identity regarding the two as mutually exclusive (Richards et al., 2014).

For example, we have read many papers in which it is assumed that trans people will not be clinicians and vice versa. It is important to acknowledge the multiplicity of identities most people inhabit and to recognize that being “trans” or a “clinician” are not mutually exclusive categories. (Richards et al., 2014, p. 250)

This problematic invisibility affects training programs as well. While conducting interviews for a qualitative study on transgender client experiences in therapy, Benson (2013) found that one transman-identified participant, who also happened to be a graduate therapy student, lamented the lack of training therapists receive on transgender issues. In fact, transgender people may be clients, students, therapists or supervisors. The
assumption that clinicians are cisgender is problematic because it may both make services less accessible to transgender people and erase the identities of clinicians who are transgender or nonbinary. This section has revealed the gap regarding transgender supervisee experiences due to invisibility in research and training. The next section will highlight supervisee perspectives. With critical reflection on the invisibility of transgender therapists’ experiences, I briefly examine general literature on supervisee perspectives and then focus on the perspectives of sexual minority supervisees.

**Supervisee Perspectives.** In this section, I explore research regarding supervisee perspectives and experience. These studies point to the importance of critically reflective dialogue about identity and power to a collaborative supervisory relationship for support of the supervisee’s learning process (Burkard et al., 2009; Chui et al., 2018; Constantine & Sue, 2007; Cook et al., 2018; Green & Dekkers, 2010; Jacobsen & Tanggaard, 2009; Jernigan et al., 2010; Messinger, 2007; Satterly & Dyson, 2008; Wilson et al., 2016). I also explore specific studies of sexual minority supervisee experiences and, finally, present a reflective and theoretical article that relies on the authors’ experiences as transgender therapists in clinical work and supervision.

Wilson et al.’s (2016) meta-synthesis provided understanding to supervisors regarding trainees’ experiences in supervision. With a short review of literature on the purpose, impact and quality of supervision, the article discussed in detail the data collection process and the incorporation of the final sample of 15 qualitative studies that focused on supervisee perspectives of supervision. The authors used qualitative-like methods of induction and interpretation and a seven-step iterative process of meta-ethnographic analysis. Demographic information was organized in a chart including age,
ethnicity, location, and binary gender identities. The themes derived from the studies include the learning opportunities involved in supervision, the importance of the supervisory relationship, issues of power in supervision, and the impact on trainees both professionally and personally. Of particular importance to my study is the focus on the supervisory relationship and issues of power. I consider how transgender therapists in training may experience significant power differences with cisgender supervisors. Supervisees who did not feel empowered and accepted by their supervisors tended to develop mistrust, lack of safety, self-criticism, and lack of self-disclosure (Wilson et al., 2016). Naturally, when supervisees felt accepted and were encouraged to initiate conversations about power with a supervisor who used their power to empower, therapists tended to feel they had better learning outcomes and felt more comfortable self-disclosing. While this article did not explicitly address transgender identity and gave little attention to issues of intersectionality, it was helpful in establishing a basic understanding for supervisee perspectives of what constitutes a satisfactory learning environment in supervision.

Constantine and Sue (2007) interviewed 10 self-identified Black supervisees regarding their experiences of microaggressions in supervision with white supervisors. Themes of microaggressive behavior included invalidation of cultural issues, stereotyping, fear of being seen as racist, focus on weakness, blaming, and treatment recommendations insensitive to the client’s cultural identity. Also of note is that Black supervisees experienced harmful effects of bearing a burden of protecting their clients from the racism of their white supervisors. This may be important to my study in considering how transgender therapists may navigate cisgenderism or microaggressions
in supervision. Jernigan et al. (2010) found that in dyads where both supervisees and supervisors identified as people of color, the capacity for racial issues to be explored depended on the racial identity and development of the supervisor in the position of power. In regressive supervisory dynamics in which supervisors were less developed in their racial identities, supervisees were the ones who tended to initiate conversations about race, were burdened with developing coping mechanisms, and, in turn, internalized incompetence and powerlessness. In contrast, progressive dyads in which the supervisees were supported in challenging stereotypes and encouraged to explore racial identity issues, supervisees felt more engaged, held, and validated. This article emphasized the complexity of the dynamics of supervision, the role social location plays, and the importance of the supervisors’ identity development to the capacity for supporting supervisee development.

Jacobsen and Tanggaard (2009) conducted a phenomenological study using eight semi-structured interviews of new therapists. They performed a cross-sectional analysis of their narratives presenting their perspectives on good and bad supervision. New therapists tended to prefer more direct guidance over process-oriented supervision. However, there was no attention given to reflexivity or the intersectional identities of the participants. Incorporating more attention to intersectionality and power dynamics, Green and Dekkers (2010) conducted a relevant study exploring supervisee perceptions of feminist supervisory practices. With 22 supervisor and 42 supervisee participants, the authors collected data compiling feedback on supervisory feminist practices, which consisted of power analysis, collaboration in relationship, acknowledgment of social positioning, and advocacy. Supervisees felt supported in their learning and development
when supervisors addressed issues of power and diversity. Interestingly, they found a discrepancy between supervisor and supervisee perceptions. Supervisors tended to report higher levels of collaboration, attention to power, and learning outcomes than supervisees. However, supervisee satisfaction, feelings of competency, and perception of learning outcomes all increased with the implementation of feminist practices in supervision. This article points to the importance of addressing power and intersectionality as well as incorporating supervisee perspectives of supervisory practice.

Cook et al. (2018) provided information regarding supervisees’ perspectives of power in supervision. The authors proposed a feminist framework for understanding power in supervision, the supervisees’ positive and negative perceptions of power, and the importance of attending to power differences. The article described the development of the Power Dynamics in Supervision Scale and analysis of its psychometric properties. Although the study included mostly cisgender participants, it did allow for self-identification of gender for supervisees and supervisors who participated. With significant differences found in perceived power based on level of experience of trainees, supervisees based their perception of power on their ability to have boundaries, be vulnerable and open, and on their feelings of empowerment in the relationship. Supervisees perceived marked differences in power in relationship with supervisors with regard to guidance and feedback, goal setting, and identifying interventions. While not mentioning transgender identity specifically, this article is useful in emphasizing the importance of identifying issues of power in supervisory relationships. This is a relevant theme to be explored with transgender research participants. It is also helpful to consider...
how a supervisee’s level of training may influence perceptions of power in the supervisory relationship.

Literature on the perspectives of supervisees shows the significance of addressing intersectionality and power dynamics in supervision and therapy and indicates that supervisors and supervisees may feel the quality of these practices and goals differently. Factors such as the supervisors’ identity development and the needs of the supervisee based on level of training become important considerations. To further position my study within the supervision literature, the next section focuses on the perspectives of sexual minorities in supervision.

**Sexual Minorities in Supervision.** Sexual minority therapists use space in supervision to explore their identity as well as the ways in which this identity affects their work with clients, specifically processing decisions about coming out and differences in sexual identity development (Chui et al., 2018). However, dominant social structures can be present through discriminatory practices in supervision and impede minority therapists’ ability to effectively use supervision for their own clinical development. Burkard et al. (2009) studied the effects of both affirming and non-affirming experiences in supervision on sexual minority supervisees. Not surprising, supervisees perceived that affirming experiences in supervision positively affected them personally, improved the supervisory relationship, and improved client outcome. Lesbian, gay, and bisexual supervisees also perceived that non-affirming experiences affected each of these areas negatively. Messinger (2007) examined LGB supervisees in field work assignments with heterosexual supervisors and found problematic communication dynamics in these dyads influenced by supervisor discomfort in talking about sexual orientation issues,
heterosexism in the work environment, supervisory styles, and the student’s own stage in the coming out process.

Satterly and Dyson (2008) presented a case study of a semester-long supervision group of volunteer graduate students in clinical programs who each self-identified as a sexual minority. Data were collected through use of descriptions of participants, field notes of the group-processing sessions, and open-ended evaluations after the semester by participants. The authors identified that the study did not include a rigorous methodology, but instead claimed to offer some insight into the “need for additional study into the development of sexual-minority-specific supervision groups” (p. 26). The authors also did not include much in the way of their own reflexivity or theoretical framework but highlighted some important themes. Emergent themes included the needs of sexual minority supervisees, integrating space to process professional identity in the community, issues around self-disclosure, oppression and organizational dynamics, and issues of transference/countertransference. Themes of safety and support of the supervision group were highlighted. Satterly and Dyson (2008) conflated gender minorities with sexual minorities, and there was no acknowledgment that the transgender students in the supervision group were being supervised by a cisgender supervisor (assuming that the authors are cisgender as they only alluded to their sexual orientation minority status). Although over 10 years old, this article is important to include as it is cited in subsequent articles about supervision with sexual and gender minorities. Although it does not adequately address the experiences of transgender supervisees, it offers an examination of a relevant phenomenon of sexual minority supervisees with heterosexual supervisors. The study did include one trans-identified therapist who brought up issues of navigating
professional identity within the small transgender community as the one in the supervision group who offered trans-specific services. A transgender participant also expressed difficulty feeling safe to explore issues of oppression even within LGBT circles.

Within the literature on supervisee perspectives, issues of development, identity, and power became central themes. These studies revealed that attention to these issues affected supervisees’ felt sense of competence, power, learning, and efficacy as therapists. While these studies provided important implications for transgender supervisee experiences, they repeated the problematic conflation of sexual and gender identities and the erasure of transgender people that are common in research, theory, and practice. Moving closer to the particular area of my study, the final section of this review focuses specifically on transgender supervisees.

**Experiences of Transgender Therapists as Supervisees**

This review has discussed supervision with therapists working with transgender clients, affirmative and liberatory models of supervision, and literature on the perspectives of minority supervisees. Attention to power dynamics and intersectionality emerge from these models and supervisee perspectives of supervision. Supervisee experiences are affected by issues of power, identity, social location, biases and discrimination. This section focuses on the more specific research topic of transgender therapists’ experiences in supervision. Because of the lack of empirical research on transgender supervisees, I have included theoretical articles written by self-identified transgender therapists regarding salient issues in therapy and supervision and a qualitative study on transgender therapists’ experiences of self-disclosure.
Empirical Research

Luri (2014) conducted a study with 19 participants across four different focus groups to explore themes of self-disclosure among transgender therapists. Contexts of disclosure that emerged include self-disclosure in the therapeutic relationship, in supervision, in the workplace, and within one’s own community. The groups address relational connection, relational power, discrimination, modeling, and transference/countertransference as important issues that surround self-disclosure for transgender therapists. The discussions revealed how self-disclosure is not always a choice or in the control of the therapist due to variables such as gender expression, phase of transition, and word of mouth. Regarding supervision specifically, the participants in Luri’s (2014) study described inadequate supervisory experiences, having to educate supervisors on trans-related issues, and feeling invalidated and unable to explore the impact of their transgender identities on the therapeutic dynamic. The focus groups also described participant experiences with discrimination in work systems and getting jobs as well as trying to access resources for themselves within the community in which they also served. This study is particularly significant because of the information regarding transgender therapists’ experiences of self-disclosure in supervision; these considerations of experiences in therapy and in professional and personal contexts are relevant to what is often processed and supported in supervision for clinicians.

Theoretical Research

Blumer and Barbachano (2008) wrote a theoretical article about transgender and gender-variant clinicians and their work with clients. Particularly, this article centered transgender therapists’ voices and provided a feminist theoretical frame from which
transgender therapists could offer valuable insight into the therapeutic context. Although this article by Blumer and Barbachano (2008) is not specifically about supervision, consideration for supervisors may be inferred from the issues raised that are salient for transgender therapists in their therapeutic work. While it was written over 10 years ago, it incorporated personal reflections regarding the authors’ experiences as transgender psychotherapists and the use of feminist models in conceptualizing transgender therapists’ work with clients. Blumer and Barbachano (2008) made a case for their unique contributions to the practice of therapy precisely because of their transgender identities. The authors began by stating their feminist theoretical frame for their work and their understanding of gender identity. They provided a reflexive discussion of their own gender and sexual identities and their professional relationship to one another. Their stated goal was to “contribute to a body of literature that is non-existent” (p. 49) regarding transgender therapists’ work with clients.

Applying feminist theory to therapeutic practice and supervision in the areas of power, transparency, alliances, and social change, Blumer and Barbachano (2008) reviewed research on issues facing trans-identified therapists in their clinical work. Many of the references they included were written from a heteronormative perspective, but they applied these to their own perspectives of the important issues in therapy for transgender therapists. They went on to explore the use of self, self-disclosure, and gender considerations in therapy. The authors discussed being able to foster connection and understanding with clients due to their experiences as transgender people and use of therapeutic self. One author stated that at times they had chosen to self-disclose to clients in opposition to their supervisor’s recommendation and at other times they had followed
their supervisors’ “more conservative professional boundaries” (Blumer & Barbachano, 2008, p. 50). The authors stated that discussing the use of self in therapy with a trans-informed supervisor could be very important to process how the use of self might be beneficial to their client and the therapeutic relationships. They recommended that supervisors create contracts with supervisees regarding shared goals and have ongoing discussions related to identity differences and similarities.

Blumer and Barbachano (2008) use his or her language and the terms male-to-female and female-to-male, suggesting persistent traditional binary concepts of gender, even though one of the authors identified as gender-variant. This may show how concepts and language have changed over the last decade. However, this may also be reflective of how hegemonic structures continue to show up even in critical dialogues about transgender issues in therapy and supervision. They attended to intersections of gender and sexuality but did not discuss other identity intersections of race, ethnicity, ability, or class, which are emphasized in critical feminist models of supervision. While they discussed the advantaged perspective of transgender therapists when relating to cisgender men and women, they limited the value of the perspectives and lived experiences of transgender people in the absence of challenging dominant social structures and confines of binary gender constructs. Since Blumer and Barbachano (2008) published over 10 years ago, it seems that nonbinary language and critically reflective dialogue about intersectionality and power have become more prevalent in sexual and gender minority psychological literature.

The article most closely related to my study is a theoretical piece written from the perspective of two transgender authors and therapists, bringing together issues faced by
transgender therapists and considerations for supervision. Shipman and Martin (2017) discussed the various and nuanced dynamics that were present in therapeutic relationships to highlight important issues for transgender therapists in supervision. “As transmale therapists,” they said, “we provide an alternative narrative of transgender therapists as healers in the community” (Shipman & Martin, 2017, p. 2). The authors provided the reader with a vulnerable and reflective sense of their identities and how their social location had shaped their therapeutic work, supervision, and experiences with clients. One author identified as a white straight man assigned female at birth and the other as a white queer transman. Both were experienced clinicians, and one was also an AAMFT-approved supervisor. They discussed other aspects of identity that shaped their experiences of privilege including education, class, and their perception by others as cisgender. They also discussed how their transitions had shaped their identities, particularly being trained as a therapist pre-transition and developing a new clinical identity post-transition. The authors identified themselves individually when speaking to specific interactions and dynamics, demonstrating their own ability to critically reflect on how their intersectional identities related to the intersectional identities of their clients.

The article described some of the authors’ specific experiences in therapy as well as general considerations for transgender therapists in supervision, noting the contributions and the limitations of their own perspectives due to identities of privilege. Specifically, the therapists discussed the privilege that their social location as transmen perceived as cisgender men had in contrast to the position of clients who identified as trans feminine nonbinary or were perceived as trans.
Aligning with themes in the literature review, Shipman and Martin (2017) also highlighted the considerations for the use of self in therapy and navigating roles in the transgender community (Blumer & Barbachano, 2008; Chang et al., 2018; Lurie, 2014). Self-disclosure of the transgender therapist was a significant theme discussed in this article as well. Supervisees must reflect on the use of the therapeutic self to raise awareness of internalized transphobia, consider their current stage of transgender identity development, examine their privilege, and navigate safety concerns. Transgender therapists often have to negotiate their own role and privacy as a therapist within the transgender community. Shipman and Martin (2017) shared personal insights regarding working as transgender therapists with various client populations: cisgender clients, parents of transgender youth, transgender clients, and other queer-identified clients. They considered both challenges in these therapeutic dyads as well as the insights they had to offer these relationships in terms of their own social locations, experiences, and perspectives. Especially in terms of dominant cultural messages about gender and gender behavior, the authors discussed their unique perspectives having experience in multiple social locations, ability to be attuned to the socially constructed beliefs and messages about gender and sexuality, and insight in the process of deconstructing unhelpful messages from the dominant discourse.

While Shipman and Martin (2017) did not explicitly discuss experiences in supervision, they did offer considerations for supervisors from their perspectives based on the therapeutic issues that they had discussed. Shipman and Martin (2017) emphasized the importance of self-reflexivity and critical consciousness regarding dominant social structures that contextualize and influence the therapeutic and supervisory processes.
This included awareness of and attention to the power imbalance in the therapeutic relationship, misgendering and other microaggressive behavior, and gender stereotyping. They recommended that supervisors obtain additional training on transgender issues and mental health and become educated regarding issues of social oppression and marginalization. Supervisors were told to engage in supervision around transgender issues, initiate conversations regarding intersectional identity, and to leave space for the supervisees’ own stories. “Supervision must be a space where the supervisor is competent to meet the unique needs of the supervisee,” they averred, “just as, isomorphically, the therapist must be competent enough to meet the needs of their client” (Shipman & Martin, 2017, p. 11). They encouraged supervisors to advocate for their transgender supervisees in developing good clinical skills and navigating the issues discussed in this article. Shipman and Martin (2017) have indeed offered a new narrative for transgender therapists within the supervisory context as well as the counseling community.

Each of these pieces discussed common themes for transgender therapists who often face oppressive and unsupportive experiences in their personal, academic, and professional lives. Spanning over 10 years, these authors continued to highlight the need for transgender therapists to explore the use of self in therapy as well as considerations regarding self-disclosure. They expressed the complexities of transgender therapists often having to navigate their professional work with transgender clients as well as their self-care and personal lives within the transgender community. They implored supervisors to become educated and affirming regarding transgender identities and readily addressed issues of identity, intersectionality, and power within the supervisory and therapeutic relationships.
While each article provides important context for this study, they also point to the gap in the literature regarding the research on transgender therapists’ lived experiences in supervision. While Lurie (2014) conducted a study regarding transgender clinicians, the topic focused more specifically on self-disclosure rather than more broadly on experiences in supervision. The additional articles included in this section were written by transgender-identified clinicians about issues pertinent to transgender therapists in supervision and are therefore useful to this study. However, these are theoretical pieces, and each of them points to the need for research on transgender therapists.

**Conclusion**

This literature review has shown a gap in the literature on transgender supervisees. There is an evident need for research regarding transgender therapists’ perspectives of clinical supervision in psychological research. Oppressive dominant social structures continue to contextualize and influence the theory and practice of therapy and supervision, as is reflected in the lack of research in the area of this study. There is a need for critically reflective discourse regarding clinical supervision placing transgender voices at the center. This review has examined salient issues in therapy with transgender clients. Themes emerged that included the importance of the impact of oppression (Reisner et al., 2016; Weir & Piquette, 2018), intersectionality (Budge et al., 2016; Chang & Singh, 2016), identity and transition issues (Levitt & Ippolito, 2014), and the inadequacy of therapeutic care for transgender clients (Mizock & Lundquist, 2016). Next, relevant models and considerations for supervision were explored, such as minority stress (Hendricks & Testa, 2012), feminist (Sennott, 2011), and relational cultural (Singh & Moss, 2016) models. These therapeutic approaches emphasize the importance of
critically reflective dialogue addressing intersectional identities, power imbalances, and social oppression. Models and approaches highlighted the importance of a transgender-affirming stance while some called professionals to move toward liberatory practices (Singh, 2016).

Next, literature on issues pertinent to supervision with transgender clinicians was examined. Issues that surfaced regarding transgender therapists in supervision are cisgenderism (Satterly & Dyson, 2008), intersectional oppression (Hernandez & McDowell, 2010; Singh & Chun, 2010), transference issues, and exploring considerations regarding the use of self and self-disclosure (Chang et al., 2018). Being able to address power and identity issues in supervision increases supervisees’ sense of empowerment, leads to better learning outcomes, enhances higher satisfaction with supervision and has a more positive impact on clients (Green & Dekkers, 2010; Burkard et al., 2009). Related literature on supervision models and approaches is generally focused on supporting therapists in their work with transgender clients (Burnes et al., 2017; Halpert et al., 2007; Phillips & Fitts, 2017; Singh & Chun, 2010). Often the literature on trans-affirming supervision conflates gender and sexual identities under the umbrella LGBT (Mizock & Lundquist, 2016), rendering a gap regarding research on the unique needs and experiences of transgender supervisees.

Lastly, this review examined studies looking at supervisee perspectives of supervision, demonstrating that supervisees tend to need and value direct dialogue regarding identity and oppression, empowerment by the supervisor, and support in order to feel a sense of safety, trust, and collaboration in supervision (Satterly & Dyson, 2008; Wilson, et al., 2016). Many minority supervisees experienced microaggressions regarding
their marginalized identities and this negatively affected them, their relationships with supervisors, and client outcomes (Constantine & Sue, 2007; Jernigan et al., 2010).

Transgender therapists provided their perspectives by authoring two theoretical articles (Blumer & Barbachano, 2008; Shipman & Martin, 2017). Relevant themes were explored including cisgenderism, self-disclosure, and unique insights into therapeutic work. One qualitative research study focused on transgender therapists’ perspectives on self-disclosure and offered insight related to the complexities facing transgender therapists around this issue (Lurie, 2014). Transgender therapists’ experiences of supervision continue to be a topic that is under-researched.

While supervision research is a growing field in its own right, there remain gaps in terms of whose perspectives are centered or even included. The supervision literature mostly consists of theoretical models and is written from the supervisor perspective (Green & Dekkers, 2010) without the assumption that supervisees may identify as transgender (Richards et al., 2014). Most of the literature on transgender therapist experience is theoretical. Centering supervisee voices is both needed as a contribution to this body of work and appeals to critical feminist and liberatory values discussed in this review. Most transgender therapists are supervised by cisgender supervisors (Shipman & Martin, 2017). Researchers must make every effort to include transgender therapist voices to incorporate their local knowledge into the understanding of supervisory theory and practice. Critical dialogue about intersectional identity and social oppression is an essential component of a safe, collaborative, supportive supervision practice, which cultivates experiences of growth and transformation. As indicated in this literature review, transgender therapists have important perspectives necessary for critical and
liberatory therapeutic practice, supervision, and the development of growth-oriented supervisory relationships.
CHAPTER 3: METHODOLOGY AND RESEARCH DESIGN

The purpose of this study is to investigate the experiences of transgender therapists in clinical supervision and to develop understanding around how they have navigated clinical identity in the supervisory context. In this study I aim to center the voices of supervisees and to highlight stories that are not often heard in psychological literature. In this chapter, I discuss the epistemological lens that framed this study, my reflexive stance, and my positionality to the research topic. Next, I specify my research design, detailing inclusion criteria, sampling strategy, method for data collection, and data analysis procedures. I discuss strategies utilized to enhance the validity of this research. Finally, I conclude the chapter with ethical and social justice considerations.

Epistemological Lens

This study is positioned within a critical feminist framework that emphasizes issues of power and social oppression with the goal of liberation (Carspecken, 1996; Patton, 2015; Ponterotto, 2005). Regarding critical qualitative inquiry, Denzin (2017) stated, “We are no longer called to just interpret the world. . . . today we are called to change the world and to change it in ways that resist injustice while celebrating freedom and full, inclusive participatory democracy” (p. 9). At its core, critical theory brings injustices to light, challenges hegemonic structures, and becomes a transformative process for the purpose of social improvement (Kim, 2016). Carspecken (1996) explained that critical researchers “are all concerned about social inequalities, and we direct our work toward positive social change” (p. 3). Criticalists address an area of social injustice by deconstructing issues of power and oppression to marshal action for the purpose of social change. While some theories such as multiculturalism focus on the subjective
experiences of diverse social identities, this focus alone has the potential to perpetuate social oppression without an emphasis on social change and justice (Le et al., 2018; Vera & Speight, 2003). Critical theories have emerged to reform previous theory to incorporate the perspectives and interests of those within marginalized social locations (Kim, 2016). These intellectual contributions are born of lived experiences and the local knowledge of those most impacted by a phenomenon to critique and evolve how theories and social movements participate in the aim of inclusion and social transformation. This research study similarly aims to center the local knowledge of transgender supervisees through narrative inquiry.

Brabeck & Brown (1997) defined several tenets of feminist theory as applied to psychological practices and processes: consciousness raising, social transformation, experiential knowledge, understanding power imbalance through the lens of gender and diverse identities, authorization of oppressed voices, and reframing psychological distress in the context of systemic oppression. Black feminist scholar hooks (2000) critiqued mainstream feminism for its failure to address white supremacy within society and embedded within the feminist movement itself. hooks posited that racism and sexism were intertwined in the lives of women. Intersectionality is a concept coined by Black feminists that refers to the simultaneous experience of complex forms and layers of oppression based on one’s marginalized identities (Cooper, 2015). This concept counters the idea that gender and race are binary and separate categories of experience that further erase Black women and women of color from theoretical discussions and social movements (Crenshaw, 1989). Lorde (1984) continued to formulate the idea of intersectionality stating, “There is no such thing as a single-issue struggle because we do
not live single-issue lives” (p. 138). Various social identities intersect with one another with regard to gender, ability status, age, ethnicity, race, sexual orientation, social class, and others, to create nuanced experiences especially pertaining to issues of power and privilege (Parent et al., 2013). Regarding methodologies within psychology, “an intersectional approach demands an understanding of power dynamics as fundamentally relational, intertwined, and co-constitutive, as opposed to parallel, independent, or discrete” (Grzanka, 2018, p. 588). Intersectionality is essential to a critical social theory and connotes not only a subjectivity of identity but an understanding of systems of oppression and movement toward liberation.

While traditional feminism was critiqued for excluding the oppression experienced by women of color, it also perpetuated binary categories of gender that excludes transgender and nonbinary identities. Queer theory challenges the idea that gender and other identity categories are binary in nature but are rather socially constructed in specific historical contexts (Motschenbacher & Stegu, 2013). While binary categories tend to uphold the hegemonic status quo, they also erase the nuanced identities and expressions within gender constructs and limit our conscious understanding of diverse human experience. This study incorporates this critical perspective by challenging normative gender constructs, embracing an expansive understanding of gender and rearranging power dynamics by viewing transgender participants as the authority on their experiences.

Critical feminist theory and liberation psychology both hold clear commitments to raising consciousness but also emphasize social action (Brabeck & Brown, 1997; Martin-Baró, 1994; Patton, 2015). Tenets of feminist psychology include raising social
consciousness about identity, conducting power analysis, and deconstructing oppression (Le et al., 2018; Singh, 2016). From critical feminist and liberation psychological perspectives, I understand that supervision theory and practice are contextualized within the field of counseling and psychology, which is, in turn, influenced by larger social, cultural, political, and economic conditions and structures of society. Supervision itself is comprised of dyads and small groups with inherent power differences given respective roles, responsibilities, and social locations, which need to be interrogated for potential perpetuation of oppressive dominant structures. Transgender people are at much greater risk of social oppression and violence, and as a result, at greater risk for psychological stress, trauma, and internalized shame (Hendricks & Testa, 2012; Richmond et al., 2012). Therapists who identify as transgender are likely to be adversely affected by these dominant structures of gender oppression in the many social contexts of their lives, which are encompassed in terms such as cis/heteronormativity, transantagonism, and cisgenderism. These oppressive social structures can show up in dynamics of supervision, which may affect therapists’ development of clinical self and work with clients. Additionally, therapists who occupy marginalized identities have unique and significant perspectives to offer the field of counseling and psychology, and specifically to supervision, that can potentially expand understanding of supervisory practice for the sake of liberation from oppressive gender constructs. In taking a critical feminist and liberation psychology approach, I center transgender therapists’ voices in the process of investigation to bring about change in the understanding and practice of supervision.

The theme of voice runs throughout critical theoretical literature. Friere (1970b) discussed the culture of silence in which the dominant social structures maintain the
silence and oppression of the marginalized, and in turn the oppressed internalize negative views of themselves and remain silent. The status quo is maintained, and hegemony is unchallenged. In fact, marginalized perspectives need to be heard for social transformation to occur. Dominant culture does not have enough distance from itself to see itself in a critical way (Friere, 1970b). Therefore, the lived experiences marginalized by dominant culture offer invaluable perspective for the sake of conscientization as well as individual and collective liberation. hooks (2000) also discussed the fact that mainstream feminism has been written largely by white, upper-class, educated women, while the “silent majority” of women remain the most victimized by oppression (p. 1). The lived experiences of Black women offer a critical perspective to hegemonic structures. Lorde (1984) wrote about the necessity of “reclaiming” and transforming “silence into language and action” (p. 43). Lorde (1984), hooks (2000), and Friere (1970b) indicated to us that to critique and challenge hegemony, the voices of those on the margins must be heard and centered. As I center the voices of my participants, I also reflect on my own history and social location that influence how I hear and understand their experiences.

**Researcher Reflexivity**

Liberation psychology places value on contextualizing knowledge and experiences within personal and collective history and culture (Martín-Barò, 1994). Singh (2016) notes that “a key aspect of recovering historical memory is a deep self-reflection on personal experiences of oppression and on systems of oppression” (p. 757). Narrative inquiry calls for the researcher’s own critical self-reflection of their personal narrative to render the researcher’s subjectivity “visible and explicit in the research process” (Kim,
While this thesis includes explicit explanations of my epistemological approach to research, reflexivity includes contemplating how personal narrative motivates and creates a lens for me as the researcher. Reflexivity provides an invitation for the researcher to investigate how human connection and emotion are involved in relation to how data is interpreted while issues of power, suffering, and loss emerge (Behar, 1996). The voice-centered method of analysis employs the researcher’s ability to attend to the dynamic relationship between the voice of the participant and the voice of the researcher as their narratives meet in this relational research process (Gilligan, 2015). Critical reflection of my own narrative includes my evolving awareness of my social location and the story that brings me to my role as researcher to this topic of study. Reflexivity must be done with care, navigating the tension between self-indulgence and ignorance of biases (Kim, 2016). I attempt in this section to balance these tensions while stating plainly for the reader my personal and professional experiences that have informed my values and perspectives that shape design and analysis in this project.

I carry white and cisgender privilege within the context of white supremacy and colonization and have a responsibility to deconstruct how these privileges influence how I conduct and interpret findings in this study. I understand binary concepts of gender as a tenet of white supremacy culture, and therefore relate my practice of deconstructing my internalized cis/heteronormativity as part of my practice of antiracism and decolonizing work. I have also committed to sharing my social location and research purpose as well as the experiences that have influenced me and brought me to the work I am doing in this project.
As queer-identified person, I have some insight into the experience of marginalization. As a member of the larger queer community, I have developed an awareness that gender and sexual identity issues have historically been conflated, and that transgender people have been marginalized within this community as well. I understand gender and sexuality as social constructs that are fluid and nonbinary while also having internalized cis/heteronormative assumptions as part of my socialization. I assume based on past experience that in some ways my queer identity may help foster a sense of trust with transgender participants, increasing the ability for participants to share experiences. I am likely to notice issues of marginalization and discrimination pertaining to queer identities, while also potentially missing specific aspects of transgender experience and identity. As a cisgender woman, I am an outsider to the community of my participants. As an outsider, I anticipate that participants may feel the need to explain aspects of the transgender experience, which is helpful for data collection (Levitt & Ippolito, 2014). However, as an outsider, participants may also feel mistrustful due to my outsider position and be reluctant to share personal aspects of their experiences. I have committed to raising my own consciousness to be aware of binary thinking, biases and assumptions that I have about trans experiences, and to attend to relational dynamics within the researcher–participants relationship.

I was trained as a marriage and family therapist (MFT) and as such, began my career as a therapist through the lens of systems theory. This training positioned individuals within the context of systems including society, communities, families, and interpersonal relationships. I studied narrative therapy, attachment theory, and emotionally focused therapy (EFT), all of which influence my understanding of how
levels of the system influence in turn how we see ourselves and how we engage with relationships and institutions. While the field of MFT has traditionally promoted a cis/heteronormative framework for relationships, my own lived experience as a queer person prompted a process of critique. I began in my training to hold the tensions between the traditional psychological frameworks and more decolonizing views of healing and well-being. Later in my career, I trained as a trauma therapist and currently work in the area of complex trauma with an understanding of trauma and symptomology embedded in the context of dominant culture and structural oppression.

As a therapist who participated in supervision during my training, I had to negotiate my queer identity within the supervision relationship while navigating this in my relationships with clients. I had many rich supervision experiences including individual, group, and reflecting team supervision. These spaces were enjoyable to me and stimulated a love for case conceptualization and work on therapeutic use of self. However, while I had supportive experiences, I also faced challenges in supervision around coming out to supervisors and discussing how my queer identity influenced my work as a therapist. Now as a more seasoned clinician and a supervisor, I am mindful of the potential that clinical supervision has to support therapists in their growth as clinicians, especially when attending to issues of social location, power, and cultural influences within the supervisory relationship and the parallels in the therapeutic relationship. Likewise, I am mindful that supervision also has the potential to mirror the same oppressive dominant structures of society. There are many ways my clinical self and use of self in therapy have evolved over the years and various ways I have sought professional support in this growth process, which drives my curiosity as to how
transgender therapists are navigating this journey. These experiences as a queer therapist move me to listen for the ways in which supervision has been a rich experience as well as how the power dynamic can be used to further silence aspects of identity.

I have worked as a psychotherapist for nearly 15 years. My clinical work with transgender clients as well as my personal relationships with transgender people have been influential in my understanding of gender as a construct as well as the issues faced by transgender people. This has motivated me in my clinical work and this research to enhance my understanding of trans experiences and to add to the theory and practice of clinical work and supervision toward inclusion and liberation. I assume that being a therapist with special clinical interest in working with queer and transgender clients allows for some shared language with participants and a degree of safety they may have in sharing experiences or critiquing my interpretations.

As a therapist, I have also reflected on my experience of working in a field that has historically used its power to perpetuate the marginalization of women, people of color and queer people. I have had to grapple with how to use my position as a therapist to bring about change. Holding social transformation and justice as core values, I work to attend to issues of power, oppression and social location in therapy and supervision to create potential for liberation and healing. I believe that as the field of counseling and psychology is better able to support trainees, clinicians, and researchers who occupy marginalized identities, the field can be transformed toward more inclusive, just, healing, and critical psychological practices. Due to my critical lens and social justice values, I am likely to listen for issues of social inequity and the impact of dominant social structures. However, my privileged social locations as a white, able-bodied, educated, middle-class
person also create potential barriers to perceiving nuanced aspects of intersectional experience, especially regarding race, ability, education and economic status.

With a goal of social change, critical research includes the process of change on the part of the researcher (Denzin, 2017; Potts & Brown, 2005). As part of my own consciousness-raising regarding my biases in the research process, I am committed to an evolving and reflexive practice. Tuval-Mashiach (2017) discussed reflexivity in context of transparency as a relevant concept to the trustworthiness of the researcher. The author suggested asking specific questions of oneself as researcher including what research was done, how it was done, and why it was done. Reflexivity focuses on the why: why methodological decisions are made, why changes are made during the research process, and why findings are presented as they are. While directing these questions at myself throughout this project, I have kept a research journal acknowledging reflections on how my own lens and views influence the process. I engaged in an “interpretive community” (Tuval-Mashiach. 2017, p. 133), including a classmate who also identifies as a queer therapist, specializes in working with transgender and nonbinary people, and practices critical consciousness-raising. I sought the perspective of my committee member who is a therapist and an openly transgender man to debrief for the purpose of being aware of biases. Decisions regarding research design draw from my epistemology and my reflexivity and are described in the following section.

**Research Design**

Choosing a method of analysis can become an act of researcher resistance as my goal is to generate new concepts from voices that are often not included in academic discourse to expand understanding, encourage further research, and add to the cultivation
of inclusivity in the practice of clinical supervision (Potts & Brown, 2005). A qualitative approach gives me the opportunity to adhere to values of critical feminist inquiry and liberation psychology by drawing from participants’ lived experiences, interrogating socially oppressive structures, and facilitating conditions for potential social change in dialogue with participants. I apply a critical feminist lens to address issues of power, social location, oppression, and social transformation, as I explore transgender supervisee perspectives. These motives undergird each aspect of the research process from the development of my research focus and questions to methodological decision-making.

A dominant narrative contextualizes every experience such that centering the voices and stories of my participants in this study disrupts that dominant narrative (Gilligan, 1993). Transgender perspectives have been historically silenced in psychological literature through the conflation of gender and sexuality as well as binary language that predominates in research. Transgender supervisee experiences specifically have not been the subject of substantial research. My research question centers trans therapists’ stories and necessitates answers that are personal and descriptive in nature. According to Wertz et al. (2011), "Narrative research is an interpretive enterprise consisting of the joint subjectivities of researcher and participants" (p. 225). Narrative inquiry utilizes stories because people understand their experiences in stories, and we listen to experiences in stories (Kim, 2016). Interdisciplinary and capable of integrating critical theory, narrative inquiry centers the lived experiences of participants and facilitates the co-creation of knowledge as stories are constructed and reconstructed (Kim, 2016). Participants narrate their own stories in dialogue with the researcher. Narrative research captures both the individual and collective story with the
understanding that knowledge and meaning continually grow and are being reshaped (Webster & Mertova, 2007). While narrative inquiry allows for this study to adhere to my critical feminist epistemological values, this methodology also parallels the relational practice of supervision and therapy with regard to eliciting narratives and critically listening for multiple meanings.

I utilize the Listening Guide, a qualitative, voice-centered design, to explore and gain deeper understanding through rich descriptions by participants about their perspectives (Gilligan, 2015; Gilligan et al., 2003; Sorsoli & Tolman, 2008). This study includes in-depth stories from participants within a flexible design to grapple with unanticipated themes. Qualitative design is best suited for this study, allowing for “emerging questions and procedures” and the flexibility necessary to analyze and make meaning of thick, descriptive data (Creswell & Creswell, 2018, p. 4). The Listening Guide, a feminist narrative analysis, employs multiple listenings to co-construct meaning and change, including listening for the details of the story, listening for what is underneath what is said, allowing the reader to connect with the participant in evocative ways, exploring convergence and differences in meanings, and relating themes and meanings to existing understandings of social knowledge (Gilligan, 2015; Gilligan et al., 2003; Sorsoli & Tolman, 2008). This voice-centered model assumes that knowledge is dialogic, and the researcher listens for various and simultaneous perspectives. The Listening Guide is particularly useful in pursuing topics that are difficult to discuss, bringing the narrative and voice of the participant directly to the reader. This relational approach shapes not only data analysis but also how the researcher engages with
participants and how interview questions are asked with openness and space for a story to unfold.

**Data Collection**

Data collection was an iterative process, each step influencing the next. This section describes sampling strategies, inclusion criteria and research participants. I also describe the setting and details regarding interviews. I begin this section with the pilot study and how this informed me in beginning this research process.

**Pilot Study**

For my pilot study, I recruited a transgender therapist to participate in an individual interview as well as in discussion about interview questions and protocol. The participant requested to meet me in my office in Brookline after being offered options for convenient locations. This participant was in school at the time of the interview with several practicum and supervision experiences. Upon completion of the interview and reflecting on the process, I made changes to specific questions in order to make more room for narrative and to give clarity to the participant. I edited the recruitment email to include the purpose of my study as well as a reflexivity statement to build trust with participants beginning with first contact. This initial interview was very useful to my project in prompting me to further commitment to a critical and relational process and to open space in the interview protocol for more dialogue.

**Sampling Strategy**

Due to the low percentage of transgender people and even fewer transgender therapists, I utilized a combination of networking strategies and snowball sampling to recruit participants (Patton, 2015). I recruited eight participants to be individually
interviewed through purposive sampling that began with recruitment by word of mouth and emailing therapists I know in the area, local LGBTQ mental health clinics, and counseling programs (see Appendix A for recruitment email). As I conducted interviews, I asked participants for names of other transgender therapists they may know for recruitment to the study. I prioritized diverse participants, as research on transgender people can tend to perpetuate dominate social structures and thus erase voices of transgender people of color and nonbinary transgender identities (dickey et al., 2016). Given the oppressive structures that dominate the field of psychotherapy and the implications of this regarding accessibility, I assumed that the percentage of therapists in the field who identify as transgender would be very small and anticipated having a small number of potential participants. This may have limited the type of diverse identities who are represented in the field and thus, in this study.

Participants

Participants were transgender mental health clinicians who were willing and able to discuss their experiences in clinical supervision. Participants were required to be 18+ years old, be enrolled in or have completed a master’s or doctoral-level degree in counseling or psychology-related field, and have a clinical identity (e.g., mental health counselor, social worker, art therapist, psychologist, or marriage and family therapist) as a student, postgraduate, or licensed therapy provider. As it turns out, every participant had completed their requirements for clinical supervision and were licensed at the time they were interviewed. They were also required to be providing care to clients during the time of their supervisee experience to discuss the dynamics of developing a clinical identity and therapeutic issues in the context of supervision. Seven of the participants
identified as white, one as a person of color, and two identified as Jewish. There are many ways that transgender people may identify their gender identities; therefore, participants were asked to self-identify their gender identities, which could be *transgender* or a variety of other gender expansive, non-cisgender identities. Participants were invited to choose a pseudonym for the study, and all but one chose their own.

**Setting**

I recruited participants within New England to negotiate in-person meetings, but I was open to online interviewing. I secured my private office, private meeting spaces on the Lesley campus, and online meeting space. However, I wanted participants to feel as comfortable with the process as possible, so I proposed meeting them in private and convenient spaces that they named and were willing to invite me into. Because the participants were therapists, they were likely to have private work environments that would be appropriate settings for interviews. Indeed, while one participant met me in my own therapy office, I met a majority of the participants at their workplaces.

**Intervews**

I conducted 60–90-minute semi-structured interviews (see Appendix C for an interview protocol) with each of the eight participants, before and after which I took notes regarding my reflections. Each research participant was given a Visa gift card and thank-you note in appreciation for their contributions to this project. I provided each participant with a basic information questionnaire (see Appendix D for interview questionnaire) in advance and reviewed the informed consent (see Appendix B for interview informed consent) with participants at the start of interviews. According to the interview protocol, I asked participants to share their supervision stories and engaged
them with follow-up questions pertaining to their individual narratives. Finally, I also asked participants for their recommendations for supervisors, ending the interviews with gratitude for their participation and providing information about future contact regarding member checking. Interviews were recorded and transcribed verbatim with software assistance. I did my own editing.

While I had originally intended to conduct a focus group to generate dialogic data among participants, due to challenges regarding scheduling with participants and time constraints, I had to eliminate this step in the study. However, as an alternative, I invited participants to engage regarding findings in a member checking process.

**Data Analysis**

Narrative inquiry uses “aesthetic play” to analyze and make meaning (Kim, 2016). This process involves attunement to the senses to connect with varied and various layers of meanings. The Listening Guide is a feminist narrative, voice-centered approach developed by Carol Gilligan that honors the creative and complex narrative research process (Gilligan, 2015; Gilligan et al., 2003; Sorsoli & Tolman, 2008). This method is often used “to access and understand marginalized and understudied experiences” (Gilligan, 2015, p. 70). Relying on literary theory and concepts from music, this approach includes three sequential *listenings* to participant voices in interviews. The first listening focuses on the landscape, plot, and themes, and then positions the researcher with respect to the story of the participant. The second listening focuses on participant I-statements, connecting the participant’s words to form poems (Koelsch, 2015). The third step involves listening for multivocality or “contrapuntal voices,” the interplay of participant melodies and the relationship of these meanings to existing literature on the topic (Davis,
2015; Johnstone, 2016). I utilized research software MAXQDA to assist with organizing the analysis process and annotate themes that emerged from the data during the multiple iterative readings of transcripts (Wertz et al., 2011). As Gilligan et al. (2003) directed, “The listenings of each step are rendered visual through underlining the text, using different colored pencils for each listening. Each listening is also documented through notes and interpretive summaries the researcher writes during the implementation of each step” (p. 159). I also utilized this software to highlight impactful statements, notate I-poems, and track contrapuntal voices.

In addition to listening for voices that emerged from the data, I listened for expected themes regarding being affirmed in supervision as well as those of being oppressed, feeling empowered to explore aspects of self, and feeling their identity had been dismissed and invalidated. I anticipated various levels of consciousness, of knowing and not knowing aspects of self in relation to supervision experiences. I was also interested in the interplay of voices around clinical identity development and gender identity development. While attending to the voice of participants, my analysis also became an embodied practice of listening and self-reflection regarding my feelings, biases, commitments, reactions, and evolving interpretations. Chadwick (2021) states, “Listening can become a form of embodied analysis in which we use our emotions, bodies and affective histories to dwell with/on the paradoxes, movements, entanglements and trickery of voices” (p. 81). Reflections on embodied practice is integrated throughout this study.

Validity Strategies
In qualitative research validity considerations become a matter of the trustworthiness of the researcher, data collection, analysis and interpretation (Carspecken, 1996; Marshall & Rossman, 2016; Webster & Mertova, 2007). Honesty and dependability on the part of the researcher to conduct this project in way that accesses insider knowledge is a measure of validity. This builds trust with the reader that this study has elicited rich relevant data, utilized credible data analysis and interpretative strategies, and maintained high ethical standards of practice.

I have undertaken validity as an ongoing practice throughout this research process. Beginning with reflexivity and naming my epistemological stance, I have provided the perspectives and assumptions that ground this study. In researching the experiences of transgender supervisees in supervision, I have pursued understanding from those who hold insider knowledge, transgender supervisees themselves. This ensures that the knowledge gained about this topic comes from the insider knowledge of those who have experienced the phenomenon of focus. I attempted to recruit diverse participants to represent various transgender identities and with respect to race, culture, class, and ability. I sought thick descriptive narratives from participants regarding their experiences with the intention to draw from themes within the data. In order to engage with participants and facilitate a dialogue about personal experiences, I facilitated semi-structured interviews with space for engagement and relational production of meaning. Narrative interviewing requires a trusting and open relationship with participants to promote authentic dialogue about personal experiences (Marshall & Rossman, 2016). I negotiated private and safe spaces that were convenient for participants to be interviewed. To build initial relational trust and rapport, I shared with participants my own social
location, that I am a white, queer, cisgender woman, a licensed therapist for over 10 years, who provides queer and trans-affirming care. I discussed briefly the purpose of the study with participants. Interviews were conducted with warm and genuine engagement with participants and with minimal inferences, drawing from the voice-centered model as well as narrative and critical approaches of Josselson (2013) and Carspecken (1996) to interviewing and group facilitation. To ensure accurate capture of interviews and group processes, I utilized multiple recording devices, employed transcription software, and reviewed transcriptions for consistent verbatim interpretation.

**Member Checking**

In conducting analysis and to ensure validity, I engaged in member checking strategies by eliciting feedback from participants regarding data analysis. Member checking is a follow up process of data collection that expounds on findings and builds trustworthiness of data interpretations (Koelsch, 2013; Morrow, 2005). Member checking continued the relational process that began in the interviews and allowed for further engagement from participants regarding the research findings. Through the member checking process, power can become more balanced as the participant feedback enhances researcher reflexivity: “By being told that they have told the story incorrectly, researchers are given the opportunity to reflect on their own biases and other sources of misinterpretation” (Koelsch, 2013, p. 171).

While contacting participants regarding feedback to analysis was addressed in the recruitment email and informed consent, I asked about it again at the end of their interviews. After interviews were transcribed and data was analyzed, I invited participants to offer feedback on a brief summary of findings (Levitt & Ippolito, 2014).
They were invited to provide reactions regarding their resonance and dissonance with themes as well as their responses to researcher interpretations and any relevant information that was missing. Four participants responded to the invitation and offered their feedback, and their responses are included in the findings and discussion chapters. I include these participant reactions in dialogue with my analysis, highlighting convergent as well as divergent perspectives. As a researcher, I made final decisions regarding data analysis (Wertz et al., 2011); therefore, this participant feedback was all the more important as a means of enhancing validity through shared power in the research process and illustrating the dialogic nature of data interpretation (Koelsch, 2013).

As Fine (2019) observed, “participation enhances validity” as research participants are able to shape and reshape data interpretation themselves (p. 89). I utilized multiple data sources including interviews and participant feedback, along with reflexive journaling, and engaged in an interpretive community to facilitate a dialogic understanding of the phenomenon and to elicit rich data. In addition to these strategies, utilizing the Listening Guide allowed the participants’ voices to be heard directly by the reader through thick descriptions, contrapuntal voices and I-poems (Gilligan, 2015). I adhered to reflexive practice and clear articulation of my frame, values, relational processes, and decision-making throughout the research process and positioned myself, my background and biases within the research.

The intention of this project is to provide critical insight into the practice of supervision, the training of supervisees, and the nuanced issues of transgender therapists within the field and practice of counseling and psychology. With the hope that the data produced will make an impact in the way transgender therapists are supported in their
development and clinical practice, this study aspires to amplify their voices in academic discussions of supervision theory and practice. The impact of this research has emerged in process as the research is dialogic and iterative in nature. However, I make explicit the ways in which I have evolved during this research process as well as participant reports regarding the impact of their own participation. While I attempted to invite collaboration, feedback and dialogue from participants where possible, I have made final methodological and interpretive decisions as the researcher.

**Ethical Considerations**

Especially because the transgender community has higher risk of mental and medical health-related issues as well as for being targeted by discrimination and violence, I prioritized respect for the participants in this process with regard to safety and confidentiality. I saw it as a matter of ethics to ensure that the space where we met was safe for the participant. I recognized that sharing stories related to identity was personal and potentially rendered them vulnerable. Coming out and self-disclosing as transgender are part of a personal process and can at times be dangerous. Participation in a study poses potential risk, which I addressed through informed consent at multiple steps of the process of data collection. I offered to provide information regarding gender-affirming resources and therapists in the area for those who wished to process potential distress as a result of their participation. It has been a matter of ethical integrity to conduct this research with respect and honor to the participants and their stories.

As a researcher and in line with epistemological values, I was compelled to be aware of the power dynamics in research and the history of oppressive practices in the field of counseling and psychology toward transgender people (Griffith et al., 2017). As a
matter of ethics, I situated myself and this study within the context of larger social structures. I attended to issues of power and oppression by choosing methodology that centered participant voices and valued analysis of power dynamics. I asked participants to self-identify, while maintaining mindfulness of how language and word choice regarding gender identity might be impacted by racial and cultural identities. I took a trans-affirmative position regarding participant identities and a liberatory stance, as I conducted this research to intentionally center voices that are typically marginalized.

**Social Justice Implications**

Social justice aims are directly tied with ethical considerations and my epistemological stance. I revisited and drew on critical feminist values and principles throughout the process and directly addressed social justice issues while employing participant collaboration. I began by asking who was benefiting from this project and about my own accountability (Fine, 2018). As I researched a community that was not my own, it was important that I did this in relationship with my participants, my committee, and my critical colleagues rather than in “a comfortable, homogenous gated community of self-appointed ‘experts’” (Fine, 2018, p. 116). This study aimed to trouble the narrative that as a researcher I am an expert on participant experience and to exemplify a research process of critical and embodied listening in relationship. While applying a critical feminist relational approach, it is important to be aware that the researcher and research processes are influenced by dominant and oppressive social structures. Therefore, one social justice aim was my own embodied transformation toward liberation as I engaged in processes of data collection and analysis. I interrogated my own intentions, reflections, decisions, and interpretations with regard to power and oppressive
social constructs from a critical frame. I continuously considered the impact of participant social locations with regard to gender and sexuality, race, culture, religion, ability, and class. I attempted to include participants of diverse social identities, examining the interplay of these voices and exploring how they related to social oppression and change. I acknowledge that this research was conducted within the academy and that I benefit directly from its completion as a requirement for my doctoral degree. While I wrestle with the tension of my epistemological lens that calls me toward social transformation and the confines of a doctoral dissertation process, I consider ways this project may also directly benefit participants. As this study is narrative and voice-centered, there is potential that participants may benefit from the telling and reworking of their experiences of supervision in interviews, influenced by prompts to consider and engage with the research questions. In addition to the effect of telling their own stories, participants may benefit from action that aligns with their values through being part of research that moves their field toward more equitable and liberative practice. Certainly, this study aims to contribute trans voices to psychological discourse on supervision theory and practice, so that in turn it may benefit the therapists and clients of trans lived experience.

**Conclusion**

This study explores the experiences and insights of transgender therapists in clinical supervision. This chapter has reviewed epistemology, data collection, analysis, reflective processes and social justice aims related to conducting this study. Semi-structured interviews were conducted with eight transgender therapists regarding their supervision stories. Interview transcripts were examined using the three-step analysis of
the Listening Guide (Gilligan, 2015). The next two chapters report two different kinds of findings: narrative summaries of each participant and general themes that emerged from the data.
CHAPTER 4: NARRATIVE SUMMARIES

Narrative inquiry can include both holistic and categorical analysis whereby life stories as a whole and themes across narratives are examined (Wertz et al., 2011). Integrating content and relational processes, this chapter focuses on a holistic analysis conceptualizing each participant’s narrative as well as researcher reflections. Gilligan (2015) discussed using the Listening Guide as a way to hold participant stories.

As qualitative researchers with an interest in people’s stories, we have a responsibility to create the conditions in which people can safely tell their stories to someone who is listening and who can be trusted to bring their voices into conversations about human experience (p. 75).

In this chapter, after a brief review of analysis, I introduce each participant who offered their time and relational courage, entrusting me with their stories of clinical supervision as transgender therapists. I offer salient themes within each story tracking the voice of the participant, giving the reader access to thick descriptions, I-poems, and the general terrain of each participant’s supervision story before presenting themes across interviews in the following chapter.

Review of Data Analysis

I interviewed eight transgender therapists who discussed their experiences of supervision while in training, working toward licensure, and seeking consultation as independent practitioners. I began the data analysis with the first of the three sequential listenings of the Listening Guide (Gilligan, 2015; Gilligan et al., 2003). The first listening included many stages: the interview itself, the transcription process, subsequent audio listenings, and multiple readings. With each interview, I attended to plot, themes, shifts,
and changes throughout the story, important words, repeated ideas, and meanings made by the participants. Across interviews I clustered relevant themes into groupings, merging groups that seemed to be related to one another to create higher-order categories. The organization of themes changed and evolved as I analyzed each interview and new themes emerged. The second listening involved paying special attention to the first-person voice of the participant and creating I-poems from the participants’ own words (Koelsch, 2015). I chose sections of the interviews in which participants were talking about themselves and extracted I-statements within those sections to make poems. Selected I-poems are included in this chapter on narrative summaries. For the final listening of the Listening Guide, the focus became listening for contrapuntal voices, times when the participant revealed multiple perspectives (Sorsoli & Tolman, 2008). This multiplicity of voices, both harmonious and dissonant, allowed me to hold the tensions and complexities that emerged within the data and to resist binary categories. These tensions are woven throughout the findings and examined further in the discussion chapter. The data that emerged from the analysis process for this study illustrate a broad and general understanding as well as revealing the deep and specific nuances of the experience of transgender supervisees.

In line with the principles of a feminist narrative study, valuing context and direct access of the reader to the voices of the participants, this chapter provides summaries of participant narratives using descriptions, participant quotes, and I-poems. The stories offer information about the participants’ lives, describing the general plot of the participants’ training and supervision experiences as well as highlighting predominant themes within their interviews. Kim (2016) states, “The most important aspect of the
interview method is trust and rapport between the interviewer and interviewee” (p. 162). As a validity measure and a feminist and narrative research practice, I include a reflection on the researcher–participant relationship after each narrative.

**James**

James (he/him/his) is in his early 30s and is a queer man/trans man of color. He grew up middle class, the child of refugees, and has an invisible disability. James was raised in a Southern state and knew from childhood that he wanted to go into psychology. He continued secondary, postsecondary, and graduate school in the South. James’s supervision experiences occurred while in his master’s and doctoral programs, and throughout internships, postdoctoral work, and the period leading up to licensure. With varied experiences in clinical supervision, he describes both “horrible” and “transformative” types of supervision along with simultaneous support and non-affirmation in some instances.

When asked about first experiences in supervision, James took a deep breath as he described being the only queer or trans person and the only person of color in many spaces during training, leaving him feeling unsafe or unsupported: “I stood out like a sore thumb everywhere I went.” When I asked about how these differences were discussed in supervision, James laughed and said he did not feel safe to talk about his identities or explore how to work with clients around differences at that time. For example, one supervisor displayed behavior that left James with the message that the supervisor did not understand his own power and privilege, as evidenced by driving an expensive car to the mental health clinic in the poorest area of town. Another supervisor made “problematic
comments” including calling clients names and mocking the idea of integrating values of social justice in counseling.

Um, we didn't really talk about it. We never once talked about identities. We never talked about my gender especially. We never talked about how that, um, intersected with my clinical work and how clients saw me or how my colleagues saw me. We never once talked about identities. Not once . . . I didn't feel safe to bring it up.

While reflecting on his development in supervision, he talked about having grown in his ability to voice what he wanted and needed out of the supervision time. Regarding early experiences, he described not having developed a strong voice but also not feeling safe. He identified supervisors’ lack of knowledge around gender and sexuality, discomfort, transantagonism, and abuse of power that left him without formal guidance and support. In subsequent supervision, however, he felt more supported, and was out to his supervisors, but described still not having a voice to fully utilize supervision. This lack of voice seemed commensurate with his early stage of career development as a therapist, his efforts to navigate the coming-out process with colleagues and clients, his lack of safety, and his supervisor’s lack of knowledge of trans issues.

I wanted more

I wanted more

will I be protected?

I think

I was only

I didn’t really have a voice yet
I didn’t feel
I didn’t know
I spent the year not telling anyone
I was trans
It was hard

James identified as queer before entering graduate school, but it was later in the course of his master’s studies and into PhD work that he began to explore his gender identity as a trans man in more explicit ways. Coming out to supervisors, colleagues, and clients was an important topic he wanted to discuss in supervision. In some spaces he felt safe to process, while in others he did not, and therefore did not disclose his own trans identity or process cases regarding his queer or trans clients. While he felt a supervisor at his PhD practicum affirmed his identity, this supervisor did not have basic knowledge of gender and sexuality issues that would have facilitated exploration of the nuances of being a trans therapist. He described feeling alone, left to figure out how and when to come out to peers and to clients, how to navigate transference and countertransference issues, and how to devise strategies to cope. James described several ways of managing the lack of safety, affirmation, and full support in supervision. He remembered being “calculated” in terms of how he discussed himself or cases, not bringing up certain cases out of a sense of protection, viewing supervision as a place to “get the grade,” and seeking out peer support and consultation from queer and trans cohort members.

For James, the contexts of the training program and clinical sites constituted a major factor in how supervisors discussed issues of identity. He recounted that growing up in a Southern state felt oppressive in terms of his intersecting identities and that being
in supervision with white, cisgender supervisors did not feel safe given their privileged identities, their educational training, or their lack of knowledge regarding marginalization. Upon moving out of his home state in the South for a clinical internship, James experienced a shift regarding his professional support and confidence as a supervisee. He explained that he developed a voice to initiate conversations in supervision and ask for what he needed within this new context.

It’s gotten much better
I learned that I can ask
I learned
I do still
I think that when I went
I really started
I think
Where I was
I was looking
I’m like
I’m working
I think I was more open
So, I asked for it
I started having more
But I had to wait
I really should have had
I think
I grew

I was able have those conversations

Changing contexts again to pursue postdoctoral work, James described this later experience in supervision as a kind of turning point and particularly positive. His postgraduate supervisor identified as queer and led groups for the queer and trans population in the community. The supervisor had a working knowledge of sexuality and gender and affirmed his identity. He said she helped him become a better clinician by pushing him “to explore the tough parts that come up with my identity” and went on to portray how he was invited to explore and become more self-aware of what came up for him in sessions. This is how he put it: “This supervision experience has been, like, way more transformative and made me trust the process a whole lot more.”

In a context where identities are discussed and valued, James expressed a confidence in his voice as a supervisee and also as a newly independent practitioner. He described having colleagues he trusted and by whom he felt supported. While no longer required to be in supervision after becoming licensed, he had a professional community that offered consultation and support. In addition to becoming an independent practitioner, he had supervised a couple of students. Regarding his role as supervisor, he relayed his values of promoting relational safety to be able to explore, ask questions, and be wrong. James connected this to having had a transformative supervision experience in which he felt this kind of safety. He described wanting to continue to grow as a clinician and use the experiences he had had to inform how he conducted supervision with new clinicians.

**Interview reflections**
James was my first interviewee in this study and I journaled about my excitement and slight nervousness in anticipation of the conversation. As I reflected before the interview, I recognized both my desire to do a good job as an interviewer while also honoring my participant. I also acknowledged some of my own fragility in wanting to perform well as an ally and not wanting to mess up. As I was able to identify this, I returned to my commitment to a relational process of research and being open to change and continued reflexivity.

I met James in his therapy office, and we were able to relate about our experiences of having lived in the South and about our professional careers. There was an immediate congeniality between us due to our resonant experiences that put me at ease. James was warm, informal and yet held a space for me as interviewer, even offering me tea as we began. James made jokes and used humor when discussing difficult experiences or supervisors and also spoke directly regarding his values and how these experiences left him feeling. When I asked James how he felt about the interview, he replied:

'It's interesting to kind of go back and look back to the past, like, “Oh, that was interesting. I remember that quite well.” Like, “Oh yeah! He was a real big douchebag” . . . And, kind of nostalgia kind of way . . . but I think I'm far away from it and have grown from it . . . if anything it helps verify the notion that I am here today because of the experiences that I have. And it really more or less informs the type of person, clinician, and supervisor that I want to be moving forward.

While James shared his experiences related to his intersecting identities as a queer trans person of color, I found myself wishing I had engaged more with James regarding his
stated invisible disability which he included on the written interview questionnaire. Perhaps his disability did not feel relevant within his supervision narrative or perhaps the silence regarding this aspect of identity reflected the erasure of disabilities in relationships and society generally. I left this interview with admiration for James, for the ways in which he fostered queer kinship within the context of Southern oppression, for his power analysis in his roles as therapist and supervisor, and the integrity with which he takes on these roles. I am grateful to have him as a colleague in the field and comrade in the work of social justice and psychological healing.

Sam

Sam (he/him/his) is in his early 30s and was involved in community organizing and nonprofit work before deciding to become a clinical social worker. As a white, Jewish, nonbinary trans man he works at the intersections of his racial, cultural, religious, gender, and sexual identities with the goal of “collective liberation” in the community sector and continues to use this framework as a clinician in a medical-type setting seeing individuals. In previous nonclinical settings, he learned that the self, identities, and power dynamics in relationships and systems are all important to the efforts of liberation. While in community organizing, he noticed that personal issues and trauma responses at times impacted group dynamics, and he wanted to pursue clinical social work as a way to build skill around helping individuals heal. Both a systemic and intrapersonal lens informed his clinical practice and how he navigated supervision experiences. There was a pervasive theme during Sam’s interview regarding systemic oppression: the need for disrupting harmful assumptions and the importance of affirming spaces. He has been tenacious in
his drive to change the systems he is a part of, whether a community or a supervision
dyad, to become more inclusive.

Sam’s supervision experiences during his graduate social work program and
leading up to licensure have varied. He interned in medically focused settings, including
an HIV clinic that had a social justice-oriented frame. He learned to practice “in ways
that were non-pathologizing and honoring people.” While he was a therapist in training
there, he received supervision that he references throughout the interview as a positive
experience, often contrasting it with his more recent postgraduate supervision. While his
supervisor at his internship was not particularly knowledgeable of trans issues, Sam said
that the supervisor was willing to have discussions about identity and to seek out self-
education, engage in uncomfortable conversations, and dialogue with colleagues when he
did not know. This allowed Sam to feel fully present in supervision in both bringing up
issues pertaining to identity and feeling comfortable “pushing back” to challenge
assumptions. Once, when Sam felt particularly triggered in a therapy session related to
his trans identity, he was able to bring this to the supervisor and explore the use of
therapeutic self. The site supervisor encouraged Sam to bring up differences of opinion in
group supervision to create dialogue about issues and explore perspectives. Sam said he
particularly appreciated that the supervisor respected that they did not have a shared
experience of gender and that this was named in their relationship. While this was a
growing experience in its own way, Sam said he still was wanting to develop in terms of
theory and practice of therapeutic interventions.

After completing his degree, Sam became employed and continued working
toward licensure in a medical setting where he worked primarily with trans clients. He
talked about having an informal peer group of colleagues, many of whom were queer, Jewish, or worked with trans people, but not having a formal supervision space to explore aspects of identity. Sam was part of developing a program for trans people, and he worked closely with colleagues, putting in place regular team meetings to provide mutual clinical support as well as work toward the mission of the department. Sam described this meeting time as a very affirming space. While he experienced cisgenderist discrimination from the system and sometimes from clients who did not want to see him because of his Jewish identity, he felt supported by his group of immediate coworkers who were able to process these experiences together.

In contrast, his formal supervisor was not familiar with queer and trans issues or the nuances of providing clinical care to this population. While she helped with administrative tasks and crisis procedures, Sam expressed a lack of trust and emotional safety in supervision. At one point he said of the systems he works within, “I think I'm really distrust— just not trusting of these institutions.” In fact, Sam was in supervision for several years before he came out as trans to his supervisor. Sam attributed this to a lack of trust in the supervisor and others at his work site. Sam believed that when he brought up identity issues in supervision, they were novel to the supervisor, and he did not trust that she could hold space for him as a supervisee. While he was not able to explore issues of identity in formal supervision, these issues were often on Sam’s mind. He talked about a variety of instances in which his own identities as well as those of clients became important focal points of therapy and therefore a relevant topic to process in supervision. Many of Sam’s clients wanted to know about his identities, background, and experience of marginalization as a manner of establishing trust. Sam discussed his ideas about how
trust in therapy related to power dynamics, identities, and use of self. He compared this to the supervisory relationship and alluded to the idea that trust and rapport should be built through naming and processing issues of identity and power.

There was a particular incident in which Sam’s supervisor used their time to enforce the gendered dress code of the work site, telling Sam he needed to wear ties without reflection on the presuppositions of this policy or awareness of her own assumptions about him. Sam described the conversation, his reactions, and his intentional response of continuing to dress comfortably but keeping ties in his office to wear to meetings.

I remember
I remember
I actually
I was like Oh God
I’m being fired
I knew
I was
I’m like
“No, it’s the dress code”
I was like
What am I going to do?
I was like
I don’t even know
I kind of laughed
I’ll just have to

I honestly

I want to do a lot of change work

I want to change some of the way people think

I think

Sam jokes with people about the tie requirement: “Just think of it as a boa.” Sam’s response to the assumptions, erasure, and microaggressions were to be strategic about how to change the system and the people in the system. He was often in the position of teaching his supervisor or challenging her assumptions. He constantly thought about how his actions and responses would affect his colleagues and clients. He made choices to go along with some policies and practices in order to build relationships with people and address changing others. He utilized his community-organizing lens in prioritizing changes that need to happen while holding his commitment to collective liberation.

In his clinical setting, Sam continued to think about ways to make systemic changes through interpersonal relationships in his roles as a therapist, advocate, and supervisee/employee. He has often been asked to conduct trainings and to sit in with queer and trans clients when other professionals provided care and provide informal peer supervision for colleagues. While still very new in the field, he was considered an expert on trans clinical care. Sam expressed a desire himself for a supervisor who could hold a space for his own exploration issues of identity and how these surfaced in his work as therapist and advocate. Without such a space, Sam asked to be supervised by a colleague he trusted in another department who had done work on issues of identity and oppression. Because of systemic policies, Sam had to continue with his official supervisor instead.
While maintaining a drive to engage, Sam expressed feeling alone and lost at times while still trying to figure out his therapeutic role and how to navigate the systems within his work site. He worried about being threatening to others or being seen as too radical, which would create barriers to change. It seemed as if navigating oppression within the system often took up so much space that it took away from energy he might otherwise have put toward building clinical skills and tools. Sam reported during the interview that he wanted to grow as a clinician but did not have formal supervision to help him develop in specific types of therapeutic approaches. He was grateful that he had recently obtained the support of the department to attend more specialized training. At the time of the interview, he was also set to begin providing formal supervision to a new clinician and explained that he planned to use his own experiences to grow in awareness of how his positionality affects the supervisory relationship.

**Interview reflections**

Having some experience as an interviewer, I felt excited in anticipation of this interview and open to moving with the conversation. I met Sam in his therapy office, and we got started as soon as I arrived. He engaged in the interview very easily, and his commitment to his work and relational practice was evident in this interview. Sam elaborated on his experience from one question and shared what seemed most significant to him about being a transgender supervisee: “I kind of answered the way that was relevant to me, which I, like, appreciated because I was like, ‘Wait! I wanna go here and this is what is relevant,’ so I hope this is useful for you.”
Sam spoke quickly and articulated clearly his commitment to institutional change work and collective liberation. I sensed his incredible passion for his work which was confirmed at the end of the interview when I asked about how the interview felt for him.

When I heard about this, your research, from a friend, I was, like, “Oh my God! This is amazing!” And you could probably tell I have been, like, amped to talk about this. It's honestly been helpful. I hope it's OK for you to hear, just to kind of have space to, like, actually get to talk about all this stuff. So, I think your prompts have been really helpful for me, and I've thought about a lot of them but not in the ways in which they've come out today. I talked a lot. I hope that felt OK.

His statement reflects his warmth and generosity as well as his enthusiasm. I also recognized the importance of the self-work I had done regarding critical reflexivity, my positionality, and identifying my own commitments to social justice. This allowed me to hold space for Sam’s story as he is deeply rooted in values of collective liberation.

Leaving this interview and continually listening to Sam’s narrative, I have felt a renewed commitment to these values in my clinical work and in this research.

**Morgan**

Morgan (they/them/theirs) is a white nonbinary/genderfluid clinical social worker in their early 30s. Before pursuing a career as a therapist, Morgan had a variety of other jobs and professional experiences, many of which involved engaging in helping communities. Particularly influential was their work with church youth in which they facilitated groups on spirituality, relationships, and psychological subjects. A leader in their church noted to Morgan that they were gifted in leadership and guiding others,
which Morgan took to heart. They also went through a yoga teacher training, made
c_connections regarding their own trauma, and worked on their own healing. Morgan
explained that their family was not emotionally supportive or accepting of their identity.
Morgan’s healing and self-awareness were salient themes throughout the interview.
Personal therapy, yoga, and experiences of helping others were important catalysts in
Morgan’s deciding to become a therapist and influenced their perspective as a supervisee.

Morgan was in supervision at practicum sites during social work school as well as
a postgraduate fellowship program providing outpatient care. When I asked about these
experiences, Morgan said, “It's kind of been all over the map.” They spoke in larger
themes before giving specific examples and explained that they either trusted their
supervisor or they did not, especially regarding self-disclosure and exploring issues of
gender.

Like, they see something in myself that I can't quite own yet. And they really push
on me to own that—and I trust them in that. Or, like, I've had supervisors that
seem a bit more, I don't know. They're just not that!

Morgan described one of their first supervisors as “powerful.” While the
supervisor was not particularly attentive emotionally, she encouraged Morgan to apply
for a competitive fellowship, which allowed them to trust that the supervisor saw
something valuable in them. Morgan came out as nonbinary over the course of their
graduate training program and described several supportive supervision experiences in
this process. Two different queer-identified supervisors provided implicit support of their
gender expression, complimenting their haircut and gender-nonconforming clothing
choices. One suggested that a transgender client would benefit from seeing Morgan for
therapy and another alluded to Morgan’s gender-diverse identity. While these were viewed as supportive by Morgan, it was evident that talking about gender identity in supervision was not direct or explicit. It was a transgender colleague who ultimately directly asked Morgan how they identified in terms of gender, which Morgan said opened them to consider and language their identity differently.

Morgan talked about several violating experiences in which supervisors breached boundaries. Morgan’s first male supervisor was attentive to their gender identity, which allowed them to initially feel affirmed. However, Morgan began feeling uncomfortable with his over-interest in the marginalization of their identity and the way in which he expressed desire for Morgan to feel accepted. This left Morgan feeling angry and confused before finally asking for a different supervisor.

I felt like I was being seduced into something that was far beyond supervisor–supervisee relationship. And that he was feeling—like, he was trying to make himself way too important to me or working something out of his own stuff using me.

In describing a supervisor who was a gay and Jewish man, Morgan reflected on their assumption that the supervisor would be affirming. Morgan expressed their expectations, disappointment, and distress over the course of supervision. This particular supervisor verbalized pathologizing views regarding gender diverse identities and also asked invasive questions about Morgan’s gender identity and body. While they had expected an affirming place with this supervisor, his behavior gave Morgan, “a little bit of whiplash” and subsequent distrust.

I’ve also had
I had a lot of hopes
I realized
I had expected
Oh, I thought
I could trust you
Actually, I don’t feel safe
I was like this is not—
It made me feel really exposed

The lack of safety and trust in these supervisory relationships caused Morgan to protect themself by leaving parts of self out of the supervision space. They described this as a type of dissociation or splitting, where they had to decide which parts of them were allowed to show up in supervision or which parts would serve the greatest purpose. Morgan unconsciously tested supervisors by listening for their perspectives on gender and identity: how they conversed about queer and transgender clients, how they discussed people in their own lives, and how they spoke about their own identities. If supervisors were pathologizing of gender diverse identities, this became personally hurtful to Morgan, and they knew the supervisor was not trustworthy. Morgan’s own internalized transantagonism was triggered, and they described feeling a sense of shame after these types of supervision experiences.

Social support was important for helping Morgan during this time. Morgan leaned on the support of their wife and living community. Morgan also sought support from supervisors who held space for them to be fully present. Morgan looked for a sense of security and competency in a supervisor, a stable attachment to support their growth and
exploration. Morgan described one supervisor who was able to provide this stability and was someone “who I could be my full self with.” Her own views on gender as nonbinary were made evident, and it was apparent to Morgan that she had “done this work.” She helped Morgan establish trust and safety in supervision to explore self of the therapist as well as clinical material. Morgan identified that she spent time joining with them and modeled discussing her own identity and positionality as a white, lesbian professional within the field. Being able to freely discuss identities and the experiences of marginalization in supervision not only supported Morgan’s use of therapeutic self in therapy, but also freed them to explore their own professional identity within the field.

And I think that having a supervisor, at least one who could do that with me—like, use her, her journey—like, join with me in some of my experiences made, made me feel like, oh right, this is not, um, it's not just that I don't belong here.

**Interview reflections**

Morgan agreed to meet me in my therapy office. We exchanged greetings, I offered them the therapist’s chair, and we took some time to warm up as we moved into talking about their supervision experiences. They accepted a cup of hot tea and spoke thoughtfully, taking their time to sit with questions and offer responses. There were moments of silence as well as laughter during the interview, and I sensed Morgan capable of tremendous depth and vulnerability. When I asked Morgan their own experience of the interview, they said:

I feel very settled here and that the stories that I'm sharing are—I have confidence that they'll be used in a thoughtful and productive way. And I really appreciate the
presence that you, just as a person bring to this work . . . I really appreciated tea!

In terms of, like, I just, yeah, I just really felt like you were with me.

In this interview, I indeed felt like I was present with Morgan. I was more relaxed conducting my third interview, and Morgan’s quiet way of being compelled me to lean in and slow my pacing. I wondered if Morgan’s ability to be vulnerable left them feeling exposed to potential risk in this process, but I also sensed the ability to be vulnerable and reflective as a significant strength to their clinical work. Perhaps this strength stemmed from the trauma and healing work they have done, their proficiency in facilitating processing groups or their clinical training. Perhaps their personality lends itself to this contemplative way of engaging. Sitting with Morgan as a nonbinary person also allowed me to experience myself in a less gendered and socially scripted way that felt important. I had a sense in this interview that I was in the presence of a healer, someone who had done powerful self-work and who is on their own journey of liberation.

**Henry**

Henry (they/them/theirs) is a white, nonbinary, transmasculine mental health clinician in their early 40s. They identify as queer and disclosed that they have a chronic illness. Henry studied psychology at a Catholic college and pursued interests in queer studies. They recalled a meaningful moment when helping a parent of an LGBT youth while doing volunteer work. This prompted them to want to pursue therapy as a career and apply to a master’s program. In this interview, Henry described supervision experiences in internships during graduate school, postgraduate work in college counseling centers, community mental health clinics, and later, in model-specific supervision while in full-time private practice work.
When I asked about Henry’s supervision experiences, they explained, “For all of my schooling I wasn't identifying as trans or nonbinary. I was, like, out as a really masculine woman and gay. But I wasn't, like, navigating any of that as someone who was trans.” For much of the interview, Henry focused on internal processes in their development as a nonbinary clinician and wrestled aloud with influencing factors and nuances of gender expectations: their environment, their supervisor, their clients and their own history. They talked about the relationship between their gender expression and gender identity development in the contexts of their training and work sites. Affirmation in graduate school seemed to focus primarily on issues of sexual orientation. “I was surrounded by—and it was definitely support for—at least the sexual orientation pieces. I didn't know as much or have an awareness really about trans identity.” Henry discussed ways in which they felt incongruence in how their gender identity was perceived by others and how Henry felt internally. However, overt exploration of their gender was not accessible to them until later in their career.

Henry reflected back on supervision experiences, describing them as generally “really good.” The few examples of problems in supervision that Henry identified were about outgrowing a supervisor clinically and personality mismatch. Henry felt accepted as a queer person and certainly was accepted as gender-nonconforming; they emphasized that even though they were not out as nonbinary, they felt all parts of them were accepted. Their internships in graduate school and jobs in the years after graduate school were at queer-affirming sites often meeting with queer-identified supervisors. While gender identity specifically was less a focus in these spaces at that time, Henry seemed to
indicate that their own internalized transantagonism and sense of self-protection kept them from making clearer sense of their gender identity.

Henry talked about various experiences and conversations about gender in the time before they acknowledged their nonbinary gender identity. They had come out to their family as queer before college but were highly criticized for any masculine expressions of gender. The way Henry internalized this early experience became a theme in trying to make sense of their gender. For example, they felt more comfortable using the word “gay” with no connotation to their gender while feeling the pressure to use “lesbian” in their feminist and queer-friendly work sites, where masculine-presenting women were readily accepted. Henry told me about a poignant moment while in preparation of a training on LGBT-emerging adults when Henry’s co-presenter asked about their gender identity. Henry described their internal reactions to being confronted with explicit questions about their gender identity.

I was like, “What?”

No one’s ever asked me

I don’t know

I’m not a man, not a woman

I’m somewhere

I am

I don’t know

In my face

I actually started
During Henry’s long stint working with refugees and trauma survivors, they explained that gender and sexuality were less relevant to the therapeutic work and therefore not processed in supervision. However, racial and cultural identities were much more salient to the work that Henry’s clients were doing. They explained that clients tended to project gender and sexual assumptions but that these seemed to establish trust in order to do trauma work. Some of the examples Henry gave of client interactions during this time alluded to the fact that, for some clients, Henry’s gender identity was unclear. Henry identified themself to others as a woman at times and talked about how this set some clients at ease. Henry described the community mental health work as intense and, in hindsight, did not feel that they had the space to explore their gender identity. Henry also described the context of this work site as being supportive but also getting the feeling that sexuality and gender issues were “hush.”

They talked about having a dynamic that was particularly problematic with a program director, who among other issues reprimanded Henry for not following the dress code. Henry explained that they dressed similarly to a male director in another department. Henry understood that she criticized them because she assumed they were a cisgender woman and that she also had gendered expectations around professionalism. Henry spoke about this in supervision and talked about being supported by their supervisor. Not only did the supervisor affirm them in the supervision space, she also advocated for Henry to be moved so as not to have to interface with the transantagonistic director. Henry also reflected during the interview about wondering whether in some ways the supervisor’s support was contingent upon their exceptional performance as a
clinician and not necessarily out of efforts to be affirming. Their supervisor had described Henry as “one of the best clinicians I’ve ever had.” Henry speculated:

What would it have been like if I wasn't as strong clinically? And to what extent, like, was that a piece of why folks were advocating and, like, wanting to keep me happy or keep me on the team?

While not having the awareness or language to capture their gender experience, Henry said it was not possible at that time to process issues of gender identity in supervision. Nuances of gender were certainly relevant to Henry’s experience: Henry was specifically assigned the few known trans clients in the agency. Clients asked about Henry’s gender identity, and Henry experienced complaints from a director regarding their masculine gender expression. Despite these factors, Henry said that exploring gender “was not ever an option” for them personally, and gender was not ever a focus of their clinical supervision time.

I feel so strongly
I was
I think
I couldn’t
I mean
I didn’t quite
I was working
Until I started
I don’t
I don’t
I don’t think that I could have

I don’t think it really came up

It was their move into full-time private practice work that allowed Henry the space to explore their gender identity more directly. They began to work predominately with queer and trans clients, pursue intensive model-specific training, attend model-specific supervision, and engage with other queer and trans providers. Focusing on this population prompted Henry to seek training in trans-specific therapeutic approaches where they were further confronted with the desire to explore their own gender identity. They expressed their realization of internalized shame when worrying whether other trainees would think they were in attendance for their clients or for themself. However, in this new chapter in their career Henry sought out their own supervisors and was able to process issues related to their transition, self-disclosure, fears, and safety. While Henry alluded to having to teach and correct supervisors around queer and trans issues, they said that this improved over time, and the space was supportive. Henry expressed wishing the field of mental health was better about how it talks about gender in therapy, supervision, and in training.

Toward the end of the interview, Henry began to question the affirming nature of their early supervision. This came up as we discussed Henry’s gender expression at that time, how they were perceived, Henry’s history of discrimination within their family around gender and sexuality, and their own internalized oppression. “It felt like there was a part [of me] that wonders if my bar was pretty low given where I was coming from either in my undergrad or my family of origin.” Henry expressed numerous times that they felt the care and acceptance of their supervisors throughout school and postgraduate
training. However, now they use supervision differently and expect more from supervisors in terms of gender-affirming support. Henry attributes this to their own growth and feelings of self-worth.

Henry reflected during the interview about other aspects of identity. They talked about their work in confronting their own internalized transantagonism and racial privilege, and also learning to take better care of themself as a person with a chronic illness. They discussed the importance of thinking through self-disclosure in clinical settings as a clinician who is transitioning as well as being someone with a chronic illness. Interestingly, a supervisor raised concerns regarding Henry’s well-being during graduate school, and soon afterward Henry received their diagnosis. Henry explained that, in clinical settings, they’ve learned to take better care of themself. “So, it comes up as it relates to how I’m feeling in any given moment” and how clients might “feel like they have to take care of me.” They indicated that they have done considerable work around healing, cultivating self-awareness and advocating for more affirming practices in their professional spheres.

**Interview reflections**

I met Henry in their therapy office. They were warm yet reserved while explicit about their desire to be helpful to the study. Henry’s story was not chronological and not always focused on supervision specifically, but they spoke with vulnerability and seemed to have a unique mastery of holding space for their own internal processes, reactions, and reflections. Distinctive in this interview, Henry expressed reactions to their story as they told it, looking back and making new meaning while holding the tension between trans experience, transantagonism, and not knowing. When I asked Henry about their feelings
in response to the interview, they expressed concern as to whether or not their experiences would be relevant to the study because they were not out as trans during most of their time in supervision. Regarding their feelings, they said, “It's all criticism of me . . . I hope it was helpful.” I assured them that their experiences are a valuable contribution to this research. This exchange evoked a sadness in me as I sensed the effects of cisnormativity Henry shared in their interview, beyond which I am confident there were more experiences. I sensed the effect this may have had on Henry fully believing that their story is a valid and important one in the constellation of gender expansive experiences. In this interview, my admiration for Henry came with a deep awareness of their own self-work and the clinical expertise with which they were essentially identifying and holding space for their own contrapuntal voices as we spoke. Henry’s own lens enabled them to observe and speak articulately regarding the tensions inherent in experience. I felt those tensions in hearing their story, which reinforced my process of continuing to hold nuance and complexity within and among participants in this research.

Olive

Olive (she/her/hers) is a woman in her early 30s and a licensed marriage and family therapist. She's identifies as femme, femmeberjack, and lesbian. Olive is also intersex. Olive talked about her journey to becoming a therapist and recalled being a leader throughout her time in Boy Scouts, having a strong desire to help people, and majoring in psychology before attending a marriage and family therapy program. She discussed her draw to systemic and relational approaches even when seeing individual clients.
The MFT worldview sees problems as existing between people as opposed to within people. I think that's a really powerful idea . . . it opens conversations about culture and identity and community, schools, you know, laws and politics.

In this interview, Olive talked with me about her supervision experiences throughout her career trajectory: graduate school, internships, a postgraduate position, her move to private practice, and being an educator and advocate in her community. She shared specific stories that captured how her experience as a supervisee connected in meaningful ways to her gender identity development.

Throughout the interview, Olive categorized herself with transgender people through her use of the pronouns we/our/ours and in descriptions of her work in the trans community. However, at this point in her life Olive does not consider herself transgender. She was assigned male at birth but did not think of herself as a male. Her gender identity development was repressed due to abuse and transantagonism within her home. She was perceived as a man throughout school and into her graduate studies. In her first semester, a supervisor in her MFT program told her, “You don't have to be the person that survived your family.” Olive referred to this statement as a meaningful gift and subsequently felt free to explore her identity. Not long after this, she came out as genderqueer and then as transgender. Olive shared with me experiences of her body throughout her life that were not typical for a trans woman and how, inexplicably, she could not relate to other trans women. “I've never met a trans woman who I've been like, ‘Oh, you get me.’” She discussed how her felt sense and her surgical goals began to create a dissonance between herself and a trans identity. Years later she met another intersex woman, felt a resonance, and again felt free to take on a new identity.
I was like

Can I identify as intersex?

Even if I don’t?

I was like

I kind of talked

I was starting to connect

I was like, “Oh, my gosh!”

“Ok, I am intersex”

I was like

I need a diagnosis

I have gone through

I got her and she got me

Olive explained that her training and supervision were very much influenced by her trans experience and her developing understanding of herself. She discussed how teachers, students, clients, and supervisors related to her before and after she came out and during her transition. She endured microaggressions as people related to her as if she were a man before she came out and then continued to experience microaggressions after coming out as a trans woman. The first time Olive wore a dress to the graduate clinic, students complained in their own supervision time, and a supervisor told her that “drag” was not appropriate in that space. Olive emphasized during the interview that of course it is acceptable to dress in drag and that the supervisor had missed the point that she is a woman. Olive reported that the very supervisor who had spoken
liberating words to her early in graduate school continued to deadname and misgender her. The supervisor explained that this was for cultural reasons and arranged a time to process a new relationship with Olive. However, the supervisor canceled several times, and Olive was never able to experience the repair in their relationship: “I was so sad that we ended on a note that, you know, it was not there, and, uh, there was pain in that.”

Olive also described how disclosing her identity often changed how supervisors engaged with her. She described a supervisor who was lesbian who became defensive and standoffish toward Olive, perceiving her as a cisgender, straight man. “I think she had a lot of stories about me based on maleness.” After coming out as trans, Olive perceived a difference in the warmth and support from this supervisor. Olive discussed how this change in people’s treatment of her gave her insight into their gender stories. “It's all in little actions. It's almost never explicit.” She described how she listens for these assumptions and feels the nonverbal ways people relate to her both in supervision and with clients. In sessions, self-disclosure has been an important part of her work with transgender clients. She described how she uses the disclosure and how she feels the increase in clients’ sense of safety and their trust, knowing something about how she identifies. How Olive self-discloses has evolved over the years due to her identity development, transition, and intersex diagnosis. “Now it's about telling people that I'm intersex or that I was assigned male at birth in my life because I—I pass.” She described that now others often perceive her a cisgender woman and make assumptions based on that.
When we began talking about Olive’s supervision after graduate school, she told me about her strategy of disclosing her identity immediately to negotiate safety and trust in the supervisory relationship. From one supervisor she sensed anxiety and a microaggression that was erasing but seemed to be an attempt to affirm Olive’s identity. She described having to revisit this comment several times with the supervisor. “It ended up being a good supervisor–supervisee relationship, but there was that rockiness at the beginning when we had to kind of get things—not straight,” she laughed, “but, you know, get things queer, I guess.” Olive described a theme of having to teach supervisors about gender and sexuality and how to be affirming.

Supervisors are supposed create space, and they're supposed to hold space, and they're supposed to create space for these conversations, but that's never been my experience. I have to forge those spaces myself and, you know, in true MFT fashion, part of that sometimes is raising people's anxiety and being very up-front and being, you know, sort of bold.

Olive exuded a confidence in her competency as a therapist but also made apparent the incredible energy it takes to do work in trans care given her own identity and history. She discussed the local deaths and threats of physical violence to trans women and how this was a part of her work experience. “So, there is sort of this, like, thick skin sort of story I told about it, where I kind of just, like, ignored the danger really, because I just had to.” Olive said that trans care as a trans person also has inherent violence due to her role in witnessing and addressing cisgenderism and transantagonism within the clients’ families and community systems as well as that which is internalized by the client. She described being trained as a male clinician and the lack of guidance around
handling issues more commonplace for female clinicians. After her voice feminized, she began to feel more threatened and was even sexually harassed by clients.

While navigating the complexity of discussing identity with clients, facing ongoing oppression, dealing with the threat of violence, and experiencing harassment in therapy, Olive did not have a supervision space to support her around issues directly related to her identity. She said that it was scary for her to not have a supervisor to be able to work with her in a competent way around these issues.

I think when I talk about my identities, people can't really hold that. Yeah, like, they can listen, but they don't; again, they have no input. There's no, like, “Oh yeah, I'm, you know, I've seen that before. I've had a supervisee who x, y, z,” you know?

Olive expressed feelings of loneliness at not having trans elders in the trans community or elders in her professional community. She described the significant toll that doing trans mental health care has taken, the burden of being one of the only such providers in the area, and her plans to change her career path.

I don’t want to
I just can’t take it
I have no peers
I have no intersex or trans clinicians
that I know
I don’t trust
I don’t have any of that
I probably never will
Interview reflections

I met Olive in a small library conference room, and I felt an organic and spontaneous congeniality between us. She was casually dressed and just as casual in her openness. Olive was the first woman I interviewed for this study and I felt a shift in the way we related as women. I wanted to chat with her for hours about life and I admired the confident way she took up space and knew herself. We connected about being LMFTs and about our training in systems and relational therapies. She was articulate about her values in her therapeutic work as well as in her ability to speak directly to issues of gender in relationships and structural violence. When I asked Olive about her reflections on the interview, she said it was good timing as she is contemplating a career change: “I felt like it was, it was good. I think I've collected these stories, you know, over time and you, you've caught me at a good point.” She went on to discuss her future plans around gender-confirming surgeries, buying a home, and becoming a mom.

After the interview, Olive sent me a 10-minute recording of an additional story about her supervision experience that she had forgotten and wanted to share. The story was about the supervisor who had helped her break out of old family dynamics, and how she had also been the one to not integrate her trans identity, continuing to misgender her. Ultimately this felt like a painful betrayal, perhaps contributing to the reason she did not recall it during the interview. I think both my connection with Olive and her desire to fully share how difficult her professional journey has been contributed to her reaching out after the interview in this way. After the interview, I wondered why I had not asked what she picked up on as far as my “gender story” about her. After all, this study is part of a larger conversation about our gender stories. Perhaps I saw myself as relating to her as
she is with a shared understanding, perhaps I had avoided potentially hearing my own biases reflected back to me, or perhaps still I was unsure of how much meta processing to do during a research interview. At the end of the interview, she invited me to get coffee if I am in the area again, which mirrored my own desire to build a friendship with Olive. While Olive’s story prompted sadness regarding her lack of support and the loss to the field as she makes a change, I was moved by her commitments, her clinical skill, and her capacity to resist oppression through choices to thrive in her life.

**Joseph**

Joseph (he/him/his) is a 56-year-old white man. While he does not primarily identify as transgender, he explains that he has a trans history, having been a member of the lesbian community before his transition. He is a licensed psychologist who is in private practice, integrating mental health and spirituality in therapeutic work. Before psychology training, he went to seminary, pastored churches, and became a chaplain. He developed a desire to incorporate psychology with spiritual support, which led him to get a clinical PhD that supported this integration. The importance of spirituality was a theme through Joseph’s life. Being raised in a family of ministers cultivated an awareness of how people and communities face difficulty, and he described internalizing an important family value of “being empathetic and trying to understand where other people are coming from.” Joseph identified these values as mediating factors that helped him get through hardship and the anti-trans discrimination he faced. In tandem with the theme of Joseph’s values of empathy and relational connection were the severe systemic and interpersonal experiences of cisgenderism and transantagonism in his training program, supervision, and work sites.
Joseph grew up before the age of the internet, without knowledge of the transgender community or language for what he was experiencing. However, he could describe his own trans experience and said of the time, “I’m trying to exist in the lesbian community as best I can.” In college he met another transgender man who helped him connect to a secret trans society and access medical professionals who were vetted by the transgender community. Because he had no medical instruction from his doctor when beginning hormone treatment, he took too high a dose: “I describe this as having your body slammed into a brick wall.” The process of connecting with others around his gender identity and the difficulty of transitioning with little support took quite some time and was “a bumpy road.” He had to drop out of school. He experienced times of homelessness and was on disability from an accident. He stopped medical treatment and lived in the lesbian community for the next two decades.

When applying to and beginning graduate school, Joseph restarted his medical transition. He faced many barriers related to experiences of systemic and interpersonal transantagonism at the onset and indeed throughout his psychology training. The department thought they had admitted a lesbian woman and subsequently did not adjust well or affirm Joseph in his disclosure. At the onset he told his graduate advisor that he was transgender, and his advisor refused to talk to or acknowledge him. For the remainder of that first year, Joseph had to coordinate with others and find ways to get papers signed and other administrative tasks completed without engaging directly with his advisor. Before orientation, Joseph got an email from the person who was assigned to be his clinical supervisor informing him that she had emailed everyone in the department that he was trans and telling him it was “no problem.” This terrified Joseph, and he said
he felt like “someone had kicked” him. Joseph described how it felt to find out that he had been outed without his consent to the entire program where he was about to begin his training.

I literally just felt ill
I felt like
I don’t know how
I don’t know that
I don’t know what
I wrote back
I want to see
I don’t know who
I don’t know if
or what I’m going to face

Joseph wrote back requesting to see what was written but was denied. His supervisor told him, “It’s all fine,” yet Joseph said in the interview, “Well, it wasn’t all fine.” The program required that Joseph find a transgender man who was a licensed psychologist who had transitioned while seeing clients to come talk to the staff at his internship site. Joseph understood this to mean that they wanted reassurance that he was not mentally ill and would not harm clients. Through friends of friends, Joseph did find a trans-masculine psychologist who was willing to come talk to the department. However, it still wasn’t fine. Joseph was singled out during orientation and paired with a faculty member for the day, while other students were paired with one another. He also received less clinical opportunity than his peers at his practicum.
His two-year practicum site was affiliated with the university’s clinic, which had a group treatment training program. While he attended weekly group supervision that focused on self-of-the-therapist work, he was not assigned a psychotherapy group to run and was not given an explanation. Joseph said that he was also not given many individual clients during his time at this practicum site. He reported that he had only about six ongoing clients over the whole year, despite having been given many initial evaluations to complete. While Joseph valued the assessment experience he received, he did not feel he was getting the clinical experience he needed and that his peers were getting. Joseph described that, in supervision, he felt stuck and alluded to the power the supervisor had in interpreting him as too anxious when he brought up concerns about not getting training experience required by the program. Here the “I” switches to “you” and back in describing his own experience of being mistreated by a supervisor and being blamed when he tried to self-advocate.

You’re trapped

I don’t have to

I choose to

You’re trapped

If you’ve got

I learned

If you object

You’re the one that gets blamed

I would say, why?

Why aren’t I?
I wouldn’t care
I actually would’ve
I feel like I would have
I kept saying
I need more
I’m not getting
I need
I again found
interpreted as me being
blamed on my being trans
not OK with me mentally
my high level of anxiety
wouldn’t give me
my high level of anxiety
I’m watching my training
I’m getting
I’m supposed to have
there’s something wrong with you
because you’re trans
You couldn’t challenge it

Joseph also discussed a supervising staff member at this practicum site that was
“particularly nasty” to him in group meetings. He noticed that the other students were not
being treated this way and that other students were not treating him this way. The
supervisor’s behavior became bad enough that several other students were experiencing distress over the way Joseph was being treated. Joseph found out from one of his individual supervisors, who was in her internship year, that other students were processing this in their supervisions. Even though this supervisor was not particularly supportive and violated boundaries by telling him, Joseph said that finding out that the other students recognized this mistreatment validated how he was feeling and helped him make sense of the transantagonistic behavior.

Joseph decided he needed more clinical experience and was not going to get it through the university’s clinic. He advocated for himself and negotiated to complete the last year of practicum part time offsite at a local LGBT health center. “I'm not a bad self-advocate, and I got much better over those 12 years. I pulled in some other forces and used what leverage I had access to at the university to convince them,” and the school agreed. The health clinic was focused on supporting the LGBT community, but Joseph still felt the weight of their problematic ideas and practices regarding transgender care. He continued to work there through his practicum, his internship, a fellowship, and eventually as an employee.

When I asked how gender was discussed in his supervision, Joseph described several experiences at the LGBT health center. Joseph said that, while he appreciates the clinical perspective that his trans experience gives him, it is not a primary or overt identity and so he rarely brought this up in supervision. He had a female supervisor with whom he did not discuss issues of identity of any kind because of her psychoanalytic orientation. He said he didn’t bring up his identity in supervision or any therapeutic self-disclosures due to fears that she might disapprove from a theoretical standpoint.
However, Joseph recalled an experience in which he wanted to discuss his client’s erectile dysfunction and the ways his client was assuming that Joseph had had a shared experience. When he brought this to his gay male supervisor, the supervisor became extremely uncomfortable and did not engage. Joseph often felt that when he brought up something that reminded people that he was transgender, they became uncomfortable and had difficulty engaging in the discussion. He described these types of experiences with cis and trans people in therapy, in supervision, and when conducting trainings and consultations.

After his fellowship, Joseph continued at the LGBT health center as an employee and helped train providers and develop a more trans-affirming health program. He described the strain of processing cisgenderism with the professionals who provided care:

I think on an insidious level while these were not people supervising me and I was responsible for training them, but it was every single week for 15 years listening to a roomful of people for whom 90% of them were somewhere between clueless and implicit levels of transphobia, and it came out in everything and needing to help them see these things without shutting them down, because they had people rely on them for care.

Joseph moved from the health center into private practice. He continues to offer consultation and training regarding transgender clinical care and maintains good relationships with the health center and the university that had originally treated him so poorly. Ultimately because of issues surrounding the program’s lack of accreditation, the strain of discrimination, and having to work part time to support a family, it took 12 years for Joseph to complete his PhD—and he was one of the few who did. Joseph attributed
his resilience to his age and maturity when he started graduate school, the strength he had gained in overcoming difficulty in his life, and his homegrown values: “I think in the end it turned out very positive, because I stayed engaged in a way that was open and inviting people into a relationship with me.”

**Interview reflections**

I met Joseph in his therapy office. He told me about his practice and joked about how he likes to tell stories. I found this to be true in that Joseph described his history in terms of family, education, jobs, relationships, and gender identity development. He was a good storyteller and easy to listen to. When I asked him about his feedback on the interview, he said, “Absolutely fine. No great feedback. You're, you're lovely and warm and you don't shut down the conversation, so that invites exactly what you need for qualitative research—rambling narratives.” And we laughed.

Joseph elected not to choose his own pseudonym. Because of this participant’s connection to Christian spirituality, I chose the name “Joseph” after the biblical hero who endured incredible hardship, became a leader through years of enslavement, winning the favor of those in power, extended grace to his perpetrators, and had remarkable forethought that saved his people from famine. I was touched by the parallels in this participant’s trajectory: enduring incredible discrimination, forging a path for himself to become a revered professional in the field, offering empathy to his oppressors, and becoming a respected advocate and expert educator for trans health and liberation within his community. Perhaps because Joseph is a bit older than I am, I experienced that age difference with deference and was honored to have met with an “elder” in the trans community and within my field. His interview held historical knowledge that felt
important as part of this study of trans experience; it is a record of what has shifted and what has not related to the field’s relationship to those with trans experience.

Sara

Sara (she/her/hers) is a 27-year-old white female who described being transgender as a part of her identity. She is a psychiatric nurse practitioner who works in transgender health and provides psychotherapy as well as medical management. Sara’s story is unique in that she sought out specialized therapy-focused supervision not required by her nursing program. Before her training in mental health, Sara attended college at a Southern university and volunteered on a rescue squad. She was fascinated by the body and responding to medical crises but also interested in strategies for keeping people calm and decreasing the psychological trauma related to these crisis situations. After completing her undergraduate degree, Sara went to a master of science in nursing (MSN) clinical nurse leadership program in the same Southern state.

Through college and into graduate school, Sara presented as a straight, cisgender man but described her gender identity development at that time as being blocked. She made efforts through nutrition to retain estrogen, had thoughts of being pregnant, and struggled with depression and abusing substances to try to cope: “I was completely blocking out the crucial aspect, which was I could be transgender. All those other aspects were there. But I just never put the puzzle pieces together.” She began a mindfulness class and emphasized in the interview how significant this practice became for her and how the teacher helped support her. She learned to be in her body, follow her breath and notice her thoughts and feelings, particularly significant fears she carried. She was able to
decrease her drinking and come out as queer with the support of her girlfriend and her contemplative practices.

While her mindfulness practice helped her personally, she also became interested in the mind–body connection, which led to research in alternative medicine and her ultimate trajectory toward psychiatry. In her second year in the MSN program, she specialized in psychiatry and worked in a psychiatric unit. She attended a lecture on transgender health and began to think more about a trans identity, researching others’ stories online and reaching out to talk with a trans woman. She began her transition but had significant distress around fully understanding her experience and her decision to take hormones. Coming back to her mindfulness practice, she described what it was like to connect with her body and finally feel peace:

So, I finally just sat down. And I just meditated. And within about maybe 10 minutes, I just felt this feeling come over me that just, I just was really assured. I just felt that was the right path. There was no language for it, but it just really felt that way. And so, I just continued on them [hormones], and life has been fantastic ever since then.

As Sara continued hormone therapy and moved further into her transition, her depression decreased, her substance abuse stopped, and she felt much happier. Sara came out in a letter to her coworkers in the second year of her MSN. Her supervisor, who was a nurse psychotherapist and part of nurse leadership, supported Sara and was intentional about making sure Sara felt comfortable at work after her transition. Sara was able to process nuances of dynamics around gender before and after transitioning and how her patients were responding differently. Sara had created a supervision structure with her
supervisor that consisted of about 4-5 hours of co-therapy, after which they processed, and formal supervision meetings twice a month. “It wasn't necessarily part of the program, but we were doing it to make ourselves better at work. And, also, I was doing it because I just really liked it, too.” Sara said she was drawn to this supervisor because she was “aware of how fantastic of a therapist she was,” and Sara was eager to learn the art of psychotherapy. The supervisor was psychoanalytically trained but had adopted a narrative therapy lens, assigning Sara texts to read for their meetings. They used a reflecting team model in sessions where the supervisor was the primary therapist, and Sara reflected. As Sara grew more comfortable with the therapeutic process, she became the therapist, and her supervisor reflected. This progressed into Sara’s doing sessions on her own on the psych floor and processing with her supervisor in their meetings. Sara continued in supervision with this supervisor through that year and into her NP program, experiencing tremendous growth as a psychotherapist.

After completing her MSN, Sara went right into a Nurse Practitioner (NP) program part time while also working. Her supervision with the nurse psychotherapist became less frequent, and she began to have supervision with a psychiatrist at the psychiatric hospital where she worked her second year in NP school. She had bimonthly supervision there and described intense work situations and the equally intense protection of her colleagues. For example, she conducted a psych evaluation with a person who came in with swastika tattoos and a shaved head. Explaining the threats of violence she faced as a trans woman, she expressed feeling the risk in that moment, while her coworkers checked in with her to ensure that she was safe. She described how this
protection as well as her mindfulness practice allowed her to ground herself and ultimately conduct a deeply meaningful session.

I would hope
I would
I actually decided
I had just
I’m like
I’m in
I’m freaking out
I was pretty familiar
I began to follow my breath
I wanted to
I was with someone
I felt safe
I keep walking
I noticed
it’s just him and I
I sit down
I open the door
it’s just him and I
I sit down
I try to
I’m like waiting
not thinking I had been
I look back
I’m still
I say
Yeah, I think so
I look back
I go back
I asked him to
I said
I don’t think
He said, “I feel safe around you”

In training, she had been seen as a trans expert and also worked to advocate within the system to improve their practices around transgender care. This helped build her confidence, but she did not have the clinical support she wanted around her own identity as a clinician who is trans. Sara later moved to the Northeast and began working in trans health, where she provides therapy, conducts research, facilitates trainings, and does advocacy work. Since she began practicing independently, she expressed her desire to have a queer or trans psychotherapy supervisor but was told there was not funding. Instead, Sara was granted funding to start training in a model-specific therapy training program that included intensive quarterly didactics and ongoing monthly group supervision. Sara is also continuing in a long-distance supervision with the psychiatrist from her NP program.
During the first part of our discussion about supervision experiences, Sara focused on her training and supervision structure, probably because I was not familiar with psychiatric nurse training, and her course of supervision was not a traditional one. When I asked about the quality of her supervision, she described it as supportive and positive. As we discussed how gender identity was addressed, Sara began to recall some experiences that did not feel supportive. With Sara’s first supervisor, the use of narrative theory supported affirming people’s identities and stories of themselves. However, her supervisor had a binary lens when it came to gender and misgendered nonbinary people they discussed in supervision. Sara said she wasn’t able to process with her supervisor the nuances of gender in the therapeutic dynamics of these cases. While Sara’s identity is binary, her supervisor was dismissive of and unskilled in conceptualizing nonbinary identities. Sara felt she had space to process her own identity when she needed to in supervision, but at times felt that the supervisor overfocused on issues of gender.

The psychiatrist who supervised her during her NP program had difficulty correctly gendering her, and Sara felt the supervisor overcorrected in her apologies, which felt uncomfortable. Sara expressed feeling afraid to come out to this supervisor but being supported after she did. The supervisor helped her get her job and vouched for her clinical skill. However, Sara recalled times when they processed cases and her supervisor questioned the cause of a transgender person’s gender identity as if it were a pathology, wondering aloud if they were trans due to trauma or toxic family dynamics. Sara said this was more common to psychoanalytic approaches, and many of the cases involved people experiencing psychosis. But, to Sara, questioning gender identity seemed wrong and felt personal. Sara felt defensive in these instances but did not process this with her.
supervisor. There was a more formal power dynamic with this supervisor that kept Sara from expressing that she felt uncomfortable and triggered by the interaction. Sara said she possibly avoided bringing up her trans identity in supervision out of fear and possibly due to her dysphoria at the time. In Sara’s monthly group supervision, she recalled, there was a moment when the supervisor asked her where her “male self” had gone during her transition. “To me that felt like somewhat of an interesting question but also somewhat of a—somewhat inappropriate too. Like, male self? Like there really never was a male self, that's kind of a presup—it's a presupposition.”

About her overall experience in supervision, she expressed feeling support that was important in her transition and growth, noting that it was her choice to continue in these supervisory relationships. Sara grappled with explaining how her supervisors both supported her and also did not provide space to process her gender identity.

I think
that I felt
I think
I think overall
I felt
I was with
I think part
I wasn’t
I felt comfortable enough
I kind of cut them some slack
Toward the end of the interview, Sara reflected on the stories she shared, her growth in terms of identity and voice, and how an affirming environment has affected what she expects from supervision.

I'm just reflecting on how not, like, not affirming my life was. But it was as affirming as I thought it could be. I mean, it was the best that [name of Southern town] had to offer, I think at that time. But now in this space, it's just completely different.

**Interview reflections**

I met Sara in her office, and we talked about her space and her view. She was friendly, warm and professional. I felt myself feel slightly intimidated as the setting felt somewhat more formal and because I was less familiar with Sara’s training as a nurse practitioner. She told me she was getting over a cold, and the conversation became congenial as we discussed her experiences. She was thoughtful and chose her words with intention. I asked about her experience of the interview, and she answered with the following:

It was really helpful, though, just to be able to think, process what I might have been missing in supervision. I'm a pretty optimistic person in general. And so, I just—I think in those moments, I just tend to see, like, the best rather than negative occurrences that maybe I just kind of throw out because they don't really serve me, you know? But it was just, it was really helpful to me to just to see how the progression has caused changes in what I expect out of supervision. I really enjoyed this.
I was also honored by her invitation to collaborate regarding future research and it occurred to me how conducting relational research is productive, fosters connection and creates changes in the world that continue beyond the study. Sara is a natural storyteller, sharing chronologically and with beginning, middle and end. I was completely engaged and at times felt that I was on edge of my seat to find out what happened next while also able to ask follow-up questions. I left this interview inspired by the way Sara embodied values of self-care and connection with others as a means to resist rigid and oppressive systems. Working within a heavily focused medical model, her perspective is vital to the field of mental health.

**Skye**

Skye (they/them/their) is a 29-year-old white, Ashkenazi Jewish, nonbinary licensed clinical social worker, providing therapy at an agency while pursuing independent licensure. Their difficulty trying to find their own therapist who is transgender prompted their desire to join the field. Also influenced by previous roles, Skye wanted to improve systems’ competencies around serving trans youth and so decided to attend a social work graduate program. Skye was out as nonbinary well before social work school and, regarding their gender identity, was “in a good place.” They used ze/hir/hirs pronouns before shifting to they/them/their later in their graduate program because they “thought it would be easier.” However, Skye was still not always out in their life and looked forward to being completely out in a new professional setting.

If I'm gonna get into this field and be a social worker and like, I read the code of ethics; I knew what it said. It included gender identity, right. I figured, OK, that's it, I'm never not being out again, right. And like, I’ve got to be respected here.
Skye’s first experiences at orientation were of misgendering, microaggressions, and their supervisor’s discomfort in addressing issues of gender identity. During an exercise in which the students were asked to express their fears about the program, Skye expressed feeling afraid of being misgendered and was subsequently misgendered during the activity. Skye was distressed by these experiences. They talked to their supervisor, who then conducted an impromptu diversity training the next day. This left Skye feeling exposed and other students feeling the need to apologize: “I was like, oh my god, I didn't know I was walking into that.”

When I asked Skye about their story of supervision, they said that their experiences have been “terrible to healing to meh to good again.” They laughed: “I’ve run the gamut.” While early experiences in supervision were traumatic, Skye contrasted this with current feelings of connection, respect, and happiness in their clinical work and supervision. Skye’s experiences in supervision during school were uniquely characterized by their persistence in demanding trans-affirming supervision, their distress and disappointment when this was not accessible, and the ways in which they were able to be resilient.

Skye began clinical work in the first few weeks of classes, saying, “It’s trial by fire.” Skye explained that they did not know the basics of psychotherapy yet and joked about not knowing, for example, the meaning of the word affect.

This is OK if you have a competent and kind supervisor, but in your first year in this structure that—the way social work school does it, it puts you in a position to be incredibly reliant and dependent on your supervisor, because you know nothing.
Skye had preemptively spoken with the program about placements that were trans-affirming with supervisors who were supportive. Skye’s first assigned supervisor was the one who left them feeling exposed at orientation, and so Skye asked to change placements. Skye was distressed about these experiences but tried to be vulnerable and open with the field liaison while also advocating for themself. Here, Skye makes sense of self-advocating while also navigating a new environment and field.

I went
I was new
I was brand new
I’d been
I didn’t know
I didn’t know
I didn’t know
I didn’t know
I said, No
I was worried
I was wor-
I mean
I’d had a bad experience
I didn’t know
I could have
Now I know
If I had
I mean
I was going
I didn’t know
I also felt
I made the best decision I could

Skye was given a second placement and settled into a job working with children. They met with their supervisor weekly, which became a very difficult day for Skye. When meeting this supervisor, she told Skye that she had never met a trans person and proceeded to misgender them. While this distressed Skye and they appealed again to their department for support, they had to remain in the placement for the semester to fulfill requirements of the program. Skye tried to make the best of the situation, meeting and bonding with another student there who was queer. However, their co-intern left the placement due to difficulties with the supervisor. It was difficult for Skye to be new, alone, and in a basement office several days of the week while also dealing with the strain of their relationship with the supervisor. Once again, they appealed to the program to place another student at the site, but to no avail. Ironically, Skye thought the field placement office was trying to support them.

Skye’s supervisor continued to misgender them, spoke inappropriately about her Christian beliefs in supervision, was “being a little bit weird” about Skye’s Jewish identity, asking invasive questions and generally exhibiting poor boundaries. Skye worked with kids who were bringing up issues of gender in session, and their supervisor responded with criticism for Skye’s clinical reflection on this.
This kiddo is, like, really thinking about gender roles, because the kid had literally said, like, “Oh, I notice at my family reunion, like, boys really acting this way, girls really acting this other way and, like, I don't really know how I want to act.” Like, like, I was not making that shit up, like, I promise you this kid was talking about gender, as they sometimes do. And my supervisor was like, “Careful, you don't wanna impose anything.”

Skye stopped bringing specific case material to their supervisor. “I started, like, feeling unsafe around her and I didn't want to [share] anymore.” They had employed all their coping skills to get through the year, including listening in supervision only when it was helpful for them, trying to focus on the joy in their clinical work, connecting with friends and family for support, and planning something special for themself on the day they had to meet with their supervisor. Skye said they cried a lot during their first year.

In addition to issues at their work site, Skye later found out in an email that was accidentally forwarded to them that their contact in the field placement office was calling them angry, inappropriate, and unprofessional. They also found out their contact had said that Skye wasn’t cut out to be a social worker. “I mean that was just devastating. So, I got that email. I was like, ‘What the fuck?’ I thought I was doing so well.” In the chain of emails, Skye’s actual supervisor misgendered them and did not counter the negative statements from the school contact. Skye became tearful in our interview recounting the experience.

One of Skye’s professors became a supportive mentor and helped Skye navigate these difficult situations. This mentor advocated for Skye within the department when “the narrative had started to sour.” She spoke positively about Skye as a student; she
validated their emotional responses to the cisgenderism in their program; and she supported Skye in successfully completing academic work. Their mentor responded to the email situation by arranging a meeting with the dean and supporting Skye in self-advocating. Still needing a space to process aspects of their clinical work, Skye used their own therapist to process issues of gender, transference and countertransference, and to reflect on clinical material.

Skye finished school and entered full time employment. “When I walked out of there for the last time, it was incredible. I felt so good.” Skye noted that when they are not dealing with so much oppression, they are typically energetic and productive. For example, they organized a peer support group for trans supervisees and had more emotional space to think about how to advocate and make systemic changes. Skye’s subsequent placements were more positive. One site had recently been trained on queer-affirming practices and the staff were successfully implementing these strategies. From displaying trans flags to holding emotional space, their supervisors behaved in ways that Skye felt were supportive, affirming, and boundaried.

Skye described their positive experiences in ongoing supervision toward licensure after graduate school as positive as well. While they continue to deal with cisgenderism in their agency, they are in a better position to advocate for changes and acquire support. They expressed feeling more of a sense of belonging in their current role and recognized efforts within their workplace to be affirming. Supervision is a relationship in which they are able to process emotional reactions and feel validated, allowing them to take on new perspectives and consider how they want to engage in their therapeutic work or within the
agency itself. Here, Skye talks about the shift in their trust as they had healing experiences, finally feeling safe enough to be open in supervision:

I would say
I mean
I shared some
I share now
I’m pretty sure
I’d be reflective
I’d be like
I’d be like, yeah
I was like, years of therapy
I get it
I would, but
I’ll, like, lay it all out there
I have
I don’t know
Like, I don’t know
I’m pretty open
I’ve been here long enough
I know it’s safe
I’ve said, like, wild things
I’m like
And it’s fine
I mean, what a difference a competent supervision makes, really

**Interview reflections**

I met Skye at their work site, where they greeted me with a smile and led me to a meeting room. They spoke quickly with bounteous animation, energy, and humor throughout their interview. However, they also shared their story with vulnerability, expressing some of the emotional pain resulting from their time as a supervisee. When I asked how the interview was for them, Skye said they liked how much space there was to tell their story from beginning to end. They also noted that it helped them regulate to go from continuing to talk about more painful, evocative experiences to giving concrete recommendations for supervisors.

Skye told me they were reading about definitional ceremonies in narrative therapy and the importance of having witnesses to difficult stories:

For people who have been through trauma, which I would consider my first-year placement a trauma—I mean, I can't remember parts of it. If I go by that school or I go to [school], I cry, or I don't know. Like, it's activating; like, it's a trauma. That, like, people who have trauma, like, secretly have a secret longing that it wasn't all for nothing. And that, like, their story or their pain can be transformed into something. So, I mean. I was, that was definitely on my mind for this.

They went on to say, “This is a labor of love,” and they want this kind of research to be done. It felt meaningful to me as well, to be able to hear how sharing their story was helpful and regulating for them. I left the interview with Skye with a great appreciation for their tenacity and “go-getter” energy and so grateful they continue to contribute to the field, having found the capacity to sustain their vitality in their journey of becoming a
therapist. Skye’s interview also gave me a renewed sense of responsibility as I hold these sacred stories entrusted to me by participants and a conviction to facilitate the transformation of these stories into impactful change in the field.

Summary

This chapter has provided brief narratives of each participant’s supervision journey through their clinical training and beyond, navigating both the complexity of developing as therapists and the interpersonal dynamics of supervision relationships. These stories demonstrate participants’ resilience and use of personal resources as they pursued their professional goals, facing interpersonal and institutional cisgenderism. Indeed, all personal stories of lived experience carry a sacredness with them. “Each listening is not a simple analysis of the text but rather is intended to guide the listener in tuning into the story being told on multiple levels and to experience, note, and draw from his or her resonances to the narrative” (Gilligan et al., 2003, p. 159). As the listener, I indeed found resonance in relating to these narratives and participants themselves as reflected in this chapter. The following chapter explores themes that emerged across participant narratives related to identity, affirming experiences, cisgenderist experiences, resilience and resistance, and participant recommendations for supervisors.
CHAPTER 5: FINDINGS

This narrative, voice-centered study examines the experiences and insights of transgender supervisees in clinical supervision. I have organized salient findings that emerged from participant interviews into five categories. In this chapter, I explore each category and subsequent subthemes using thick descriptions and direct quotes. First, I explore findings related to participants’ descriptions of gender and therapeutic self. Then I explore themes within participant stories related to affirmation and cisgenderism within the supervisory relationship and systemic contexts as well as the impact of these experiences. I then report on participants’ ways of responding to difficult supervision experiences through their own resilience as well as resistance to cisgenderism. I conclude with specific recommendations to supervisors given the insights and lived experiences of the participants.

Prilleltensky & Fox (2007) describe psychological wellness as the justice one experiences at the synergistic individual, relational, institutional levels of the system. Drawing upon my training as a systemically trained therapist and as a criticalist, I organized themes according to levels of the systems that comprise each participant’s experience and attempt to recognize the nuanced and complex understanding of the synergy between them. Before outlining issues that often are unique to transgender therapists, I move away from essentializing participants by recognizing the nuances in their relationships to the word “transgender” as well as changes of identity over time. I then include affirmative experiences as a disruption to dominant narratives in research which reduce the whole of trans experience to only that of oppression. This also functions to highlight the potential that supervision has in fostering supervisee growth and in
moving the field toward equitable practice. Participants’ individual experiences, the
nature of the supervision dyad, and the systemic contexts of supervision do not always
fall under distinct categories of “affirming” or “cisgenderist.” Rather, these findings
interplay with one another. I also attempt to make space for the interrelatedness of the
relational and systemic contexts within these categories. The next section of this chapter
describes the ways in which participants are agents within their experiences and display
resilience in response to their experiences. Finally, to continue to subvert the idea of
transgender supervisees as only recipients of guidance, I engage their expertise and report
specific recommendations to supervisors for improving the quality of supervision
processes. Table 1 depicts the five major findings that emerged from the data organized
in categories and subcategories.
Table 1

*Findings, Categories, Themes*

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<tr>
<th>Findings</th>
<th>Categories</th>
<th>Themes</th>
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<td>Relationship to Trans Identity</td>
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<td>Cisgenderism in Supervision</td>
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<td>Gendered/Binary Policies &amp; Training</td>
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<td>Misgendering &amp; Outing</td>
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<td>Lack of Trans-Affirming Clinical Support</td>
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<td>Impact of Cisgenderist Experiences</td>
<td>Impact of Cisgenderist Experiences</td>
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Resilience and Resistance  
Individual  
Personal Values & Self-Care  
Connecting Outside Supervision  
Interpersonal  
Self-Protecting  
Engaging the Supervisor  
Systemic  
Self-Advocacy  
Institutional Advocacy  
Seeking Clinical Development  
Recommendations  
Individual  
Self-Education  
Self-Work  
Interpersonal  
Relational Capacity  
Systemic  
Advocacy in Institutions & the Field  

Gender and Therapeutic Identity  
This segment of the findings chapter highlights the first finding focused on gender identity, gender development, systems of trauma, and therapeutic self. Each participant described their relationship to “transgender” as an identity and their stage of gender identity development as relevant to their experiences of clinical supervision. Participants also discussed specific issues they faced as transgender therapists that indicated important material for discussion in supervision. These experiences include the stress related to the trauma of a cisgenderist society and issues unique to therapeutic self. The experiences of supervisees in their lives and their work with clients are potential material for self-of-the-therapist processing. I describe these topics that emerged from the data as they affected how supervisees showed up as therapists. They indicate the importance of talking about
issues related to identity in supervision. I hope to emphasize also what may be silenced and ignored when issues of identity are erased in the supervision space.²

**Relationship to Transgender as an Identity**

I began each interview with a quick review of basic demographic information about the participant, which included age, gender identity, racial and cultural identities, and other identities that were important to the participant. While these were divergent identities and experiences, a theme emerged: that their relationships to a “trans” identity and their gender identity developmental trajectories had an impact on how participants presented to supervision as well as how they perceived their experiences. While participants all had experiences of being transgender, they related to their trans experiences differently, as discussed in their personal narrative summaries. For example, Olive identifies as a woman, not as a “transgender woman.” She described being female and intersex with a trans history, which actually led to feelings of isolation from the trans community: “It finally clicked. . . . I’m intersex and that actually is a really different experience in a lot of ways.” Sara identifies as female but says that being trans is part of her experience. Likewise, Joseph, who is often perceived as cisgender, does not readily disclose his trans experience, because he does not identify as transgender but rather as a man with a trans experience. In contrast, James and Sam both identify as trans men, while Sam described himself further as nonbinary. Skye, Morgan, and Henry identify as nonbinary and use “they/them” pronouns. While the nuances of each participants’

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² I had originally used the phrase “when issues of identity are not foregrounded” to highlight the potential of supervision to erase trans issues, but changed this to reflect new understanding after the member checking process, described later in this chapter.
relationship to a transgender identity became apparent during interviews, so too did their developmental paths and how these intersected with their time in clinical training.

**Gender Identity Development**

Participants had unique trajectories regarding gender identity development that aligned with their time in supervision in various ways. While three participants had a solid sense of being transgender before graduate school, four of the participants were at critical stages of understanding and realizing their gender identities during their clinical training. One participant came out well after licensure. Participants’ gender identity development influenced how they related to their clinical work and to their supervisor. In participants’ understanding of themselves, almost all of them discussed how their training experiences and relationships with clients prompted new understandings of their own gender identity.

Sam, Skye, and Joseph identified as transgender before starting graduate school. Joseph began a PhD program at a later stage of life than many of his cohort members. He said, “I wasn’t trying to figure out who I was” and emphasized that he had a firm sense of himself as a man at that point in his life. Likewise, Sam also identified as transgender before he entered his training and, having transitioned, lived and worked within the transgender community. Skye had come out as nonbinary but was still in early stages of navigating new situations when they started graduate school. Henry did not identify as trans until after graduate school, although issues of gender identity and expression were salient in their recollection of their experiences in training. They said, “A lot of it came through, actually through working with a lot of trans folks.”
Sara, Olive, Morgan, and James experienced critical realizations about their gender identities that led to transitioning during their time in training. They discussed meaningful shifts in their gender identity development specifically prompted by their training experience, learning about human development and their work with transgender clients. For example, Morgan explained, “It became clear that in working with clients who were struggling with gender-related questions, there were questions that I hadn’t answered for myself.” No matter their stages of development, participants navigated tuning in to new experiences of their identities and making decisions about social and medical transitioning while navigating shifts in their dynamics in therapy, supervision, training, and their workplaces. Their identities led to unique ways of navigating therapeutic relationships and experiencing the world. Participants share having to navigate structural cisgenderism within society and the trauma incurred by this kind of systemic oppression.

**Systems of Trauma**

While the experience of supervision is the focus of exploration in this study, it became clear that these eight transgender therapists have all had unique experiences of minority stress and structural violence that affected their professional careers, clinical work, and needs as supervisees. Transgender people often navigate systems of trauma due to violence at the collective, interpersonal, and internal levels (Richmond et al., 2012). Participants described this violence as experiences of discrimination, lack access to resources, erasure, victimization, fear and shame.

While telling their supervision stories, all of the participants’ stories portrayed discrimination that was layered and intersectional, beginning often early in their lives and
persisting through school and professional training. They described difficulty accessing trans health care and other resources. Henry, Morgan, and Skye discussed the erasure of nonbinary identities, especially when it came to pronouns, dress, and gender expression. Participants described their experiences at the intersections of transantagonism, misogyny and racism. Joseph described the erasure of trans masculine people, while Olive and Sara described facing both sexual harassment and the threat of violence as trans women in their personal lives and clinical work. Sara recounted being called “he, she, it” by a patient and related that “people would blatantly start to hit on me once I was passing completely.” She also described at times “beginning to dissociate” and “waiting for a barrage of fists” if she was not seen as “appropriately trans.” Olive discussed her internal experience while doing an in-home visit: “What if he realizes that I'm trans? . . . What is he going to do? Is he going to beat the shit out of me? You know, would he kill me?”

While Joseph faced transantagonism as well as discrimination due to his spirituality, Sam and James described transantagonism that intersected with cultural and racial identities. Sam expressed feeling isolated in the Jewish community for being trans and isolated within the queer and trans communities as a Jewish person. James, who is a queer trans man of color, was clear that growing up in the South contributed to his experience of transantagonism, heterosexism, and racism. James used the word *safe*, or variations of this word, 16 times while the next highest use of this word by a participant was six times. Describing one academic context, James said, “I also didn't really feel quite safe there as a trans person of color.”

Given the pervasiveness of discrimination and violence caused by cisgenderist social structures, it is unsurprising that trans people would be affected internally by
shame and that this would affect how they engaged with supervision. Morgan defined this phenomenon as “my own internalized, um, like transphobia or fear of not conforming to what's seen as normal.” Sara talked about shame causing her to avoid “trans issues” in supervision. Henry’s interview provided a particularly poignant example of a participant talking about how their experience of internalized transantagonism affected how they engaged in supervision. In the following I-poem, Henry talks about how they shifted to hold higher expectations of supervisors as they were able to affirm their own trans identity over the years.

I had so much exposure
That wasn’t part of my experience
I think about
Where I am now
It was enough for me
“No, actually I expect more of you”
I need you to be doing
I need you to be showing
I need you to do da-da-da-da
I have different expectations now
I guess is what I’m saying
I felt like the bar was really low
I had only known negative responses.

Examples of traumatic stress related to structural violence within their personal lives and work were embedded in participant supervision stories. They identified lived
experiences of transantagonism and cisgenderist discrimination and how this created both the fear of victimization as well as internalized shame, inevitably impacting therapy and supervision. In addition to facing systems of trauma as transgender people, these participants also navigated specific nuances of the therapeutic self as trans clinicians, which is common content for supervision work.

**Therapeutic Self**

As already highlighted, many of the participants evolved in their self-understanding in tandem with their training, supervision, and work with clients. In turn, this influenced how they showed up in these spaces. Disclosure and nuances of identity in the therapeutic dynamic are pertinent to self-of-the-therapist work of clinical supervision where supervisees might process issues of therapeutic self. Regardless of what prompted their transition or when it occurred, all of the participants discussed how they navigated making decisions about disclosing their transgender identities in their clinical work and how their gender identities played a role in the therapeutic dynamic. Given the systems of trauma faced by the participants, they made decisions about disclosing their identities while factoring in how this would affect their clients, the therapeutic dynamic, and their own well-being. Self-disclosure was discussed as an issue of safety as well as an intentional decision based on situational considerations in their clinical work. For example, Joseph generally does not disclose his trans experience, while Skye and Morgan discussed self-disclosing to clients who were in long-term treatment but not self-disclosing in specific settings where they saw clients very briefly. Olive expressed that as a trans woman the “surprise” of disclosure often puts her more at risk. Henry discussed
needing to process in supervision navigating self-disclosure in therapy, “how much to share and what to say and how would I navigate those conversations.”

Beyond disclosure, participants thought critically about how their trans identities affected therapeutic work, reflections that were integral to their relational practice. As James said, “The way that we navigate our work with our clients has everything to do with our identities.” He reflected on trust, working with positionality in therapy, and imagining that clients might wonder about him, “Can I really trust this, not just a person of color but, like, a queer trans guy of color across from me who's, like, trying to ask me these, like, really deep personal information?” Sara discussed transference and countertransference related to being perceived as male or female and the impact on her clinical work. Rather than disclosing his gender, Joseph said his trans experience informs how he relates to clients in that he has an “adult understanding of living in two genders in our culture.” Sam stated, “I actually think using self is a really key part [of therapy]” and also emphasized the importance of reflecting on his positionality considering his multiple identities: “Who am I as a white Jewish person, and how does that show up in the world, and how do I relate to things?” Morgan thought about their clients’ “perhaps limiting how they're acting in respect to me based on the gender that they're assigning me. And how that could shift or not.” Olive discussed the significant projections she sensed that clients and families placed on her in the clinical setting:

    I represent the community that's taking their child away from them, or I'm the shining example of a trans person who is palatable to cis people and who can function in society because their only stories of trans people are stories of people who are sex workers, who are depressed, suicidal, unemployed.
James and Olive both mentioned the idea of vicarious trauma specific to working as therapists within the trans community. James said of sharing a trans identity with clients, “It's a similar slash mutual trauma. Political trauma. Identity trauma.” Olive talked about transgender care to “inherently include violence” when working with “ignorant cis people” to “extract that transphobia and extract their cissexism.” She goes on to discuss this vicarious stress when working directly with transgender clients who are working through their own “internalized transphobia,” “body shame,” and “dysphoria.” She stated, “I'm not the target but I'm sort of like the—what do they call that?—like the casualty on the sideline. But that stuff still washes over me, and it hurts.”

Details within participants’ supervision stories highlight the importance of their differing gender identities, developmental trajectories, the systems of trauma they face, and how a trans identity impacts how they engaged with clients and with supervisors. They thought about the safety and meaning of self-disclosure both to themselves and to the therapeutic relationship. These clinical relationships also prompted reflections on clients’ biases and projections and how the clinician’s own identities could be used to further therapeutic work. This highlights the material that goes unprocessed when participants are not supported in addressing issues of identity in the supervision space. This section has underlined how gender identity and life experience intersect with participants’ training and clinical work. The next two sections discuss participant experiences of affirmation and cisgenderism in supervision spaces. Here, the heart of the relational dynamic in supervision is explored as well as the systemic contexts.

**Affirmation in Supervision**
In asking for participant perspectives as supervisees on their experiences in supervision, I found a theme emerge around their experiences of support and affirmation. While many of the participant stories focused on cisgenderist experiences covered in the following portion of this chapter, this section begins the exploration of supportive supervision experiences both in the supervisory relationship and in contexts where participants received supervision. I include these stories as a disruption to normative trends in trans research that focuses on discrimination and to highlight the complexity of cisgenderism within supportive relationships. Lastly, this section summarizes the impact affirming supervision had on participants.

**Affirmation in the Supervisory Relationship**

While dominant narratives of trans experiences focus on discrimination and oppression, this section explores how affirmation in supervision was described by participants and the effect it had on them. There were several ways participants felt that their identities were affirmed by their supervisors. Affirming supervision included supervisors who were attuned to the relationship, honored their identities, and integrated an understanding of power and oppression in supervision discussions.

**Relationality**

Six participants described experiences in which supervisors’ relational skill contributed to their feeling affirmed, although it was not directly identified as related to their trans identities. Sara described a “supportive” supervisor who offered her “encouragement.” Sam described a supportive supervisor as “humble” when attending to difference. James talked about a supervisor who validated him while helping him “slow down” in order to process and reflect in supervision. One of Skye’s first supportive
supervisors began developing a relationship in their first meeting by asking about previous supervision experiences. They spoke of emotional validation and referred to this supervisor as having “appropriate boundaries . . . didn't spill their stuff over onto me. Didn't pry about me either.” Henry described a supervisor who displayed “openness,” “acceptance,” and “interest,” someone who was “genuine and like they cared about me and my experience and how they could be supporting me and helping me grow.” Morgan’s supervisor provided security:

I just felt like I could be myself: . . . The things that I had wanted from supervision was, like, someone who had a secure, like, secure attachment and stable ego to be able to, like, understand that they're going to make mistakes and not get so defensive about it, just understand, like, accepting that that's human nature . . . her taking that kind of stance allowed me to take that stance with some of my patients.

Participants described affirmation as a relational issue that moved beyond acceptance to how supervisors approached them with care, intention, and addressed their own missteps. In this way participants noted aspects of affirmation that were not trans-specific, but part of developing a secure relationship. However, participants also addressed affirming experiences specific to their trans identities.

**Honored Identity**

Six participants described the ways supervisors affirmed them through naming and discussing identity in supervision. One of Skye’s supervisors initiated a discussion about their respective identities from the beginning: “She was just, like, a nice cis het lady, but she, like, in our first very first meeting, she, like, brought up, like, ‘oh, you
know, like, I'm cis and you're trans, and . . . just put that out there.”’” Outside of the therapy room in an organization that used formalities in addressing clinicians, Skye felt supported by a supervisor who referred to them as “Mx.” in an official note. “I was like, ‘Oh, it’s me! So, touched.’ Like, ‘yay!’” Sara described a supervisor’s support “before and after transition” and in processing questions about how clients related to her around her transition and gender. Others described supervisors who demonstrated the capacity to hold nuance and difficulty as it came up around identity. James said:

I started having more supervision where it's more exploration . . . like, “Let's talk about your identity. Let's talk about your history. Let's talk about what things are coming up for you with your transness or with your queerness or with your intersecting identities and how that impacts these—your work with these clients.” He described another white cis queer woman supervisor who also held space for these conversations and described her as having “a lot of knowledge about like, queerness and transness.”

Henry talked about affirming supervision that allowed them to process personal issues of identity such as life situations that were “really hurtful” as well as “what was happening for me in therapy or in other places where I was getting mispronounced or misgendered . . . and how hard that made it.” Sam had a white, straight cisgender male supervisor who, through respecting difference, supported Sam’s ability to use supervision to explore issues of therapeutic use of self relative to gender identity and recognized that their “tools for navigating this might be different.” Morgan described affirmation from a queer supervisor who explicitly utilized her own identity in supervision. Affirming discussions in supervision supported the idea that their identity was an asset: “I felt much
more like my identity was something that I also offered as a strength to people rather than
that I had to separate it out.” Joseph, however, experienced the fact that his identity was
not discussed but also “wasn’t a problem” as a supportive experience. The experience of
affirmation depended on participants’ preferences and needs in supervision.

While sharing their affirming supervision experiences, participants described both
supportive relationships and the space to directly process issues related to identity. Their
supervisors had nuanced understanding and used their own identities to support
supervisee work. The next section describes the ways participants felt affirmed through
their supervisors’ ability to integrate issues of power and oppression.

Integrated Power Analysis

Three of the participants described supervisors’ understanding of injustice as an
affirming experience in supervision. Sara described a supervisor who, knowing the
danger faced by trans women, wanted to “make sure I would feel comfortable with
different patients.” Skye described two supervisors as “really good” because they had
“the same politics” as a way of alluding to their understanding of oppression. They were
able to process injustices in their own training program with a supervisor who
understood. Morgan echoed a similar sentiment about a cis queer supervisor who was
able to “move alongside me in seeing the frustration, the limitations, and what's
frustrating about that, about the world that we're in, and, like, the systemic kind of
oppressions that people of all sorts of identities have to deal with.” In addition to
processing aspects of marginalization in supervision, Henry and James both described
supervisory support in processing their privilege due to their supervisors’ integrated
knowledge of power. Henry processed about privileges related to being white as well as
working in private practice, saying “I get to decide what it looks like, who's here, what
the bathroom situation is, all of that kind of stuff and how much that's not true for so
many people.” James was able to process in supervision his privilege as a therapist,
supervisor, and as someone with social justice literacy. Four participants discussed
supervisors who advocated for them outside of supervision with regard to their work and
career advancement. For example, after a negative experience, Henry said of a
 supervisor, “She pulled whatever strings she needed to pull. She talked to whoever was in
power . . . so that I was feeling happy, content, good, you know, like treated well.”

Affirming supervision for these participants consisted of having an attuned,
relational supervisor who honored their identities and utilized an understanding of power
and oppression. In addition to supervisors themselves providing supervisees with
supportive experiences, participants also described their training and work sites where
they received supervision and created context for the supervisory relationship. The next
section zooms out to examine supervision contexts.

**Affirmation in the Supervisory Context**

Participants talked about structural support in their institutions as well as the
informal support of their coworkers. Six of the eight participants identified systemic
policies and practices that supported them in their training and clinical work as
supervisees. Henry said, “I had really good supervision. I also was in really queer-
oriented spaces.” These spaces had explicitly stated missions to be LGBT-inclusive and
affirming. Joseph specifically sought out a LGBT center to complete his program
requirements in a more affirming space, and they were “thrilled that they had somebody
who was trans.” Skye discussed a practicum site that had hired an LGBTQ training
organization to consult and support them in making structural and practices changes and that the site had employed these changes. This allowed them to feel safe and supported: “I was like, good. That's just what I need right now.”

Several of the participants talked about the mitigating effects of receiving support from coworkers. Sara was able to take risks as a new clinician when the site was supportive: “I think the first year it was really having that crucial team support, really having at least the consistent check-in from my supervisor. ‘Are you feeling safe?’” Sam also described the importance of having support from immediate coworkers even while the larger system was not trans-affirming. James described his colleagues as “amazing” and said he felt comfortable seeking consultation from them when he needed it: “I feel I am not on my own . . . it's a sense of community where we're looking out for each other.” Indeed, some participants were placed in or chose queer-oriented spaces while other participants were able to find local support in spite of cisgenderism within their institutions. When participants described affirming supervision and support from their systemic contexts, they also indicated how this kind of support impacted them personally and in their growth as clinicians.

Impact of Affirming Experiences

All participants discussed having had experience of support in clinical supervision, while many expressed how affirming experiences in supervision affected them. Henry described affirming supervision as “the difference between being . . . tolerated or accepted versus embraced.” The result of affirming supervision was a felt sense of safety, healing, and growth for participants. Each of the participants alluded to their sense of safety with or trust in a supervisor who was affirming. Skye described
openness in supervision because “it's safe to be.” Henry said, “I didn't have to worry or guess about if she was gonna have parts that were not going to approve of me as it related to gender and sexuality.” Morgan said affirming supervision had an “I’m with you kind of feeling” and they could bring their “full self.” Sam expressed that “I just, it felt really, I felt like I could like bring all parts of my identity into that space and into supervision.”

As a transgender woman, Sara’s sense of safety with her supervisor was enhanced by her supervisor’s “making sure that I felt safe enough to be able to enter the room.” This felt sense of safety and being able to fully show up allowed supervision to become healing and growth-oriented.

Six participants described affirming supervision as integral to their healing from negative experiences. Olive and Henry both talked about supervisors who provided support around healing from family trauma and transantagonism, which allowed further exploration of gender identity and development. Sara’s supervisor played a critical role in supporting her development of voice as a therapist as she transitioned.

There was a lot of dysphoria I had around my voice starting out. . . . Her encouragement to keep me talking with a patient was really helpful because it created the safe environment where I could really, not only find my own therapeutic style, but also my own sense of self, too. So that safety was really crucial.

Participants also identified how supervision helped heal and reestablish confidence after bad experiences. Skye stated, “I would say second year was, like, recuperation,” and “an emotional place had been freed up again.” James went further to say, “This supervision experience has been, like, way more transformative and made me trust the process a
whole lot more.” He described feeling “seen and understood on such a deep level.” Morgan described a positive supervisory experience that allowed them to conceptualize how they belong and grapple with oppressive messages within the field.

Having her as a supervisor and especially, like, someone within the psychoanalytic community who also saw the—saw and experienced the oppression within that field and could talk about it, and how damaging it can be was really helpful. It's like, “Oh.” It doesn't mean that there's not a place for me in this field.

Not only could affirming supervision be a space for healing from negative messages and past experiences, it also provided opportunity for personal and professional growth. Positive supervisory relationships were described as growth-oriented by three participants. Sam felt supported enough to wrestle with clinical issues in group supervision: “It affirmed for me that I could have space to process and talk and learn from different people. . . . My supervisor at [organization] had already started doing some of his own self-work. . . . I felt comfortable pushing back.” Olive said “the supervisor I've learned the most from” was also one with whom she had a close relationship. Challenging him to further exploration, James said, “I grew the most as a clinician when I was able to have those conversations with a supervisor and not just with my peers.” Not only did he grow as a therapist, but he was prompted to think “what kind of supervisor do I want to be?”

Affirming supervision was described as relational with attention to both identity and issues of power and oppression. Supervisory contexts also provided support to participants by offering protection, belonging, and affirmation. Participants felt safer as a
result of affirmation and found opportunities for healing and further growth and learning. These positive experiences were juxtaposed to participant stories of cisgenderism within their supervisory relationships. The next section describes these negative experiences and their impact on participants.

**Cisgenderism in Supervision**

This chapter has addressed systems of trauma faced by participants in their daily lives and work as therapists. Indeed, cisgenderist oppression from dominant culture is also heard in participant accounts of supervision. Cisgenderism describes both ideology and praxis at individual and institutional levels that positions transgender people as inferior (Ansara, 2010). All the participants talked about experiences of cisgenderism in telling their supervision stories, and in this section, I outline these experiences both within the supervisory relationship and within the institutions contextualizing their supervision spaces. Finally, this section concludes with an exploration of the impact of cisgenderism on the participants and their work.

**Cisgenderism in the Supervisory Relationship**

Three of the participants mentioned negative supervisory experiences that had to do with factors not specific to their transgender identities. For example, Skye described a poor experience of supervision when a supervisor did not possess “meta competencies” and stated, “she had no clue about trans stuff, but also, like, poor boundaries.” However, the majority of participant stories of poor supervision or negative experiences centralized cisgenderism, and each participant had them. Cisgenderism within the supervisory relationship consisted of the ambiguity of support, supervisor’s lack of knowledge and self-work, cisgenderist biases and focus of supervision, transantagonistic frameworks,
and a lack of acknowledgment of issues of power and oppression. Cisgenderism was not always clear or direct and, at times, was intertwined with experiences of support. The first subtheme illustrates the complexity of relational dynamics that included both supportive aspects and cisgenderism.

**Ambiguous Support**

In their interviews five of the participants described experiences of support even while they also felt unsupported. These instances were not clearly defined by participants as unsupportive and often included participant explanations for why the ambiguity had occurred. For example, Olive described as supportive a supervisor who also consistently misgendered her. Sara explained, “There was never a time where I felt overtly discriminated against or like I was with someone who didn't respect me,” but she also later described experiences of not being able to explore aspects of gender. Sara’s supervisor subsequently showed support by advocating for her outside supervision, but just not in processing identity within supervision. Joseph described affirmation with passive descriptions like, “She didn't have trouble with me being trans” or described a supervisor as someone who “could care less” about him being trans. Joseph may have experienced this as affirmation, as being transgender is a less salient part of his identity. Henry, who did not yet identify as transgender during their supervision in training, said, “I think [I] pretty much always felt like I could go to my supervisors with whatever was happening.” When making sense of why gender identity was not discussed in supervision, they said, “I had a ton of other things happen in my personal life that I'm sure impacted to what extent I could be thinking more about gender.” Henry also attributed this to a rigid psychoanalytic sense of boundaries and to the lack of saliency to
the intense trauma work they were doing at a specific clinic where they worked. These descriptions of ambiguous support depict how positive and negative experiences can co-occur. The following subcategories capture cisgenderist experiences that participants described more directly and categorically, beginning with supervisor’s lack of knowledge and self-work.

**Lack of Self-Education and Self-Work**

While I interpret all eight of the participant accounts to include supervisory lack of knowledge as indicated by the deficient attention to the nuances of gender identity in supervision, four participants in particular talked about specific experiences in which their supervisors did not have adequate knowledge of gender and sexuality to help them navigate issues in therapy. James said, “She didn't really have a full understanding of the complexities of how my identity could be navigated in different contexts.” Sam noted similar knowledge disparities between himself and his supervisor while providing transgender care: “That's not the expertise or experience of the supervisor who is providing supervision, which has been an interesting thing for me to navigate.” Olive described her supervisors’ inability to “hold” pieces of her identity, and, referencing something beyond the supervisor’s basic knowledge of gender, she said, “I wish supervisors had the capacity to just to, like, actually imagine what it's like to be in my shoes.” Sara noted one of her supervisors’ lack of understanding of diverse gender experiences: “When it came to anything outside the binary, she just was not that skilled to be able to even talk about it. . . . [she was] a little more dismissive.”

Four participants referred to their supervisors’ failure to critically understand their own identities, feelings, and biases. These participants seemed to understand this as their
supervisors’ lack of self-work relative to issues of gender. Sam linked self-work to relational trust, saying, “That would have actually made me feel like I can trust working with her even if she didn't have those identities herself . . . just to have done the work to unpack it.” Morgan described their supervisors’ lack of self-work as having “never really questioned” their own gender, “or maybe just never really entertained questions that were there.” Morgan also talked about a supervisor who did not demonstrate adequate self-work to earn their trust:

I had a supervisor with whom I remember talking about my desire to try and understand how my gender identity and my questions about that impacted my work. . . . I remember him reassuring me in a way that he was really open to that . . . like, “Oh, I have a kid who goes to this school where, the whole school is really open and affirming.” . . . I was like, eh, still a little too far, like, of an observer kind of stance on this sort of role.

At one point, Joseph wanted to get support from his supervisor regarding a client’s sexual dysfunction, and he described the supervisor’s lack of self-work in his reaction:

I'm trying to talk to my supervisor about this, and he is so uncomfortable that he's climbing out of his skin. . . . I really kind of came much more face to face with his difficulty coping with me, because I don't look, you know, with quotes around it, I don't look “trans.”

Participants described how their supervisors’ lack of knowledge and self-work kept them from getting clinical support they needed. The lack of self-education and internal work on the part of supervisors related to cisgenderist assumptions in supervision as well as to how supervisors guided the focus of self of the therapist work. The
remaining subsections describe cisgenderism in supervision stemming from this supervisor lack of knowledge and self-work, creating the conditions for further biases and misdirected focus of supervision. The next section explores directly supervisor biases and choices about directing supervision topics.

_Cisgenderist Biases and Focus_

Participants described cisgenderism in supervision through experiences of their supervisors’ cisgenderist biases as well how supervisors handled raising issues of identity in supervision. Supervisors were described as under- or overfocusing on issues of identity in supervision. Six participants had supervision experiences in which their trans identities were not brought up or addressed, which was perceived by supervisees as problematic. These omissions led to them feeling a lack of support and affirmation. One of James’s first supervisors never broached the subject of identity, “not once.” Olive said:

Most supervisors I’ve had will step back from the identity conversations. I think because they get anxious or something. Like they won’t—even if I’m like, “OK, part of why I’m here in supervision is identity.” They typically won't bring it up.

For many participants there were specific aspects of identity that they wanted to process but felt they did not have the space for nuanced exploration supervision. For example, Sara explained, “I think it was it was more helpful when I spoke about myself as female. But then when I spoke about my trans identity, it just—There wasn't really much room to actually speak about my reactions.” She described another supervisor with whom she felt even more hesitant to bring up issues of identity, saying, “There was really no mention of trans identity, a lot of kind of avoidance. . . . I was very fearful of coming out to her.” Morgan gave another example of not having space to process nuances of trans
and nonbinary in particular: “Especially being someone who in my presentation can't be easily labeled, different patients or clients had different reads on me, and I wanted to be able to work with that to understand.” Olive said of a supervisor, “I don't think we ever had a conversation of, like, “What is it like for you as a somewhat visibly trans woman?” For Olive the implications that the supervisor did not attend to her safety as a trans woman were serious. Similarly, James, who didn’t know how to navigate coming out to colleagues, felt on his own “without a lot of guidance.” He said, “I wanted more of a conversation. I wanted more processing of, like, the pros and cons, what it could be, will I be protected by you, like, my supervisor, if some shit went down?” Further revealing supervisor biases and lack of self-work, James shared being told by a white supervisor that he was being “overly sensitive” when processing a microaggression experienced by his client of color. As a person of color himself, James expressed, “That really triggered me.”

While many participants talked about avoidance and dismissiveness of their identities in supervision, three of the participants described the experience of a supervisor’s placing too much emphasis on their gender identity. Sara described, “maybe overtalking about it sometimes, but still giving space to process at other times.” Skye talked about a supervisor overresponding about a microaggression: “She had been, like, up half the, like, the whole night just thinking about this and worrying. . . . So, then I was walking into, like, a super awkward diversity training.” They also said one of their supervisors asked an invasive personal question: “I didn't know what was appropriate or what was advisable.” Morgan described a similar experience saying, “There were sessions of supervision where he asked me point blank, like, ‘Are you trans? Are you
transitioning? ’ or, like, ‘Where are you in your transition?’ and I was, like, ‘this is—no.’”

Morgan felt growing awareness that another supervisor was using them to “strengthen their own self sense of competence around these kinds of issues or demonstrate competence and feel good about themselves in that way, trying to assure me, but actually what they’re doing is assuring themselves.”

In addition to the under- or overemphasis on exploring issues of identity, participants talked about supervisors’ biases around their own and their clients’ trans identities. Olive picked up on nonverbal cues demonstrating supervisors’ biases and discussed her “profound experience” of the biases inherent in supervision specifically regarding dynamics and boundaries in therapy that were gendered: “There's a really different way in which we supervise male supervisees than we do female supervisees.” Additionally, Olive discussed a supervisor who was supportive but, in an effort to be affirming, talked about a “post-gender society,” leaving her feeling not affirmed in her identity; as she put it, “I fought very hard for my womanhood.”

Misgendering was another way supervisors revealed their biases. Five of the participants explicitly discussed experiences of being misgendered by their supervisors. Skye said of their supervisor in their first-year placement, “I was constantly, like, definitely correcting her on misgendering me.” Morgan described the courage it took to come out and having accurately predicted that their nonbinary pronouns would not be used. One of Morgan’s supervisors who wrote Morgan’s evaluations used he/him pronouns “never having asked me about my pronouns.” One of Olive’s supervisors “couldn't use the name and pronouns which was so—always so confusing for me, and it was very confusing for my classmates as well who were like, 'We're all on board. I don't
know why she isn’t.’” Describing her own experience of being misgendered in supervision, Sara stated, “There were moments of—occasional moments of gendering me incorrectly and then really apologizing profusely after the fact.”

Participants also raised other various cisgenderist assumptions held by supervisors about what it means to be trans. For example, Sara had a supervisor who held the assumption that Sara had a “male self” before her transition. Skye reported that when they met one of their supervisors, the supervisor “said she had never met a trans person before,” indicating to Skye that she thought all trans people were out or could be read as trans in some way. This supervisor also suggested that Skye was imposing gender identity exploration on a client due to their trans identity, causing Skye to feel shut down and unable to bring issues of gender to supervision.

This subsection has explored how supervisor biases show up in supervisors’ implicit beliefs about gender and how they steer supervision dialogue and content. Stemming from lack of self-work and knowledge, uninterrogated supervisor biases led to participant experiences of cisgenderism in their supervision relationship. Beyond biases and assumptions, some participants described more menacing thoughts and behaviors of supervisors. The next section surveys transantagonistic experiences participants shared in their interviews.

**Transantagonistic Frameworks**

Some supervisees described experiences of their supervisors’ assumptions about transgender identity being pathological or bad. This section outlines ways transantagonism was expressed by supervisors including bullying, pathologizing, and blaming. For example, Joseph described an experience of a transantagonistic supervisor:
He was particularly really nasty to me in all the meetings, and he was in most of my meetings as one of the supervising staff, senior clinician, and was just nasty. Would be very disparaging about anything I said. Would kind of attack things. And I could see that this wasn't happening to the other people in the room.

Four participants identified experiences in supervision when trans identities were seen as pathological by a supervisor. For example, Morgan expressed their disappointment with a therapist who was a “gay Jewish man” after having “had a lot of hopes for him to be really open and affirming.” Morgan ended up feeling unsafe, stating, “His background was more classical and very pathologizing.” Sara noted an experience of her supervisor’s “questioning a gender identity at least from a psychoanalytic perspective, whether something was wrong—it felt wrong to question one's gender identity. . . . I became pretty defensive around that.” While Joseph’s experiences of cisgenderism in supervision focused mostly on systemic issues, he said trans identity was not discussed in supervision, “other than them demanding that I find the needle in the haystack to convince them that I wasn’t going to harm any clients.” He described his supervisor as well as his training program questioning whether he was “mentally ill” or unsafe to see clients. This pathologizing view affected how Joseph was treated in group therapy as well: “I sat in the group therapy supervision every week with everybody who’s running groups, but they just never seemed to assign me to a group. . . . I got no experience at all.”

Three participants discussed a concept of being seen as problematic within a supervision dyad when expressing a desire for change. Joseph referred to the power dynamic that allows for this kind of blame in supervision: “If you've got a really nasty
supervisor, what I learned was that if you object, you're the one that gets blamed as being the problem.” Ironically, after being pathologized and blamed, Joseph was seen as “unsafe” as a trans clinician and having “high anxiety” when he tried to advocate for getting equal education in his training. Skye reported feeling betrayed by their supervisor who did not stick up for them when they advocated for themselves to members of the field training office: “My supervisor herself didn't say anything super terrible. She didn't use my correct pronouns at hardly any point but, but she also didn’t—it feels like went along with this narrative of, like, ‘Skye’s very distressed.’”

These pathologizing frameworks were burdensome. Sam alluded to the stress of potentially being scapegoated as a trans person: “I was trying really hard not to be threatening, 'cause I worry about coming across that way.” This burden of proving oneself resulted from transantagonistic frameworks that targeted trans clinicians and included unexamined biases and dynamics of power. The next section explores how participants understood that a lack of acknowledgment of issues of power and oppression underscored cisgenderist experiences within the supervisory relationship.

*Neglected Issues of Power and Oppression*

Three participants viewed not intentionally integrating issues of power and oppression in supervision as problematic. One of James’s early supervisors asked what social justice had to do with their profession. James said to me while telling the story, “He's a psychologist. With a license. With a position of power,” emphasizing the risks for harm inherent in his biases. For Sam issues of power and oppression are central to his work, but he said, “I have not gotten a lot of supervision around, like, talking about self
or talking about power, but it's been so important for me.” Sara described having a supportive supervisor who also did not assess or balance power in their relationship:

There was a greater power dynamic that I felt, and so, there wasn't really a chance to be able to speak up about, “Eh—this doesn't feel like the right question,” or, “It doesn't feel like something that seems helpful to me,” or, “This might even be triggering for myself and just not really appropriate or not conducive to a learning environment.”

Three participants described experiences in which a supervisor displayed poor allyship in specific situations through either not advocating for them, not making adequate time, or being inconsistently affirming outside of supervision. For example, Olive expressed her hurt by a supervisor not committing to talking through her trans identity and continuing to cancel their scheduled meetings. Henry expressed the disappointment they felt after having negotiated an affirming space with a supervisor by educating her but then hearing her use cisgenderist language in other spaces.

Like, “You care about me; you know this is important. Why are you doing this in your trainings? How then am I effecting change if I can't rely on you as an ally to do this in this other way where you have all this power?”

This section has identified findings around the cisgender experiences of supervisees in the supervisory relationship. Supervisees experienced incidents of supervisors’ lack of self-education and self-work, cisgenderist biases, and transantagonism in supervision relationships. Before looking at the impact of cisgenderism, the next section discusses findings of cisgenderist experiences at the
institutional level that contextualize clinical supervision whether in training programs, practicums, or workplaces.

**Cisgenderism in the Supervisory Context**

All eight participants identified cisgenderism within their training or work sites. Describing the encompassing cisgenderism at the systemic level, Henry said, “Culturally there wasn't an openness or acceptance of queer people, never mind trans people.” These systemic experiences of cisgenderism contextualized participant experiences at the relational and individual levels, manifesting the same kinds of biases and assumptions. This institutional cisgenderism fell into subcategories of cisgenderist practices, mishandling issues of gender, cisgenderist policies, transantagonistic systems, and lack of trans-affirming clinical support. Cisgenderist assumptions undergirded policy and practice inherent in training programs and work sites even as these contexts provided experiences of support.

**Affirming Mission, Cisgenderist Practices**

Similar to ambiguous support from a supervisor, participants would at times describe simultaneous feelings of affirmation while also feeling erased or stigmatized within the spaces where they trained and worked. For example, while Henry expressed feeling supported in LGBT-focused work environments, they also had no awareness of the space being particularly trans-affirming: “It was definitely support for at least the sexual orientation pieces.” Henry described another LGBT-focused organization in which affirmation of trans people was unclear: “It still wasn’t, like, a huge piece of what [LGBT center] was doing, at least that I was aware of.” Joseph also described the experience of being valued in an LGBT health facility while dealing with cisgenderism in that space.
Skye described the lack of trans competency in their training program and not having a clear sense of whether the program had a mission to be trans-affirming, despite social work’s gender inclusion ethic. They requested that their assigned supervisor be able to talk about transference and countertransference related to gender. Describing the reaction from the field training office, Skye expressed, “It was like that ask was unreasonable.”

Five participants addressed the institutional double-binds of tokenization. This tokenization took the form of being seen only as trans. Joseph described feeling tokenized doing trainings: “They don't want to learn; they want this voyeuristic experience.” Another form of tokenization that participants addressed is being burdened as experts to educate their contexts on trans issues despite their novice roles. Henry said of one site they worked at, “I was the only person in behavioral health in the entire organization that was as competent to see trans people.” Sara said, “People saw me as the expert. Like, no one else did trans stuff, too. So, people would ask me the questions. So, there wasn't really even much room to process with other people, because I was providing them the answers.” Joseph specified that a work site relied on him to be the expert rather than taking ownership: “And they still used that excuse of ‘Well, you'll get this.’” Sam described both being new to the field while being viewed as an expert: “being asked to do trainings for people,” but still learning “how to trust myself as a provider.” While participants navigated the double-binds of being supported and tokenized, they also described experiences of binary and gendered constructs within policy and practices of their learning and clinical work.

*Gendered/Binary Training and Policy*
Participants reported the gendered and binary assumptions within their schools, institutions, and agencies that they experienced as supervisees. Olive identified the problematic nature of assumptions her graduate program made: “I was taught how to be a clinician as a man, and then I immediately was a female clinician.” Her program held gendered assumptions when training her with regard to therapeutic boundaries, touch, and dealing with harassment in a clinical setting. These assumptions of gender as binary erased nonbinary identities as discussed by two of the participants. Henry talked about being trained as butch lesbian in a feminist program: “In that space there were parts of me that felt like to be a good feminist I had to own the word lesbian, but I didn't like—I never liked the word lesbian.” Morgan acknowledged that erasure as a nonbinary person meant not having the space in supervision to learn and process how clients experienced them in therapy.

Several participants described gendered policies that affected their clients and subsequently influenced their own experiences. Henry had a director of a clinical program whose decisions about randomly assigning clients to physicians proved a lack awareness of “a different need or health disparities for LGBT people.” Henry reacted, “Oh, my God! You have no idea how, like, how like problematic that is!” Skye and Sara discussed structural issues such as the lack of acknowledgment of trans identities or having binary gender markers in medical record systems. Skye reported about a work site that required the use of “Mr.” or “Ms.” prefixes in clinical write-ups. Sara recognized how binary policies about patient room placement erased nonbinary identities. “I really tried to change the rooming policy and was met with a ton of resistance,” she said. Gender-assigned bathrooms were also discussed in half the interviews as structural issues
for the participants or their clients. Sam, Olive, and Skye identified gendered bathrooms within their work and training sites as problematic, while Henry alluded to this by contrasting their privilege to have control of the “bathroom situation” in private practice.

Five participants discussed the idea of biases inherent in ideas of professionalism. For some, like Skye, being seen as unprofessional meant struggling to advocate for themself as a trans person when they did not feel heard in their training program. For others, professionalism was discussed in terms of gender expression and formal and informal dress codes. Henry described a program director’s enforcing a gendered professional dress code: “She essentially approached me and didn’t think that I was dressing appropriately. And the reality is I was dressing the same way, like, the men are dressing.” Sam likewise talked about how supervisors used professionalism to mask cisgenderism:

She said . . . “We have a requirement that all male social workers have to wear ties.” So, I was, like, “OK, what am I going to do with this?” Right? This is, like, my team also, like, three out of the four of us are queer, like, all of our dress is very different, like, um, and it's a very specifically gendered expectation.

Olive described a supervisor’s response after she wore a dress for the first time at her graduate school clinic:

She just literally misinterpreted it, and also didn't approach with curiosity, didn't ask about it, ask me, just said, “Drag is probably not appropriate for the clinic.” Which she is wrong about because if I want to, you know if I’m—even if I was a male-identified person who did drag and whatever, I could have still worn a dress to, to, to the clinic! There is nothing in any law that says I can't do that! But,
again, this is the professionalism, right? Like, “It's not professional for a person who appears male to, like, wear feminine clothing.”

These gendered policies and practices erased supervisees’ trans identities as evidenced in how Morgan described institutional structures inherently not including them as a trans person: “I wasn't always being my most authentic self because I, I didn't want to sacrifice, um, being seen as professional and, like, competent by the supervisors.”

Cisgenderism at the systemic level showed up in policy and practice with regard to biased assumptions, gendered infrastructure, and ideas of professionalism. Participants were also misgendered and outing in their contexts in ways that were harmful.

**Misgendering and Outing**

All of the participants talked about either being misgendered or about being outing without their consent within work or training contexts. While this chapter previously addressed misgendering within the interpersonal space of supervision, half of the participants included how their institutional contexts misgendered or made assumptions about the gender pronouns of clients without asking about gender identities. Skye came out to their program during orientation but was subsequently misgendered. Skye, Morgan, and Henry discussed specifically the difficulty of those in their programs and workplaces acknowledging nonbinary pronouns. Olive’s program assumed that she was male: “There were tons of comments early on, well, really throughout the program of, like, ‘How does it feel to be the only guy in your cohort?’ I don't fucking know because I'm not a guy, right!” Olive described implicit behavior that let her know she was being misgendered, such as “the other male trainees . . . giving me specific masculine attention that didn't feel right.” Sara also alluded to her program’s assuming she identified as male
before she came out, speaking from the program’s perspective: “Oh, we have this minority, a male.”

Morgan addressed difficulty with regard to their name change and structural barriers in their fellowship program saying, “Half of the time my patients were getting reminder calls with my birth name rather than my preferred name because I hadn't changed it on my license yet.” Sam expressed worry about being outed by coworkers he didn’t trust, while Joseph described being outed to the entire program before he began training and subsequent distress after his assigned supervisor sent him an email, stating, “Just want to let you know that I told everybody that you're transgender . . . and it's no problem. And they're really looking forward to meeting you.” These poor negotiations around naming gender and disclosure of gender were common in participant stories. Likewise, every participant described experiences of transantagonism at the institutional level during their time as supervisees.

Transantagonistic Systems

While transantagonistic frameworks within the supervision relationship have been discussed, each participant also discussed institutional transantagonism, which included being pathologized and scapegoated as trans clinicians. Six participants cited pathologizing frameworks within their training or work sites, mostly in reference to medical models or a psychoanalytic lens. Morgan stated plainly: “I was trying to get support as, like, as a trainee, trying to understand how to navigate some of the, like, the homophobia and transphobia that's just—it seems kind of baked into the psychoanalytic community.” Olive described the difficulty of learning clinical boundaries as a therapist in training and navigating assumptions of others: “Oh, you're a trans woman and now you
are extra associated with, like, pedophilia, which is really fucked up.” Joseph’s interview focused almost entirely on systemic issues of cisgenderism beginning with how his program “had to be assured that I was not mentally ill, that I was safe.” During the program, Joseph continued to be managed as if he might be “harmful” to clients and faced consequences of this pathologizing framework, including his advisor’s refusing to speak with him, not getting assigned clients as often as his peers, and missing out on training opportunities. Joseph’s experiences exemplified his being pathologized by the system while at the relational level in supervision, identity was not discussed.

Three participants discussed scapegoating, in which an individual is made to bear the harmful effects of systemic cisgenderism and lack of accountability within a system. I am using this term to refer to the burden of being blamed as an individual when advocating for systemic change. These participants’ programs or work sites viewed them as problems when they attempted to advocate for changes regarding cisgenderist practices. Skye had received verbal support but learned through accidental emails that their program’s field training office considered them “a problem” and were saying “terrible things” about them. They said, “I wasn't given any of that guidance at that point. I thought I was just self-advocating and kind of, like, going to someone who I thought could give me emotional support. Nooo.” Joseph spoke directly in his interview about being scapegoated by his program:

I kept saying, “I need more clients. I'm not getting the clinical hours I need for my practicum.” It kept—which I again found out in retrospect later, it kept getting reported back and interpreted as me being too anxious to see clients. And this was blamed on my being trans.
Sam described efforts to be strategic and advocate for more affirming policy and practice within his work institution but also fears of being scapegoated: “Where, where does it feel like I'm pushing too much or, like, am I going to lose all credibility if I turn into the angry trans person and, like, always talk about trans stuff?” These participants described the pathologizing and blame inherent in transantagonism. While dealing with this oppression, participants talked about having little to no trans-specific support in their training.

**No Trans-affirming Clinical Support**

All of the participants spoke directly of or alluded to a lack of trans-specific clinical support within program and work site experience. Not having accessible clinical support for trans-specific care is a meaningful finding because of the impact this has on trans clinicians and clients. Participants discussed having supervisors who were untrained in trans-affirming care, were not themselves transgender, and did not share their other marginalized identities. After becoming an independent practitioner, Sara wanted to receive supervision while working primarily with the transgender population because she had not had anyone who could support her in her work in trans health. She said, “I asked for a lot of supervision here. There was just no funding for supervision. So, I was just, like, you just kind of go on your own.” Sam similarly described the difficulty of trying to find and advocate strategically for supervision around working in trans mental health care. Olive reported that one of her work sites did not provide any clinical supervision but rather that her supervisor “was much more invested in the administrative side of things.”

None of the participants described a relationship with a supervisor who identified themselves as trans. For trans therapists, not having trans elders meant the absence of
more experienced trans clinicians, supervisors, and professors to look to during their clinical identity development. Morgan expressed the impact of not having trans elders generally in their community: “There aren't many models for how to do this process or, like, where it could lead you to.” Similarly, Henry said, “So as it relates to supervision? . . . I didn't really have any models.” Olive stated, “You know when we talk about, like, supervisors they're sort of, like, the elders of our community, and I use that of course broadly defined. It's not really about age; it's about experience.” She stated, “I have no one, no one who can, who's, like, walked the path before.” Olive described the lack of formal clinical support as well as informal clinical support from colleagues: “There's no go down the hall and talk about what happened.” Olive went on to talk about looking forward and feeling alone: “There are no other trans elders for me to be with. I'd be the one person. . . . So, I think that's a big problem too.”

In addition to not having trans elders in the field, participants expressed that they often were not able to find a supervisor with other marginalized identities that shared some lived experience. Sara said, “There was just no one that was queer” and proposed that “what would be really useful to me right now that I don't have in a queer space is a queer supervisor of some sort.” James said, “I've only had . . . one supervisor of color; everyone else was white. I've only had one queer supervisor. . . . Had a gay man but he was assimilationist and didn't work out.” James stated that he quickly recognized the lack of affirming clinical support when beginning clinical training: “You know what? The system is not going to support me. I'm going to have to do this myself.”

With various social identities and values, each participant navigated specific systems that contextualized their clinical supervision. There was an interplay of the
experiences at individual, interpersonal, and systemic levels. James described this best when he stated, “It's not just the clientele and the work working with clients. It's like, how do I engage in the professional environment as me?” This section of the findings has reported cisgenderism at the interpersonal and systemic levels. The final theme explores the impact of these experiences on supervisees.

**Impact of Cisgenderist Experiences**

Unlike supportive and affirming supervision experiences that led to growth, healing, and transformation, participants talked about how their negative experiences caused them distress, disconnection, distrust, and burnout, while impeding their clinical development. Participants sometimes explicitly stated the impact of cisgenderism in their interviews. At other times it was implicit, like when James said, “I don't really think about all of those times a whole lot, because there wasn't really anyone to talk to about it.” During the course of the interviews, all participants expressed pain and difficulty as supervisees because of cisgenderism.

Several participants discussed how cisgenderism undermined their growth toward professional development goals. For example, Henry explained at one of their work sites where queer identity was supported that they “grew in a lot of ways around like queer stuff but not around gender.” Conversely, their skill in providing transgender care grew while having more explicit space in their supervision to discuss gender identity. James expressed feeling like he was on his own: “I just felt like I was an independent practitioner who really didn't know what he was doing. Because I didn’t. . . . This is supposed to be my, my foundation as a clinician, and I didn't have it.” Cisgenderism created roadblocks for these participants’ development by taking a serious toll on their
emotional well-being. Sam discussed his development as a newer clinician. He wanted to learn “clinical skills and tools” and have a “bedrock” of clinical knowledge. Instead, Sam’s energy went to pushing his institution toward queer and trans-affirming practice. He expressed that “so much of it is just, like, chaos, like, managing.” When I asked Sam about supportive supervision experiences, he described the anxiety he carried because he did not have access to any such experiences:

As far as formal supervision and, like, getting an hour to just be—like, sit with—
What are my thoughts? What am I doing? Like, what can I try differently? Um, I can't think of the last time I've actually been able to, like, do that.

All eight participants talked about distress in the face of cisgenderism. Describing the supervision dynamic, Olive said, “it can be really scary when someone can’t hold your needs like, ‘you're really kind of responsible.’” Morgan talked about not feeling safe and used words such as “whiplash,” “exposed” and feeling “residual shame” after supervision sessions with a cisgenderist supervisor. Skye described their experience of cisgenderism in supervision as a “trauma.” Cisgenderism also created confusion. For example, Morgan described the personal confusion caused by a supervisor’s questions regarding the legitimacy of a transgender client’s identity, saying they “would wrestle with those questions.” Olive described a confusing and painful experience of a trusted supervisor not working through her cisgenderist behavior, “I did end up feeling that as a betrayal. . . . That really kind of broke my heart a little bit, like, you know? She was a really, really important supervisor to me.” Joseph made statements that indicated how cisgenderism caused him to distrust his own experience and needing validation, stating, “There were things that happened in the program that I know I felt uncomfortable with,
but I also had affirmed to me in other ways, so that I wasn't just thinking this is just me being paranoid.”

The distress and confusion led to experiences of disconnection and dissociation. For example, James said, “I felt really cautious and walking on eggshells and very calculated and um, just not as authentic as I wish I could have been.” When Skye looked back on their first year of training, they said, “I don't know how I survived that. I dissociated for the first time because of that placement. It was really weird.” During experiences of cisgenderist questioning in case conceptualizations in supervision, Morgan said that part of them “wasn't really present in the room during those conversations” and, “With some supervisors I had to sort of split myself into like, OK, here's personal Morgan over here and this is, this is the clinical persona . . . perhaps this isn't so productive for my whole self to be here.” Some participants expressed feeling a disconnection from others. James described that due to his experiences of cisgenderism in early training, he thought, “[I] kinda had to do it on my own with or without supervision.” Morgan discussed avoiding identifying with the trans community as a way of protecting themself before they came out. With the risk of violence Olive faced she said, “I just had to swallow it and joke about it and no one in that office had any capacity to have that conversation with me . . . dealing with it on my own . . . trying not to feel that fear.”

Many of the participants explicitly and implicitly expressed the significant drain of energy that experiences of cisgenderism in supervision demanded. Skye said, “It really took a toll on me, like so much of my energy was going into just, like, enduring that experience.” Henry expressed “feeling frustrated and like I'm tired of having to tell them
how to be in ways that feel affirming and open and not hurtful.” Sam indicated that with so many stressors and the systemic changes that were needed, supervision often became less of a priority. Sam wondered about trying to find supportive supervision when he felt he had to stay strong. He wondered, “Is it something I should be putting a lot of my energy into thinking about when it's something that can cause vulnerability?” The distress from oppressive and cisgenderist experiences at times led two participants to feel burnt out. Joseph talked about leaving an agency after helping the institution become more trans-affirming and dealing with “implicit levels of transphobia” for many years. He explained, “I had no more patience for their unwillingness to really, really examine themselves.” Olive very explicitly described her lack of adequate support:

I pretty much burned out over the last six months. And I realized that I had been . . . the target of this type of stress or violence, and in other cases had taken it on willingly, whether it was in-home or outpatient care.

The pervasive detrimental impact of cisgenderism in supervision and in institutions stood in sharp contrast to the safety and growth participants experienced from affirming experiences. While moving through training, participants dealt with the trauma of societal cisgenderism not only in their personal lives, but also in their professional lives, causing distress, disconnection, and exhaustion. However, all the participants found ways to move forward in their careers. The next section reports findings regarding how participants responded to their experiences of cisgenderism.

Resilience and Resistance

Toward the end of each interview, I asked participants how they dealt with their adverse experiences as supervisees. Themes emerged in their direct responses to this
question as well as allusions within their supervision stories about how they navigated cisgenderism. All participants showed remarkable resilience and resistance in responding to and navigating the distress related to cisgenderism in supervision. Regarding the cisgenderism faced in his life and in his career as a therapist, Joseph said, “Those are the things where I have learned over a lot of years . . . to resist.” Participants describe strategies to care for themselves and their relationships and to improve the environments around them. I have organized this section about supervisee resilience into individual, relational, and systemic levels. These levels interplay with one another and address the relational layers involved in supervisee ways of moving forward toward licensure and successful work as therapists.

**Individual**

At the individual level, participants described navigating difficulty in ways that did not necessarily involve their engagement with their supervisors or institutions. Participants responded to cisgenderism at the individual level by utilizing their personal values and resources, practicing self-care, and connecting with others outside of supervision.

**Personal Values and Self-Care**

In sharing their stories, participants indicated that their past experiences, inner resources, and personal values influenced how they engaged with their supervisor, training institutions, and workplace systems. Sara had invaluable skill in crisis situations having been an EMT. Morgan had led support groups at a church, so they used their gifts of holding space, processing interpersonal dynamics and connecting to the body in their therapeutic work. James described being “social justice-driven” connected to his
experiences of racism, heterosexism, and transantagonism while growing up in the South. James said, “Because of my identities, I’ve learned how to be resilient and learn how to do things on my own anyways from a really young age.” With years of experiencing oppression and other life hardships, Joseph expressed his ability to resist the cisgenderism and transantagonism in his training experience: “It gives me tools to tolerate and observe what's happening. It still feels shitty. I'm still upset by it. Not so upset that it derails me from my goal.” Joseph said, “I just kept going.” Each participant displayed incredible commitment to their values and tenacity in the face of oppression. They also described the value of self-care in order to cope.

Connecting to and caring for the self was identified as a way of resisting cisgenderism by several participants. Sara stated, “Self-care is a political act” and discussed her mindfulness practice that helped ground her in her body. Skye discussed their determination in caring for themselves during a traumatic training experience and scheduling gifts and small pleasures on the days they had to meet with their supervisor. Olive expressed her choice to not work in trans care any longer, opting instead to work on her personal life goals, which I interpreted as an act of self-care in response to the toll of cisgenderism on her as a therapist.

**Connecting Outside Supervision**

Each participant emphasized the importance of connecting with others, whether colleagues, friends, significant others, or other mentors. Several discussed connecting with trusted people in their lives. Skye connected with a therapist and said, “My last session with her was like the day I started my first job out of grad school. I was like, ‘I'm good now.’” Morgan stated, “My wife is incredibly important in how I've coped. And
also, I live in community” A few participants identified mentors outside their supervision dyad who provided support missing in supervision.

Almost all of the participants described connecting with queer and trans colleagues both formally and informally as means of peer consultation and support. For example, Morgan discussed the support of a peer in their training program saying, “So just having someone else to like to not be alone in it was really helpful.” James and Sam described the intentional professional community they built with queer and trans colleagues to support each other. Henry attended trans affinity groups at clinical trainings and emphasized the “importance of trans or nonbinary clinicians having access to other trans and not binary folk to talk about all of these pieces.” As a result of their negative experiences in supervision, Skye created a consultation and support group for trans therapists in the area during their training:

It's been really beautiful. It started helping me right away and then it's been such, such a gift, like, ongoing . . . we're just like very validating of each other and it's, like, it's a safe place to vent.

While James explained that these peer consultations were not the same as having a formal supervisor to provide clinical support, for him and many of the participants these spaces sustained them during their training and fostered their clinical growth. In addition to accessing support on their own, participants also described ways they navigated the cisgenderism within their relationships with supervisors.

**Interpersonal**

With strong intrinsic values as well as caring for self and connecting with others, participants found ways to respond to supervisors’ cisgenderism while managing the
complexity of relationship. At the relational level, participants navigated cisgenderism in supervision by both self-protecting and also engaging with their supervisors. This section highlights these responses and recognizes the interplay of both the protection and engagement that often co-occurred in the supervision dyad.

**Self-Protecting**

Within the theme of self-protecting in supervision, participants discussed strategies such as anticipating, testing, deciding what to take in or leave out, and developing “thick skin.” Many of the participants expressed an assumption they would not get the support they needed. James alluded to his assumption that support was neither guaranteed nor expected. He reflected on being part of a trans-affirming research team: “Like, I fucking lucked out!” Henry also discussed having a “low bar” when describing supervision due to their history of rejection and transantagonism. Sam likewise said, “I think I just came in with so much distrust.” Morgan pointedly stated, “I've not always been able to trust authority, I don't have that. So, it’s like, if someone's assuming that I'm going to trust them just based on their authority, I'm like, this is not going to work.” Similarly, Olive said, “I don't have a good relationship with authority generally speaking.”

This mistrust led to testing and attempts to anticipate support or bias. Participants made assumptions correctly and incorrectly about specific supervisors based on their marginalized identities as if to anticipate the level of safety and support they would receive. For example, Morgan described a gay Jewish male supervisor who they anticipated to be more open but found to be “classical and very pathologizing.” Sara said, “But I've never had a queer supervisor,” communicating that she expected a queer person
to be affirming. Participants used strategies to gather evidence for whether or not they would be able to trust the relationship. Morgan described this best when they said, “There's a lot of, like, subtle testing, like, is this a safe space? And how interested is this person? Are they too interested? Are they secure in being able to talk about this or not?” Henry recounted looking for signs they could trust their supervisors: “I’m asking you about your exposure to queer and trans people. You are very open telling me about your son who's gay, and you know... It just felt like, OK, like, you have some, like, some awareness.” James said bluntly, “We can talk about identities, but if you're gonna be a dick about it, like, let's not.” Olive summarized her own attention to supervisors’ “gender stories”: “I can construct it based on their actions, and sometimes they'll explicitly say it, but ninety-five percent of the time they don't.” Olive also used the strategy of being explicit with a supervisor, saying, “I really bluntly said, ‘you know I'm trans and I'm queer, and I want to make sure you're OK with that.’”

When supervisors were determined by participants to be untrustworthy, some supervisees were intentional about how they listened in supervision or purposefully did not talk about aspects of themselves. For example, Skye “sort of learned when to tune in and when to tune out” based on whether the supervisor was talking about helpful clinical information versus their own biases. Olive talked about differentiating “clinical stuff” from the “identity piece” that she did not feel was supported in supervision. Sam talked about his strategy of dealing with his supervisor’s insistence on adhering to the gendered dress code policy by strategically deciding about wearing a tie: “I don't wear one when I'm up here. I just do it down there.”
Participants identified that they responded by not bringing gender related cases to supervision in order to avoid supervisors’ biased reactions and questioning. For example, Morgan listened for supervisor biases in order to determine how to engage with supervisors: “I could kind of tell how open people were to the idea of there not being a gender binary by how they approached interpreting client material. And that would affect how much I trusted them with my own.” Skye said they were not able to talk about aspects of cases involving gender exploration: “I would not even dream of, at that point didn’t even try to bring it to my actual supervisor.” Sam similarly stated, “I didn’t frankly feel safe enough to bring most of those cases to my supervisor.”

Two participants used the phrase “thick skin” to describe how they learned to emotionally self-protect. When sharing about how he got through difficult training experiences, Joseph stated, “I've developed a thicker skin, and I'm very comfortable with who I am.” Olive shared about dealing with the threat of violence and being alone, “I walked the streets of [city] every day as an out trans woman. . . . So there is sort of this like thick skin sort of story I told about it where I kind of just like ignored the danger really because I just had to.” These strategies of self-protection in supervision were employed both separately and as part of a dynamic involving attempts to engage supervisors through relational strategies and to educate them about gender.

**Engaging the Supervisor**

While self-protecting against cisgenderism, participants also engaged their supervisors through relational processes, sometimes inviting deeper conversation, educating them or trying to make sense of their cisgenderist behavior. Joseph expresses this dynamic:
I chose to stay engaged and open and keep inviting them into conversation because for me that is, for me cutting off all communication is violent. And I'm not a violent person, and so I kept inviting and kept inviting, kept inviting. I mean, you've got to know your limits. I wasn't throwing myself out as a doormat. You do have to have limits and boundaries and support.

Often resisting and connecting with supervisors were simultaneous processes. Rather than connecting around trans identity, some participants connected around other aspects of identity or educated their supervisors about trans issues. About the burden of negotiating affirmation and teaching her supervisor, Olive stated, “It's a total role reversal, right?” While having to teach a supervisor was viewed as a role reversal and a type of microaggression, some participants engaged in this behavior as a necessary way of changing the supervisor and the systems in which they worked. For example, Sam strategically brought up specific cases even though it made him feel uncomfortable, “I feel like it's in the purpose of teaching her.” Similarly, Skye said,

I gave my supervisor a little sheet that was like, you know, here's my pronouns here's how to use them in a sentence . . . like a guide, like a cheat sheet . . . But then it just didn't happen.

Not only did participants try to engage their supervisor toward change, they also found ways to make sense of their supervisors’ cisgenderist beliefs or behavior. Sara’s overall feeling of support contributed to her tolerance for non-affirming behavior, stating, “They were also older so they might not have completely understood what everything meant. So, I kind of cut them some slack.” Another example of this is Olive’s supervisor,
who she found to be supportive but who also never used her correct name or gender pronoun. Olive said,

That really perplexed me for a while, and we had a couple conversations about it.

And I guess the complexity comes in where, you know she was so supportive . . .

I don't think there's any transphobia in there. I don't think that that was ever her intention.

Supervisees used their personal values and practices, social support, and relational strategies to navigate cisgenderism. The process of self-protection and engagement with their supervisor was nuanced and layered. These strategies were also co-occurring with the institutional cisgenderism participants faced and their strategies to persist.

**Systemic**

Many institutional contexts also presented mixed messages about support and sometimes blatant cisgenderist policies and practices. Participants portrayed some ways they responded to these experiences within their internships, workplaces and training programs. This section describes their self-advocacy and their advocacy for trans people generally in these contexts.

**Self-Advocacy**

While supervisors are often assigned in graduate school and training sites, a few participants discussed formally complaining or advocating for a change due to their supervisors’ cisgenderist behavior. For example, within a transantagonistic program Joseph negotiated a practicum that was not traditionally approved but was more queer/trans affirming. Skye called their program before orientation to request trans-
affirming placements and supervision. Morgan was initially assigned an invasive and cisgenderist supervisor, prompting them to formally advocate for a change in supervisors. In contrast, Sam was unable to get additional supervision from someone he identified as knowledgeable about queer/trans issues after speaking to his supervisor: “So in the context of that was the first time I shared that I was trans . . . with my supervisor and the initial conversation was, can I meet with this other person?” Henry acknowledged their privilege at this point in their career saying, “I get to choose the folks that I have for supervision and I have a different kind of access.” Participants did not stop with advocating for their own individual well-being; many advocated within their institutions for changes that would benefit trans clients and trans people generally.

**Institutional Advocacy**

Skye expressed confidence in the need for their advocacy: “Obviously this field needed me ASAP, too. Like, shake it up!” Navigating within institutions that are comprised of structural cisgenderism, participants became advocates for change. They made efforts to change the system toward more inclusive and affirming policies and practices. Henry listed specific questions they ask themself: “How do I advocate for me and for other trans and nonbinary people in these spaces? You know, how do I help you be a better therapist to the possible, like, gender diverse person that's going to come into your office?” It was evident throughout Sam’s interview that his responses to situations at work and in supervision were intended to stimulate change. He expressed the conflict as follows: “How do I get what I need and also continue to do the systemic work that needs to get done?” Many participants were under-supported while also feeling the need to take on roles as experts in trans health. Sara spoke to this complexity, “It was weird to be like
giving grand, grand rounds topics while as a student because I was, like, people don't know enough about LGBTQ health . . . I don't think there was enough space to process, and a lot of times there were so many systemic issues, too.”

Participants found that advocacy worked not only to bring systemic change but was also personally valuable. Morgan stated, “Showing up for protests where people are really open about gender and sexuality and trying to reverse the stigma helped me to kind of get back in touch with my sense of ownership over myself.” Sam identified that he does not take positive feedback for granted, “When people keep coming back and are like, ‘This is really grounding, this is really helpful. Like, you did advocate so that I didn't have to,’ like, that gives me hope.” In addition to trying to change the supervisory relationship and their institutions, participants persisted in their own development. This type of resilience and resistance is described in the following section.

**Seeking Clinical Development**

While the desire to grow and develop professionally is not unique to one group of clinicians, all of the participants mentioned directly or alluded obliquely to their efforts to grow as clinicians despite the cisgenderism they faced. Given that supervision is a space to support professional growth, it seemed meaningful to note that each participant expressed a desire and commitment to that process. Many of the participants asked their institutions for supervision or additional learning opportunities. Sam expressed desire to grow clinically despite the obstacles, saying excitedly, “I’m actually really grateful I got the department to pay for me to do an IFS training.” Participants largely expressed the desire to continue to have supervision despite being licensed and no longer having supervision required. After making changes by choosing an affirming internship, James
said, “I still feel I'm growing and I'm learning and developing independent—as an independent practitioner, but it doesn't feel like I'm actually doing it by myself.”

Facing cisgenderism in their personal lives, in supervision, and in their professional lives, participants showed remarkable resilience. They cared for themselves while educating supervisors, taking on roles as advocates, and working to challenge and change practices within their training programs and work sites. They did this largely without or peripheral to formal supervision rather than with support and guidance from supervisors. They wanted to grow and learn and pursued their own clinical development despite the many barriers. As James said, “We never arrive. We're always growing. We're always learning.” In light of values of growth, commitment to advocacy, and because of their lived experiences, the participants offered their own recommendations for supervisors.

**Recommendations for Supervisors**

This chapter makes overt the function of this research as more than a simple study of supervisee experiences. It is also a window into what supervision is and what it has the potential to be. As Sara emphasized, supervision can be an important space for growth and social change:

So just understanding that therapy can be an act of social justice, and your own processing can be act of social justice, too. This is not just something to make someone feel good, but actually can have a profound impact on how we live our lives, too.

In my interviews, the last question posed to participants asked for their recommendations to supervisors. After sharing their own experiences, participants had the opportunity to
underline the insights and wishes they hold for the field. Along with directly stated recommendations, participants tended to weave their suggestions into supervision stories, which are integrated here. This section includes themes organized within levels designated individual, interpersonal, and systemic. Themes explored include acquiring basic knowledge of gender and sexuality, building an awareness of unique issues faced by trans therapists, cultivating critical self-knowledge, building relational capacity, and advocating for systemic changes.

**Individual**

This section describes the recommendations for supervisors at the individual level. Participants were clear that supervisors had work to do on themselves. Among these recommendations were acquiring basic knowledge of gender and sexuality along with knowledge of trans-specific issues they face as people and as professionals. Building upon this knowledge, participants asked for supervisors to engage in their own self-work.

**Self-Education**

Self-education included both general knowledge of gender and sexuality as well as knowledge about trans people. James captured the sentiment of many participants when he said, “Everyone, regardless if they’re a supervisor or not should have a basic knowledge of trans identity and gender, um, and sexuality . . . supervisors need to have a basic knowledge of what is the life experience of their supervisee.” For several participants this knowledge was a primary recommendation and was expressed very directly. For example, Joseph said, “Get some education . . . don't make your supervisee be the one that does it.” He also later vehemently asserted that supervisors should become clinically competent in trans care: “Read the standards of care
for God's sake at the very least.” Sara expressed the need for supervisors to have more than rudimentary knowledge.

It's not just one didactic session or one lecture or, “OK now I know the gender unicorn, now I'm good.” It's really like seeing, hearing, working with the lived experience of the trans people . . . really dedicate some of your time to trans people to work with people you supervise who might be trans too.

Olive expressed, “I hope that supervisors learn more about what it's like for us in these processes, because I don't think there is much out there, other than the horror stories.” Participants all recommended that supervisors obtain basic knowledge and understanding of trans issues and went further to discuss the necessary internal work of supervisors.

**Self-Work**

Many of the participants called for supervisors to move beyond information to do their own self-work. Sara stated, “It's important foundation work, but it's like very, very basic. It's like, you can accomplish that on flashcards over 10 minutes. You need, like, immersive work.” For most participants this recommendation for self-work involved internal processes of reflective questioning around identity. Henry said,

I mean, it's like any privilege, right, like, who haven't really explored what it means. Like, all of the ways you can trip up around assumptions that you would make or things you just don't know because you haven't thought about it. Like, as a cis person, like, trying to think about, like, what does gender mean to them, how did they, how do they understand their gender? How did they get that information? What does that mean as they navigate in the world?
Participants connected this self-work to the quality of the supervisory relationship. Sam said, “That's some of the work that I honestly, like, people can tell if you have asked those questions before. And I think people can tell if you haven't. And that I think for me is a core piece of that trust building.” For James, who is also a supervisor, this self-work is also about accountability: “As supervisors . . . we're in a position of power. We have the privilege. We need to be the one to hold ourselves accountable.” In addition to the individual work that participants called on supervisors to do, participants also advised supervisors about how to engage in relationship with supervisees.

**Interpersonal**

Participants had recommendations for supervisors in the relational dynamic. Integrating knowledge and self-work, supervisees wanted their supervisors to build solid relationships with them. This section explores participant calls to value relationship-building processes by supporting supervisees as trans therapists and holding complexity in processing clinical issues. Themes emerged around participants’ desire for supervisory warmth, guidance, support, and ability to hold the nuances and complexity of identities within the relationship.

**Relational Capacity**

Participants made several suggestions for supervisors to maintain safety and trust in the relationship with their supervisees through increased relational capacity and skills that attend to complex dynamics of the relationship. In response to the question for supervisor recommendations, Skye said, “I think it's 90% being competent as a supervisor in general, being boundaried, being an effective communicator, being humble,
being open, listening, and being able to sit with a supervisee's emotions and honor them.”

Sam spoke of kindness, humility, and creating a space where supervisees can talk about what is uncomfortable. Participants talked about relational skills such as being willing to be wrong, addressing relational missteps, and checking in with supervisees as important behavior on the part of the supervisor. For example, Sam explained, “They might have areas that they're not aware of and just, like, honestly just to . . . name that at least for me . . . that’s, like, a huge trust builder.” Regarding questions about trans-related issues and gaps of knowledge, Joseph said, “Be up-front about it.” Participants also expressed wanting guidance as newer professionals with regard to clinical decisions and navigating professional life. Skye stated, “That's what you do when people are new to the field or new to a professional situation.” James expressed through his own work as a supervisor his desire for supervisors to help supervisees to more fully “utilize supervision.”

Participants asked for basic respect and support around their identities as trans therapists. With deep breaths and some laughter, James said, “Don't misgender them. Don't dead name them. Don't make assumptions and ask about their medical transitioning process or their body parts, like, bare minimum. Let's not do that.” As a matter of respecting supervisee disclosure, Skye expressed, “Supervisors should check in with your trans supervisees,” regarding how the supervisee would like to be gendered outside of the supervision space. Participants also expressed a balance between initiating discussions of identity and listening for what supervisees need to discuss. Skye said, “You bring up those topics, like, yourself; don't wait for your supervisee to do it.” Henry recommended asking the supervisee directly: “What are they wanting or needing in a supervisory relationship and like what feels important.”
While recommending relational attunement, participants also asked for the ability of supervisors to hold nuance and complexity in processing issues in supervision. Nuances included supervisee self-disclosure, countertransference, and the complexity of identity. Olive said, “There’s a delicate balance of, like, when a supervisor should step forward and invoke, like, trans or gender identity.” She emphasized “not assuming that all trans people are a monolith.” Sara added, “Know that identity changes over time. It's not static . . . being able to make space for that, too.” Olive suggested attunement to the complexity of identity, “asking their supervisees, ‘How do you want me, when do you want me to be, you know, having those conversations with you?’ There's, like, real diversity of experiences in the community.” Participants also alluded to supervisors’ use of power to address injustice that integrated their relational skill and understanding nuances of identity. For example, James said that discussing self-care and “political trauma” is important for trans supervisees. He said, “I didn't have a supervisor that had, that had this kind of intersectional knowledge when I was going through the program and so . . . I wish I did.” He went on to talk about the importance of helping supervisees move through a developmental process of understanding intersectional issues. Olive indicated the significance of a person working with trans people “doing things on time; making sure you have the important conversations you need to have. You know, writing people's letter on time, making sure they stay prioritized.” In addition to prioritizing trans supervisees’ needs, participants discussed their recommendations for supervisor advocacy.

Systemic
Participants talked about recommendations for supervisors to integrate their self-work, relational skill, and an understanding of power and injustice, and to be advocates for changes within their institutions and within the mental health field. These recommendations at the systems level build upon recommendations at the individual and relational levels and demonstrate how participants want supervisors to be influenced by their supervisees, supporting them outside of the supervision space.

**Advocacy in Institutions and the Field**

Participants recommended various ways for supervisors to advocate in the larger systemic contexts of supervision. For example, Skye suggested that supervisors advocate for those working with trans supervisees by asking about their needs and then “put[ting] it up the chain.” Referring to many supervisors who are in leadership roles, Henry discussed wanting “trainers and spaces to be doing more around a lot of things as it relates to oppression and privilege and bias.” Sara spoke explicitly about the benefits of advocating for more trans supervisors: “Hire more trans supervisors is number one. . . . Obviously, you can speak about trans issues and not be trans yourself, but it is so wonderful to be able to learn from another trans elder in some way.” Several participants discussed supervisors advocating for systems where there are people to support trans therapists and trans care. Joseph said, “It's intentional, a system that's set up . . . you've got a supervisor who is sort of the expert who they can talk to. So that they can help mediate that role.” Similarly, Sara said, “There should be someone at that institution or system . . . someone should be responsible for making sure that other, the supervisors, supervisory matches are good . . . you're actually able to process the deepest parts of your own self.” About trans supervision spaces, Henry expressed that “it's important to have
spaces like that . . . like a shared language, a shared understanding, a shared knowledge.”

Sara promoted the idea of supervisors supporting supervisees in change work as well:

“There should be a space to speak about how to politically organize too in some way.”

Beyond institutional advocacy, Skye made recommendations for how supervisors advocate within the field:

The field needs to be shaken up. It needs to live up to what is in its code of ethics at this time. People who, you know, got their degrees 30 years ago need to go get some continuing education. We gotta, we got to step it up!

Given their own experiences as supervisees and lived experiences as trans therapists, these participants articulated important recommendations for supervisors. They ask that supervisors acquire basic knowledge of gender, sexuality, and issues relevant specifically to trans therapists and their clients. They call for supervisors to be reflective and relationally skilled and to demonstrate the ability to establish trust and safety as well as process complex issues of identity. They petition supervisors to have nuanced understandings of relational power dynamics and advocate for change in institutions and in the field.

**Member Checking**

Member checking is both a method of data collection that continues the conversation with participants as well as a validity measure, enhancing trustworthiness of research interpretations (Morrow, 2005). Member checking aligns with my relational research design and understanding of knowledge as dialogic (Koelsch, 2013). I sent the participants a three-page summary of findings as presented in this chapter and asked them to respond by email regarding what resonated with their experience, what did not
resonate, and what they felt was missing. I also explained that I had reconceptualized coping with their experiences as resilience and resistance, and I asked for their responses to this change. Four of the eight participants responded to my invitation to provide feedback. All four responded with their general agreement with the findings. I had specifically asked about my use of the terms resilience and resistance versus my use of the term coping in interviews. This change was endorsed by all four respondents. Joseph wrote that resilience and resistance is a “more nuanced and rich sense of the experience and active process” while coping connotes “gritted teeth and holding on for the ride to be over.” Sara wrote, “After reading through, I do think that these categories resonate. Specifically, the category around affirmation and the positive growth that can come from this is huge for me and highlights what supervision can be.” Olive expressed resonance with how I wove together “affirmations, resiliency, and the negative aspects of supervision.” She particularly appreciated the way in which the findings serve to disrupt “the dominant narrative of trans people as victims,” expressing that this “hits a part of my emotional experience that I can't really even put into words.”

There were several additions and critiques. Sara emphasized the importance of specifying the need for transgender people in the field of mental health and noted the “ethical obligation for institutions to hire and promote trans-identified folks into supervisory roles.” Skye wanted to include their evolving understanding post-interview that the problems inherent in supervision are not necessarily specific to trans issues but that “the hierarchy itself is a problem for all workers, no matter their identities.” They pointed out that in agencies, supervision is connected to performance-based evaluations and job promotion. This points to the power dynamics within the supervision relationship.
and within institutions. Joseph wrote that the findings were “good” while providing challenge and reflective questions concerning how I was thinking about identity and its focus in supervision. Having originally pointed out how trans identities may be erased if issues of identity are not foregrounded in supervision, Joseph responded:

I may be reacting to the word foregrounded specifically too, as this feels like the gender identity needs to be the most prominent feature of supervision and I would strongly disagree on that emphasis. One aspect of identity may take precedence or shift in importance within supervision over others at different moments and as related to clinical content while no singular identity by itself is less likely always to be the most prominent.

In response to Joseph’s feedback and as a practice of dialogic knowledge creation, I have reevaluated my original emphasis, reflecting on my biases in representing this concept. I am now more aware of the necessity of the supervisor’s attunement to when trans identity is salient to supervision process and content and when other identities are more relevant. This is synthesized further in the next chapter in a discussion of identity.

**Chapter Summary**

This chapter presented findings in response to the research question investigating the experiences and insights of transgender therapists in supervision. Through eight semi-structured interviews, participants related their supervision narratives that were subsequently transcribed and analyzed using open coding and the steps of the Listening Guide (Gilligan, 2015; Gilligan et al., 2003). The results of my data analysis generated several major categories, including issues of gender and therapeutic identity, affirming experiences, cisgenderist experiences, the resilience of participants, and their
recommendations for supervisors. First, this chapter examined the individual experiences that shaped how the participants showed up in supervision. Each participant entered their training and supervision experiences at a different point in their own gender identity development and each expressed having a different relationship to a transgender identity. Participants talked about the trauma of cisgenderism and the unique experiences of being transgender therapists, which emerged as important issues for supervision processing.

Within supervision dyads and within training and work contexts, participants discussed support they received through the relational capacities of their supervisors, being honored as trans in the relationship, and their supervisors’ analysis of power dynamics. They presented experiences of helpful colleagues and structural policies that provided them with support they needed as trainees. These affirming experiences provided a sense of safety and opportunities for healing and growth.

Given structural cisnormativity in society and within the field of mental health, as explored in the literature review, the majority of participant stories unsurprisingly conveyed their experiences of cisgenderism within supervision. They told stories of ambiguous support conveying mixed messages of affirmation and discrimination. These negative experiences also involved supervisors’ lack of knowledge about trans issues and power dynamics, their unacknowledged biases, and transantagonism. Participants further discussed facing discrimination in their programs, their internships, and work sites with a lack of trans-affirming clinical support. These experiences led to distress, distraction, disconnection, and burnout. However, supervisees utilized intrinsic values, self-care, and supportive connections to be resilient. They self-protected, advocated for themselves, and engaged intentionally in relationships. Their lived experiences in supervision provided
them with wisdom to draw from in making recommendations to supervisors, calling for supervisors to engage in self-work, deeper relational connection, and advocacy.

In the next chapter, I discuss a synthesis of the findings and my interpretations of the themes. Given the application of the voice-centered method (Gilligan, 2015) in this study and its role in understanding participant experiences, the use of voice and the culture of silence became salient concepts in the discussion of findings. I then discuss the complexity within dominant structures regarding constructs such as power, identity and relationship. I explore the multiplicity of meanings and shifts and changes within the constructs, while utilizing the contrapuntal voices of participants heard in their narratives to deepen understanding. I propose the development of critical relational capacity, an integrated concept useful in fostering the type of supervision that is critically reflective and liberative. Finally, I discuss implications of this research within the field of counseling, limitations, and recommendations for further research.
CHAPTER 6: DISCUSSION AND CONCLUSION

This research explores the experiences and insights of transgender therapists as supervisees in clinical supervision through critical narrative inquiry. While literature relevant to this topic is insufficient, there are studies considering the experiences of transgender people in therapy and the experiences of supervisees of color and queer supervisees (Burkard et al. 2009; Chui et al., 2018; Constantine & Sue, 2007; Jernigan et al., 2010; Messinger, 2007; Satterly & Dyson, 2008). There is a significant research gap regarding how transgender clinicians experience supervision. The review of literature reveals ample research pointing to the cisgenderism that contextualizes and is embedded in the field of mental health with regard to theory, practice and research (Alessi, 2013; Ansara & Hegarty, 2012, 2013; Clarke & Braun, 2009; Dewey & Gesbeck, 2017; Singh & Shelton, 2011). The gap regarding research on transgender therapists reflects the cisgenderism and erasure within the field and society at large. In this study I seek to disrupt normative structures of power by centering transgender therapists’ voices as the authority on their experiences with expertise imperative to expanding supervision theory and praxis.

This chapter summarizes the findings and then provides a discussion emerging from a synthesis of these findings. I articulate what I have learned about the centering of voice in this study. Then I discuss the complexities of power, identity, and relationship within a framework of culture and structural violence, integrating examples of contrapuntal voices to further illuminate participant experiences. Finally, within the synthesis of findings, I extrapolate what this data tells us about the qualities needed for critical and liberative supervision practice. This chapter provides implications for
Summary of Findings

This critical qualitative inquiry utilizes a narrative design to explore the experiences of transgender therapists as supervisees as well as their insights into improving supervision theory and practice. Eight trans therapists participated in 60–90-minute semi-structured interviews, which were transcribed and analyzed. I employed the three steps of the Listening Guide to conduct analysis, extract themes and track voices of participants (Gilligan, 2015).

The findings from this research are presented in two chapters; one provides a narrative summary of each participant and the second chapter explores major categories and themes across narratives. The major findings that emerged from the data include gender and therapeutic identity, participant experiences of affirmation in supervision, participant experiences of cisgenderism in supervision, participant resilience and resistance in response to cisgenderism, and participant recommendations for supervisors. The findings chapter begins with participant identities related to trans experience and other intersecting identities that are salient to them. Their stories point to the trauma of structural oppression as well as the unique ways they think about and utilize therapeutic self in their work.

Findings then explore participants’ stories of support and affirmation both in their relationships with their supervisors and within the institutions where they receive supervision, such as their academic programs or workplace organizations. Systemic affirmation was described through stories of supportive coworkers and explicit policies
that affirmed trans identities. When participants talked about their supervisor as relational, respectful of their identities, and possessing an understanding of injustice, they also expressed a felt sense of safety, healing and growth. These stories of positive experience trouble dominant discourse painting transgender people solely as victims of oppression.

While stories of affirmation were salient and important in holding the complexity of participant experience, cisgenderist experiences were a focus within the majority of supervision stories. Expressions of cisgenderism in supervision appeared as supervisors’ ambiguous support, lack of basic knowledge and deficits in their own self-work, cisgenderist bias, misdirected focus, transantagonistic frameworks, and a lack of attention to issues of power and oppression. Pertaining to their immediate institutions, participants characterized cisgenderism as binary policies and practices, mishandling of gender-related issues, transantagonism within the system, and inadequate trans-affirming clinical support. In the face of cisgenderism, participants experienced distress, disconnection, distrust, burnout, and the undermining of their clinical development. Despite the cisgenderism participants faced as supervisees, they each exhibited considerable resilience in navigating difficult circumstances and resisting cisgenderism. Participants were governed by their personal values, self-care practices, and connections with supportive people in their lives, including peers within the trans community. Within supervision, they displayed an ability to either self-protect or participate purposefully in supervision through relational engagement or by educating their supervisors. Participants also advocated for themselves and for trans people within their organizations and institutions to improve conditions for trans clients and employees. Drawing from their
own insights from lived experience and their expertise as clinicians, participants gave recommendations to supervisors, which I have presented in systemic layers at the individual, relational, and institutional levels. In brief, participants urged supervisors to grow in their ability to critically reflect and engage in action-oriented change within themselves, their supervisory work, and their professional contexts, toward transgender affirmation and liberation.

While demonstrating how these supervisees navigated through a complex interplay of resilience and resistance, the findings point to the complexity inherent in identity and relationships that facilitate both support and expressions of structural cisgenderism. My interpretations of these findings are shaped by critical feminism, Black feminist thought, queer theory, and liberation psychology. These epistemologies have guided me in a critical analysis of power and in the centering of the lived experience and expertise of transgender therapists in clinical supervision. The following section discusses the multiplicity of participant voices as they shift and change throughout supervision narratives.

**Voice**

The voices of these transgender therapists are a chorus, a multiplicity of viewpoints and perceptions that move and change in harmony and dissonance with one another. I join with this choir as a researcher engaging with participants in the discovery of what their supervision experiences offer us. Having heard their multivocality, it has been imperative in this research that I make intentional movement away from essentializing my participants as having one voice or one transgender identity or that this research produces one kind of binary interpretation of supervision experience. As
Richards et al. (2014) stated, “When researchers present only one unified understanding of a group, community or identity (even if it is a celebratory one), they constrain and limit those within it” (p. 251). Centering and listening to the voices of participants in this study demands attention to the complexity of experience and reveals “multiple facets of the story being told” (Gilligan et al., 2003, p. 165).

The themes of metaphorical and literal voice illustrate shifts and changes during participants’ gender transitions and their development as supervisees. Their voices are used to language parts of self, connect with supervisors, resist cisgenderism, and engage with me as researcher. Rather than a clearly decipherable, singular expression, voicing is a relational process “entangled with (contradictory) ideologies and sociomaterial relations” (Chadwick, 2021, p. 77). Participant voices shift in nature through transition and they share how their voices are experienced by others. Voice signals social positioning and elicits reactions that are at times connecting but at other times leave them feeling isolated. As others in their lives internalized their changing physical voices, participant voices embodied the ways in which they grappled with transantagonism, internalized shame, and indeed their own resilience. These participant voices at particular times were part of their connection to their gender and also became a source of victimization and shame within the context of a cisnormative world. Participant stories demonstrate how voice and the utilization of voice was developed over time and with support, as way of connecting to an authentic self and to connect authentically with others. Through their personal development and often with affirmation and encouragement from supervisors in the use of physical and metaphorical voice, participants embodied confidence, competence, and expressions of boundaries and needs
in supervision. Their voices became expressions of agency in their quest for self-preservation and their resistance to cisnormativity. Tracking these voices across the landscape of supervision stories provides texture and complexity to the themes and understandings that have emerged. The utilization of voice is also important to understand in the context of a culture of silence perpetuated by structural violence.

**Culture of Silence**

Through my work as a therapist, supervisor, and now researcher, voicing and embodied listening become acts of resistance, resisting what Freire (1970b) called the *culture of silence* in which the dominant social structures maintain the silence and oppression of those who are marginalized, and in turn, oppressed communities internalize negative views of themselves and remain silent. Lorde (1984) wrote about how silence harbors an important truth about oneself that needs reclaiming. In a sense, silence within participant stories is itself another voice (Gilligan et al., 2003). Similar to the use of voice, silence functions in various ways throughout participant stories.

The effect of dominant culture on being able to speak and feel freely is revealed in Henry’s telling of a supervision story. In the context of their geographic location and workplace, there were ideas they felt allowed to say and ideas they were not allowed to say, which has direct implications for what they felt and were not able to feel. Henry expresses linguistically both in content as well as style when they stop short of being able to language what they were not feeling, knowing that they were not supposed to speak about this: “just an environment of not feeling—. So then feeling, like, this wasn’t something I could really openly be talking about or discussing.” Literature points to the way in which a lack of trust and safety results in supervisee silence or lack of self-
disclosure (Wilson et al., 2016). In this sense, silence indicates lack of safety and may be used as a strategy for protection. Sometimes this was conscious and intentional and sometimes this happened through participants’ unconscious silences. Participants talked about being silent in supervision about aspects of themselves and about transgender clients when they felt they would not be supported by supervisors or felt that supervisors could not respectfully hold the complexity of their case.

In contrast to the culture of silence constructed within structures of domination, some silences in participant interviews suggested underlying assumptions that seemed too elementary to be stated aloud. Largely and with one exception, participants did not specifically discuss being correctly gendered as an aspect of affirming supervision, although they alluded to it when giving recommendations to supervisors to use correct pronouns. It was as if using correct names and pronouns was so basic to what it means to affirm someone that it was assumed. In contrast, almost all of the participants talked about distress related to being misgendered or their trans identities being misunderstood.

In this discussion of voice, participants communicated both through speech and through silences, as well as through their shifting and embodied expression. As messy as analysis of voice can be, this allows the discussion to highlight “‘hidden’ experiences or stories and challenge[s] mechanistic and singular approaches to truth” (Chadwick, 2021, p. 78). Participant voices are layered, complex, and at times contradictory. Following the emergent unison and dissonance of voices within one story allows for a nuanced understanding of participant experiences, what Gilligan (2015) has named contrapuntal voices.

Contrapuntal Voices
Chadwick (2021) stated that voice is “a slippery and paradoxical border concept—somehow being both (and yet neither) a matter of language and bodies, speech and silence, presence and absence. It is this ambiguity that is the key to the radical potentiality of voice” (p. 77). As a practice of stepping into that ambiguity, the third step of the Listening Guide includes listening for contrapuntal voices (Gilligan, 2015). Hearing the multiplicity of voices within and among participants is imperative for disrupting the notion that these data present a clear, singular meaning. Contrapuntal voices emerged from Gilligan’s influential work about gender and moral reasoning, finding that people attend to both justice and care while making moral decisions (Gilligan, 1993). Contrapuntal voices “may be in tension with one another, with the self, with the voices of others with whom the person is in relationship, and the culture or context within which the person lives” (Gilligan et al., 2003, p. 159). These voices weave in and out and parallel to one another, creating harmony and dissonance. In the following section, which synthesizes findings, I offer three different sets of contrapuntal voices in which participants express different parts of self as they navigate cisgenderism in supervision: the voice of knowing and the voice of not knowing; the voice of self-preservation and the voice of resistance; and the voice of connection and the voice of disconnection. The following section synthesizes findings regarding power, identity, and relationships within the context of dominant structures, using examples of contrapuntal voices to evoke a deeper understanding of participant experiences of these topics.

**Cultural Complexity, Structural Violence and Liberation**

This section discusses structural violence and systemic oppression as a way to understand and move toward liberation (Ratner, 2009). Structural violence is a
description of how systems keep specific groups from their basic needs, and this research integrates this notion with the concept of systemic trauma, which breaks down the basic safety, belonging, and dignity of transgender people (Galtung, 1968; Haines, 2019). The following sections describe the effects of cisgenderism in supervision as an expression of structural violence in terms of power, identity, and relational dynamics.

**Power**

The psychopolitical essence of power is “pivotal in attaining wellness, in promoting liberation, and in resisting oppression” (Prilleltensky, 2008, p. 116). Power is ubiquitous in relational dynamics and institutions, shifts with context, and affects the psychology of the individual. As Prilleltensky (2008) further clarified, “Power refers to the capacity and opportunity to fulfill or obstruct personal, relational, or collective needs” (p. 119). The findings in this study point to the power of dominant culture related to gender identity, dynamics of supervisory relationships, and policies within clinical institutions. This section about power begins with a discussion of dominant culture before focusing on dynamics of power in supervision and participant resilience. An examination of the voice of self-preservation and the voice of resistance is used to illuminate an understanding of power in participant supervision stories.

**Dominant Culture and the Gender Binary**

The dominant culture of white supremacy and colonization has wielded power by stripping individuals and communities from their indigenous and cultural language around gender identity, erasing concepts and possibilities of gender variance as a means of control and social order (binaohan, 2014; Iantaffi, 2021). Under this kind of power that permeates institutions, relationships, and intrapsychic processes, variance is reduced to a
rigid binary. “The pervasiveness of the gender binary is a part of the legacy of settler colonialism and therefore a historical trauma” (Iantaffi, 2021, p. 17). Native feminist theorists Arvin et al. (2013) defined settler colonialism as a “persistent social and political formation in which newcomers/colonizers/settlers come to a place, claim it as their own, and do whatever it takes to disappear the indigenous peoples that are there” (p. 12). These theorists emphasized the importance of connecting colonial domination to profit and linking this to heteropatriarchy (Arvin et al., 2013). The binaries that appear in participant narratives are the result of societal power and control, creating conditions in which options regarding language, connection, and access to opportunity are reduced to dueling categories. Describing the necessity of human safety, belonging, and dignity, Haines (2019) explained that systemic trauma “results in us having to vie between these inherent needs, often setting one against the other” (p. 74). These harsh and limiting options activate traumatic stress for those who live outside the binary. The gender binary in particular creates a social hierarchy based on cisgender as normal and healthy, while gender variance is viewed as unhealthy and pathological. The implications of the gender binary and binary thinking is far-reaching and much more pervasive than the use of pronouns. Participants shared many instances of barriers to accessing resources, enduring erasure, being isolated in various social networks and being blamed for their distress. These experiences were discussed as happening before, during, and after their time as supervisees.

The survey of literature related to this research acknowledges that cisgenderism contextualizes the field of counseling and the practice of supervision. The mental health field has a history of perpetuating the oppression of gender minorities through
maintaining the dominant sociopolitics of sexuality and gender. The destructive power of dominant culture is seen most overtly in the language of pathology. Participants refer to how the field pathologizes variant gender expression and how pathologizing views are inherent to specific models of therapy. Their stories align with literature regarding the ways in which psychological research and practice pathologize gender variance (Budge, 2015; Davy, 2013; Daley & Mulé, 2014; Dewey & Gesbeck, 2017; Lev, 2006, 2013). Likewise, Iantaffi (2021) asserts that models of therapy are based in binary gender concepts. Cisgenderism expressed within the supervision space is likely perpetuated by the inadequate research and supervision models being used.

**Cisgenderism in Supervision**

Societal power structures permeate clinical institutions, organizations, and academic programs. Participants shared their experiences of policies and practices within their systemic contexts during their time as supervisees. They faced oppression regarding medical record systems that were binary and pathologizing frameworks of professional communities. Binary policies and ideas of professionalism caused them to feel erased within their clinical work environments, and they also knew that these policies negatively affected their transgender clients. The dress codes they talked about are by nature cisgenderist as these rules of professionalism were tied to an expectation of gender performance. In these stories there was often a disparity expressed between workplace mission statements, national association codes of ethics, and standards of care on the one hand, and what was actually in practice within their clinical institutions on the other. While the power of these institutions to dictate oppressive workplace culture was evident, there was no indication that systems had structures in place to monitor the quality of
workplace practice or supervisory relationships, or channels by which clinicians could advocate for themselves. While some participants described positive supervision experiences in spite of cisgenderist policies, other participants described policies that were explicitly about LGBT affirmation; in practice, however, even these spaces often erased trans identities or continued to carry cisnormative assumptions. In contrast, Skye described one training site that hired a queer consulting company, which provided education regarding structural changes and accountability. This use of institutional power to shift work culture created meaningful and affirming experiences for them.

Power is contextual, and it may shift with regard to time, location, and roles (Duffey et al., 2016; Prilleltensky, 2008; Singh & Chun, 2010). Joseph, as an older participant, shared more experiences in which he was targeted by the transantagonism of his program and a specific supervisor. His program actively created barriers to access, requiring him to prove his sanity and lack of threat, yet still did not give him clients. The other participants, while experiencing a host of cisgenderist barriers, did not share stories of this kind of overt targeting in their programs. This may be indicative of shifts over time and changing attitudes within academic counseling and psychology institutions. James described different attitudes he experienced in the South versus New England. Still other participants described differences in the experience of medical settings versus LGBTQ-specific clinical work environments. Power changes with contexts of time, location, and institutions, and these changes become important to attend to in considering the variables within and surrounding supervision.

The power dynamic in the supervisory relationship is a salient theme in literature on supervisee perspectives (Jernigan et al., 2010; Wilson et al., 2016). This was
confirmed by participant experiences. Power also shifts within relational dynamics (Duffey et al., 2016; Prilleltensky, 2008; Singh & Chun, 2010). Participants understood that they were in positions of lesser power in relation to their supervisor but in positions of relative power in the therapeutic dynamic. James demonstrated his power analysis in his work as a supervisor, holding both his marginalized trans and racial identities with a formal position of power in his professional role. Conversely, Olive described her feelings of fear regarding the potential for a client’s father attacking her, expressing an understanding of the power shift in meeting with a cis man in therapy as a trans woman.

Research shows that transgender people of color are concerned with the structural power of their therapists (Singh et al., 2017), and similarly the participants in this study reciprocally understood this concern as they approached their therapeutic work. Participants’ power analysis influenced how they engaged as therapists, whether acknowledging the safety needs of their clients, disclosing their own identity as a means of balancing power and establishing trust, or feeling protective of clients in supervision. The burden of protecting and advocating for their transgender clients largely fell on participants who were themselves dealing with transantagonism within their work sites or from their supervisors. Participants’ understandings of power were important to their work with clients, and they brought this analysis to their supervision experience as well. Similar to Black supervisees who are burdened with protecting their Black clients from white supervisors (Constantine & Sue, 2007), participants demonstrated their sense of protection over their trans clients in supervision. Already dealing with oppression in their own lives, trans clinicians also faced the vicarious trauma related to the ways their clients had internalized abusive structures of power.
While faced with the difficulty of cisgenderism and the complexity of hierarchical and mentoring relationships like supervision, participants navigated maintaining safety, connection and dignity, while trying to obtain guidance and approval from supervisors. All participants addressed this power dynamic in supervision both directly and indirectly. Sam and James mention power the most of all participants, 16 and 18 times respectively. This may have been due to their understandings of oppression, as they also spoke most directly about a social justice orientation and commitments to collective liberation. In their professional roles, supervisors hold relative power regarding conceptualizations in supervision conversations (Singh, 2010). Supervisors hold power in instituting the theoretical lens used in supervision, and supervisees described reactions to this based on their alignment with the lens and on their sense of being affirmed within that lens. Half the participants reported that a psychoanalytic orientation in supervision was such that self-disclosure and social identities were not topics of focus in therapy and therefore not processed in supervision. Pointing to the psychoanalytic framing used by their supervisors, six participants understood that ideas related to appropriate boundaries and the pathology of gender variance were reasons identity was not adequately explored in supervision. This indicates the necessity of supervisory models that align with supervisees’ conceptualizations and experiences of power and oppression.

Prilleltensky (2008) discusses the use of power to oppress but also to promote liberation. In participant stories, supervisors perpetuated cisgenderism by either ignoring issues of identity or overfocusing on supervisees’ trans identities. Participants at times felt erased and unseen and at other times felt used and objectified. Participants shared stories of supervisors asking personal questions that were invasive and feeling unsure of
how to respond—feeling violated while also obligated to be open due to their roles as supervisees. However, participant stories also included supervisors who were relationally focused and were attuned to the needs and emotions of their supervisees. Some supervisors used their power to improve participants’ work environments or to help them gain access to fellowships or employment opportunities. Participants also described supervisors who used their power in supervision to initiate conversations about power and identity, sharing their own social positions and reflections. According to research, supervisees report feeling more supported when power dynamics in supervision are addressed (Green & Dekkers, 2010). When participants in this study felt their supervisor understood power dynamics, they were more likely to describe them as affirming, report their ability to be open, and identify they had grown clinically. This substantiates research demonstrating that boundaries, vulnerability, and relational empowerment impact supervisees’ perceptions of power in supervision (Cook et al., 2018).

Cisgenderism from the supervisor is the expression of the structural violence of cisnormativity (Ansara, 2010). The abuse of power and the subsequent distress expressed by participants points to the threat to safety when cisgenderism is enacted, whether macro- or microaggressive, whether within the institution or within the supervisory relationship. While participants spoke to the structural violence and cisgenderism they endured at various levels, they also demonstrated resilience. Several of the participants talked about having to develop resilience and deal with things on their own. Various strategies emerged as participants discussed trying to navigate the double binds of a relationship meant to be supportive but that also carried expressions of structural oppression.
**Resilience**

The minority stress model asserts that “members of minority groups typically develop coping and resilience in response to prejudice and other insults” (Hendricks & Testa, 2012, p. 462). As power can be defined as “the ability and opportunity to fulfill or obstruct personal, relational, or collective needs” (Prilleltensky, 2008, p. 121), participants developed ways to respond to obstructions to getting needs met in supervision. Participant resilience drew upon personal values of social justice, relationality, and emotional management while engaging in reflective and somatic self-care practices. When facing supervisors’ cisgenderism, they often connected with others who helped them reconnect to a sense of belonging and reestablish an understanding of structural oppression. Supervisees strategically tuned in and out of supervision conversations while other times educating their supervisors on knowledge of gender and sexuality, recognizing the role reversal within the relationship. Participants were resilient through the act of leaving environments that threatened their well-being, whether leaving the South, leaving a supervisory relationship, or leaving trans health care. Self-preservation was enacted not just to survive, but to thrive within new circumstances. As Sara, who may have been drawing from the philosophy of Audre Lorde (1988), said, “Self-care is a political act.”

Participant critical consciousness seemed to play a pivotal role in mediating the impact of structural power and their responses of self-preservation and resistance. Prilleltensky (2003) explained that conscientization of a marginalized group allows for actions of resistance. Singh and McKleroy (2011) similarly asserted that an aspect of resilience is recognizing structural oppression. Participant consciousness was likely
influenced by factors of age, stage of identity development, and early childhood and familial experiences. For participants who had previous careers and had already come out and transitioned, the timing of supervision experiences may have allowed them to develop the agency needed to recognize structures of oppression and be resilient. Uniquely, while James did not come into his gender identity until graduate school, his early awareness of racial injustice may have influenced his ability to be resilient during difficult cisgenderist supervision experiences. Several participants shared early traumatic experiences dealing with heterosexism and transantagonism within their families. The shame resulting from this power dynamic may have kept them from knowing parts of themselves. This shame correlated with moments of dissociation for some participants, or what Haines (2019) identified as collapse. For participants who had developed a consciousness regarding power injustices, there seemed to be a need to develop the capacity to self-protect while also resisting.

Participant resilience was exemplified in their survival and forward movement to become licensed, making space for themselves within a field that perpetuates so many barriers. Indeed, the voicing of their stories in this study represents an act of resistance. They resisted through the telling of their own perspectives, disrupting dominant discourse by drawing on their lived experiences, as well as their expertise as therapists by calling supervisors and the field to more equitable and liberatory practice. Participants began offering their recommendations even before being asked the specific question at the end of the interview. As participants made meaning of their stories, they included what I should know, calling me in as researcher to further critical consciousness during interviews and in the member checking process. Some participants’ language changed as
if to speak directly to me and to supervisors. For example, when asked about recommendations for supervisors, Joseph switched between the use of “they” and “you.” He used phrases like, “They need to become competent,” “educate yourself,” and “[you] don’t assume.” I understood this as advocacy and as an example of Joseph’s resistance to cisgenderism.

Participant critical consciousness, personal relationships, and connections with other queer and trans professionals buttressed their resilience in the face of oppressive power structures. The next section provides examples of voices of participants as they maneuvered through resilience processes. Participants voiced both their need for self-preservation and their resistance to cisgenderism within their stories. Using Haines’s (2019) concept of systemic trauma that often thrusts individuals into the choice of one basic need over another, supervisees wrestled with their needs for safety, belonging, and dignity. This conflict produces the interplay of the voice of self-preservation and the voice of resistance as supervisees negotiated their responses to cisgenderism.

**Voice of Self-Preservation and Voice of Resistance**

These voices reveal harmonies and dissonances as participants grappled with their sense of connection, safety, and worthiness within their supervision spaces. As cisgenderism in the supervision space and workspace intersected, Sam’s narrative reveals how he grappled with the tension between self-preservation and resistance. Throughout his stories he shares his desire to advocate for collective liberation while balancing his desire to keep his job and have a meaningful personal and religious life. In describing how he engages at work, the voice of self-preservation and the voice of resistance fall into harmony as Sam questions, “Am I going to lose all credibility if I turn into the angry
trans person?” He is both wanting to preserve his credibility in order to effect change at work, while also honoring his personhood and the things that are important to him. Referencing a trope often attributed to marginalized individuals, he resists by mocking the idea that he might be perceived by an oppressive system in such a reductive way. A point at which dissonance between these voices occurs when Sam’s boss comes to speak with him. He expresses fear in anticipation of the meeting and being faced with specific cisgenderist practices: “Oh, God! I'm being fired for being too, like, radical?” This exclamation suggests layered interests in his own survival as well as being an agent of radical change. As his boss enforces an institutional requirement of a binary dress code in the meeting, Sam reveals his consciousness of structural power through his inner dialogue of resistance, stating “It’s a very specifically gendered expectation.” Sam navigates intentionally saying to his boss, “All right, I'll just have to find some cute things.” While this voice of self-preservation communicates to his boss a willingness to comply, Sam resists by dressing his own way in his office, keeping clothes that fit the gendered expectation to wear outside his office. His resistance is strategic and voiced in a description of his tie: “think of it as a boa.”

Within the context of interpersonal cisgenderism, Olive provides another example of the voice of self-preservation and the voice of resistance in response to structural violence while trying to access support from supervisors. Her voice of resistance is evident in how she talks about perceiving supervisors’ “gender stories” and the way she approached a new supervisor: “I really bluntly said, ‘You know I'm trans, and I'm queer, and I want to make sure you're OK with that.’” The voice of self-preservation presents throughout Olive’s narrative as she discusses her feelings of burnout as a therapist and
not having access to a supervisor who can hold the complexity of her identities. The following I-poem shows the interplay of these voices as Olive talks about her work in therapy to address issues of internalized oppression, the stress she feels from being tokenized, and the vicarious trauma in her work.

I’ve had to face
I pretty much burned out
I realized
I had not been
I had been
I found to inherently include violence
I mean
When I’m working
I have to
I can do that
I’m really, really good at it
I can get
I can get
I represent the community
I’m the shining example
I present
I just took on
I can’t take anymore
I can’t ignore it
I’m losing a part of myself
I don’t want to do trans care anymore

Olive’s voice of resistance is heard in her description of identifying and deconstructing internalized oppression with clients. The voice of self-preservation can be felt in how she expresses her need to move away from this work. These examples of resistance and self-preservation are illustrated as these voices come together, demonstrating her decisions to care for herself as the harmony of the two.

These voices of harmony and dissonance evoke the emotionality and resilience of participant responses to difficult supervision experiences. The hierarchal relationship created power dynamics that participants navigated, addressing both their need for survival and their desire to resist the structures of oppression that target them and their communities. The injustices of structural power impact institutions, relationships, and individuals. The next section integrates the concept of structural power with findings related to identity.

**Expansive and Intersecting Identities**

Research has shown that the strength of a trans person’s gender identity is related to their well-being (Barr et al., 2016). Participant stories depicted the trajectory of their gender identity development as it intersected with their development as supervisees. Clinical training and working with trans and nonbinary clients especially often prompted participants to think more deeply about their own identities. Clients seemed to pick up on nonbinary participants’ possessing a gender outside the gender binary and posed questions directly in therapy, which also caused more reflection regarding their gender.
Building relationships in therapy and studying human psychology fostered a space for the potential growth of self-knowledge.

Some participants experienced difficulty in acknowledging, articulating, and claiming their gender identities. The structural violence of cisgenderism erases the complexity and nuance of concepts and language of the significant gender variance that exists (binaohan, 2014). This structural silencing influences supervision space. Some participants had a clearer sense of themselves as trans before becoming supervisees, but they each alluded to the struggle of getting to the point in their lives where they could name and own their gender as well as access the care and resources they needed. For five of the participants, their time in supervision intersected with developing understanding and language regarding their own gender identities and beginning to voice their identities to others. Two participants discussed coming to new understandings of their gender after their time in supervision.

The term transgender can be both expansive and limiting. It can include many gender identities, while for some with gender variant expressions and identities, the term is not salient at all (Ansara, 2010; Chang et al., 2017; Worthington & Strathausen, 2017). binaohan (2014) stated that the word transgender is actually an “imperialist translation of a great variety of genders” (p. 18). In resistance to the imperialist notion that every participant would have the same relationship to the word transgender, I asked participants about their gender identities. In line with literature explored in this study, each had a different answer, and in fact no one identified themselves solely as transgender. This is a significant point from a critical research perspective as these participants actually cannot be categorized simply as “transgender supervisees.” To do this would replicate their
experiences of erasure at various levels of their supervision experiences. Participant stories demonstrate that gender identity is expansive and cannot be understood by limiting language. Rather, their narratives point to the importance of hearing the dissonance regarding the limitations, the evolution, and the expansiveness of language regarding identity. Being able to language aspects of identity helps to foster self-knowledge and critical consciousness related to one’s social position. This section on identity discusses intersectionality and critical consciousness expressed in participant narratives before considering what is learned from participants regarding identity in supervision. Lastly, this section explores the voice of knowing and the voice of not knowing to exemplify aspects of participant experiences of identity.

**Intersectionality and Critical Consciousness**

Intersectionality is woven throughout participant stories of supervision, carrying implications for privilege and marginalization (Berger et al., 2018). All of the participants spoke to important nuances inherent to their identities, including racial and ethnic identities, religion, ability, sexual identities, as well as feminine, masculine, and nonbinary gender identities and expressions. Given participants’ various identities and social positions, it makes sense that they may experience and navigate life differently.

Sam is conscious of his insider/outsider status within the trans community as a Jewish person and within the Jewish community as a trans person, while also recognizing his white privilege. Olive’s connection to the trans community is nuanced by her intersex condition, which research shows is often misunderstood and stigmatized (Hegarty, 2020). The nonbinary participants noted the everyday erasure of their identities in a binary culture, and Joseph as a trans man shares dealing with a particular kind of misogynistic
erasure by a society that devalues bodies it designates as female. Due to the threat of violence, the trans women in this study both demonstrated a heightened awareness not only of the oppression of trans people but also of transmisogyny. Transmisogyny is a term used to describe the intersectional oppression of trans women who face simultaneous transantagonism and misogyny (Matsuzaka & Koch, 2019; Serano, 2016). James, as the only participant of color, also expressed concerns about safety and connection. Findings confirmed that the threat of violence and issues of safety are salient for trans feminine people as well as trans people of color (Beemyn & Rankin, 2011; Matsuzaka & Koch, 2019).

In stories of navigating layers of discrimination, participants alluded to their own critical consciousness as well as potential growth areas regarding their identities including identities of oppression and identities of privilege. This practice of raising critical consciousness involves thought, action, and reflection on the complexity of often simultaneously privileged and oppressed positions within the sociopolitical power dynamics of colonization (Sánchez Carmen et al., 2015). Participants indicated awareness of issues of power, oppression, and privilege within their experiences as supervisees. They acknowledged their social positions within structures of racism, antisemitism, and heterosexism as well as cisgenderism. They also demonstrated critical consciousness in the ways they made connections between various social hierarchies. For example, Sara as a white trans woman expressed fear of a man who had a swastika tattoo, suggesting she made a connection between white supremacy and transantagonism. Several participants expressed their expectation that a queer supervisor would be more affirming of them, suggesting a perception that those marginalized by heteronormativity might be
sympathetic to trans people. Whether or not these fears and anticipations were helpful in assuring their safety, the unconscious connection between types of oppression reveals some understanding that social hierarchies work in tandem.

As the only participant of color, James identified himself as a “queer trans man of color” throughout his narrative, indicating he understood his identity at the nexus of these locations rather than as separate categories. In contrast, white participants did not identify their race throughout their narrative in the same ways. While many of the participants named their racial privilege and ways in which their awareness around race was important to their clinical work, the white participants did not indicate that that their trans identity was inextricably linked with their racial identities throughout the narratives as James had. In addition, the white participants did not name the privilege of being able to have their racial identities reflected in their supervisors, while James identified specifically only having had one supervisor of color during his career and described the racial identities of supervisors during his narrative. While James described growing up as a person of color in a predominately white area, Sam described not working on his racial identity development as a child but began this work later when he learned about racism, emphasizing that he continues to work to understand “who am I as a white person and who am I as a white Jewish person.” Reflecting the need for those within dominant groups to grow in their critical consciousness around privilege, several white participants described that this involves authentic relationships with people of color in their lives and in their work, as Morgan stated, “being part of, like, of a common humanity.”

The critical consciousness of participants was important as this awareness of structural power allows marginalized communities to engage in resistance (Prilleltensky,
Participants’ critical awareness of issues of identity was often contrasted with that of their supervisors.

**Identity in Supervision Process**

When identity was not addressed in supervision, there was not space for critically reflective dialogue about identity or opportunities for raising consciousness about the supervision dynamic. Naturally, if identity is not discussed in supervision, then participants were not processing full therapeutic self or their self-disclosures in therapy, which are important topics for supervisees according to research (Chang et al., 2018; Shipman & Martin, 2017). Participants perceived coming out to clients very differently than coming out to supervisors, likely due to inherent power differences in the relationships. While many participants were disclosing their identities in therapy with clients and thinking about use of therapeutic self related to their gender identities, many were not actively processing these issues in supervision due to issues of safety or supervisor ineptitude. They did not have the space to process how they understood the intersections of their identities and the therapeutic self in relationship with clients. Some exceptions included moments of support and relationships with supervisors who could competently hold space for critical reflection on matters of identity. Those relationships were spaces where supervisees could show up more fully and were described as affirming and even “transformative.”

However, as Joseph pointed out, supervisors can err on the side of focusing on trans identity in ways that feel reductive and inappropriate. In a sense, he explained how supervisors essentialize transgender supervisees by seeing them only as trans and also by engaging as if every trans person will want their identity foregrounded. His questions in
the member checking process challenged me to critically reflect and to resist replicating this dynamic through my own interpretations about how issues of identity are negotiated in supervision. When asked in his interview if and how identity was addressed in his supervision experience, Joseph replied, “Other than them demanding that I find the needle in the haystack to convince them that I wasn't going to harm any clients, we never mentioned it.” This experience of identity being either pathologized or ignored may have at that time presented Joseph with a false dichotomy regarding the way in which identity can potentially be addressed in supervision. Joseph had transitioned prior to his clinical training, which may have influenced what he needed from supervisors regarding discussions about therapeutic self. He emphasized the often-changing nature of what is salient in supervision related to identity and that what is relevant is unique to each individual. Through this exchange, it is clear that identity is an important aspect of supervision, but how it is processed, the assumptions within those discussions, and the attunement of the supervisor are crucial to a supportive and growth-oriented experience for the supervisee.

Integrating an understanding of the effect of structural power on marginalized identities facilitates a conceptualization of how participants experience shame of internalized transphobia (Ansara, 2010; Hendricks & Testa, 2012; Levitt & Ippolito, 2014). Shame was activated for some participants earlier on in their gender identity development when they were confronted with questions about their gender during their time in training. Participants also shared experiences of internalized shame when their gender was misunderstood in supervision, after being pathologized by supervisor’s questions about gender variance as an illness, or when supervisors essentialized
supervisees by overfocusing on their trans identity. The literature regarding racial identity differences in supervision also points to what is embodied by supervisees when supervisors are not developed in their understanding of power (Jernigan et al., 2010). When supervisors are less developed in terms of their own identities, supervisees subsequently internalize powerlessness and incompetence (Jernigan et al., 2010). The reverse was also heard in this study, as participants found empowerment and experienced growth in being able to talk about their identities and experiences as a strength they brought to their clinical work. Power in the supervision relationship influences supervisee self-knowledge and agency. In the following section, the discussion of contrapuntal voices elucidates the implications of relational power and identity. In these examples, participants negotiate meeting their needs for safety, belonging, and dignity through their voices of knowing and not knowing.

**Voice of Knowing and Not Knowing**

The idea of knowing is important as being transgender involves self-identification and knowing oneself as trans. When participants express knowing, they reveal a consciousness and a self-connection. An aspect of trauma inflicted on marginalized groups is an erasure of language and voice, and therefore a disconnection of self-knowledge (Gilligan, 2015; Jordan, 2018). Freire’s (1970b) culture of silence captured how dominant culture upholds power structures while those who are marginalized internalize shame and maintain silence. There is a silent quality to the voice of not knowing, which can be a strategy to stay safe (Gilligan, 2015; Sorsoli & Tolman, 2008). For example, after being asked about their gender identity by a colleague, Henry is suddenly confronted needing to voice that which they have known and not known. They
expressed distress and confusion, exclaiming, “I don’t know!” several times, along with “What are you talking about?” In the same breath, Henry declared, “I’m not a man, not a woman,” and “I am somewhere in the middle.” Henry, who is nonbinary, expresses the dissonance of both knowing and not knowing their gender at a particular moment when both opportunity and oppression meet. Henry has had a lifetime of cisgenderist experiences, from abusive heterosexism in their family to the silence around gender in their queer-affirming training program. Henry straddles identities of privilege and oppression as a white therapist and trainer while becoming aware of the implications of their own gender variance. They understand that cisgenderism is a dominant structure that contextualizes this conversation with their colleague and all conversations. They described knowing that gender exploration “was not ever an option.” This voice of not knowing seems to come from an embodied understanding of the dominant structure that separates Henry from their own self-knowing. In contrast, the voice of knowing gives a sense that there is a part of Henry that resists the messages of dominant culture and persists with a deep knowledge that they are neither a man nor a woman. Henry’s own story of liberation happens as they wrestle with these voices and seek support. The voice begins to shift as Henry, from a place of more fully knowing, states so eloquently, “You know, parts are good at keeping stuff out of your awareness that they don't think is an option.” This line suggests a third voice that recognizes both their voice of knowing and voice of not knowing. The voices of knowing and not knowing also become evident as Henry communicates about participating in the interview. They state, “I don't really know what I'm going to share with you that's gonna be helpful.” Another voice observes this voice of not knowing, stating, “I had a part that was like, I don't think I have anything
useful to tell you.” This ambivalence manifested in another way as Henry simultaneously shares stories of their supervision while wondering if they are remembering correctly.

Skye provides another example of the voice of knowing and not knowing. They share their self-advocacy attempts while in the midst of a traumatic experience with their supervisor. An I-poem created from their description follows their voice of knowing and not knowing.

I went
I was new
I was brand new
I’d been
I didn’t know
I didn’t know
I didn’t know
I didn’t know
I said, No
I was worried
I was wor-
I mean
I’d had a bad experience
I didn’t know
I could have
Now I know
If I had
I mean
I was going
I didn’t know
I also felt
I made the best decision I could

These moving voices occur in response to Skye’s desire to explore their identities more fully in supervision and the dissonance of this desire with their actual experience in supervision. Skye moves in and out of the knowledge of their “bad experience” in supervision as well as the difficulty of self-advocacy as a new student. The voice of knowing cedes to the voice of not knowing demonstrated here by the repetition of “I didn’t know.” The distress from this poem is palpable and indeed Skye became tearful telling their story. These contrapuntal voices demonstrate the ways in which structural power and identity meet to create a distressing experience for this participant as a supervisee.

This section has discussed participant responses to the power structures of cisgenderism and the complexity of knowing and not knowing that emerges around issues of identity. These become important concepts for theorizing the connection within the supervisory relationship discussed in the following section.

**Relationship**

Supervision is a relationship with a specific purpose to grow supervisees into clinical professionals. From a relational cultural perspective, growth happens through relational processes and people have a fundamental drive to move toward connecting in relationship (Jordan, 2018). As discussed in the review of literature, relational cultural
theory (RCT) integrates concepts regarding power and identity in an understanding of relational connection, disconnection and repair, and therefore provides a useful framework to understand the findings in this study (Abernathy & Cook, 2011; Duffey et al., 2016; Lenz, 2014; Singh & Moss, 2016). Belonging and interconnectedness is central to all fundamental human needs (Haines, 2019; Jordan, 2018). Indeed, the experience of belonging is fundamental to transgender people’s well-being (Barr et al., 2016; Levitt & Ippolito, 2014). If the place of growth is in the belonging of relationship, then it is important for this study to capture the nuances of connection to grasp the efficacy of participants’ supervisory relationships. This section on relationship discusses the safety and trust within that connection, conflict and growth potential, and an examination of the voice of connection and the voice of disconnection.

_Safety and Trust_

Feelings of safety and comfort were not a given in the lives and work of these participants. Their lived experiences of discrimination, the ways they witnessed violence, and the trauma of trans friends, clients, and other trans community members clearly had an impact on participants’ work as therapists. In addition to structural oppression in their lives, the importance of supervision being a safe (enough) and trustworthy space was undeniable within participant narratives. Participants described ways they did not trust authority, expecting to be stigmatized, rejected or threatened as transgender individuals in the supervision space. Fostering trust and safety in supervision was critical and they described how this was assessed, established, broken and maintained in various ways within the supervisory relationship. Jordan (2018) states, “To express authentic feelings, one must enjoy sufficient safety to be vulnerable” (p. 9). Participants discussed the trust
and safety needed to self-disclose, explore, and be challenged in the supervision space. Not ensuring enough safety in supervision was a way supervisees were silenced. There was a parallel in the way participants spoke about their responsibility as therapists in fostering trust with their clients, while needing the same considerations from their supervisors in their role as supervisees. They understood the power dynamics were isomorphic in these relationships, such that their supervisors’ carried responsibility in creating conditions of safety and connection in supervision.

Supervisors can use their power in supervision to foster connection and trust. Participants’ positive experiences in supervision were characterized as supportive relationships with supervisors who not only honored their identities but also understood dynamics of power. Supervisor-supervisee relationships benefited from processing issues of identity, injustice and power in supervision. Morgan described this kind of supervisory relationship in which they could be fully themself and described how this supervisor could “move alongside me.” Participant experiences pointed to relational connectedness demonstrated in supervisors’ fostering safety, mutuality, and the ability to hold complexities of identity and issues of structural power in the supervision space. RCT asserts that difference and power dynamics must be openly addressed in relationship for mutual and authentic connection in supervision (Duffey et al., 2016). Safety and trusting relationships developed in tandem with handling conflict and difference.

Conflict and Mutual Growth

Within supervision narratives, participants express their desire to connect and be supported by supervisors through their vulnerability, openness and attempts to understand their supervisors’ good intentions. Not only was there a desire to connect, but participants
understood they needed their supervisors’ support to move toward their professional
goals. Because of the power inherent in its hierarchal roles, supervision can be a “forum
to manipulate, control, or demean others” (Duffey et al., 2016, p. 406). The experiences
of transantagonism and cisgenderism caused violations and ruptures in supervisory
relationships and inner conflict for supervisees. RCT’s concept of the central relational
paradox is useful in understanding this supervisee conflict, described as how one both “at
once yearns to move into authentic, safe relationship and fears relinquishing the strategies
of disconnection to do so” (Jordan, 2018, p. 47). Participant stories of conflict with
supervisors reveal their distress at the juncture of their desire for connection and their
feelings of disconnection. This distress resulted from having to negotiate which parts of
themselves they could bring into supervision and which parts of them were not safe to do
so. Participants courageously attempted to address relational issues in supervision by
adapting to their supervisors, asking more directly for what they needed, changing
supervisors, or making more formal complaints. These strategies can be understood as
attempts to reestablish connection or to move toward more relative safety.

Having enough relational connection and safety in supervision does not insinuate
a lack of challenge. In fact, relational safety allowed for participants to be more fully
present in supervision to express themselves and to be challenged. These supervisees
were clear about wanting to grow clinically. James talked about a positive supervisory
experience in which he was pushed to process “tough parts” regarding his identity and
several participants discussed the importance of supervision supporting a process of
deconstructing their privilege and power. Supervisees also did not expect smooth or
conflict-free supervisory relationships and expressed gratitude when supervisors were
able to engage competently around friction. They admired supervisors who could name their own growth areas, engage in complex conversations, and circle back to repair ruptures in the supervision relationship. Supporting this notion, Jordan (2018) describes a fundamental idea of RCT stating, “We undergo our most profound change and grow most deeply when we encounter difference and work on conflict or differences in connection” (p. 8). Participants expressed appreciation for mutual growth in supervision, both expressing their desire to grow and calling on supervisors to deepen their capacity for critical reflection. Growth-fostering relationships happen when “both people are open to being touched, moved, and changed by each other” (Jordan, 2018, p. 231). While each participant described significant distress related to cisgenderism and oppressive practices, their ability to engage empathically, including with supervisors who had microaggressed, was particularly remarkable. They did not anticipate perfection but expected missteps to be addressed. Participants wanted their supervisors to be competent and challenging, addressing the nuances of identity within the supervisory relationship or the dynamics in the therapeutic relationship. However, they wanted this in the context of relational support, attunement and connection.

In actuality, support from supervisors was sometimes ambiguous. As explored in the findings, participants responded to this by either questioning if they were truly being supported or rationalizing the behavior of their supervisor in some way that exonerated their supervisor of cisgenderism. This was heard in participants’ denials of their supervisor’s transantagonism, assigning causation to the supervisor’s age or referencing their psychoanalytic lens as responsible. Research observes that trans clients report this experience as well, assigning positive sentiment to simply the lack of discouragement in
therapy (Anzani et al., 2019). While these experiences were not overtly cisgenderist, they were also not clearly affirming. For Henry, the meaning making of this ambiguous support changed over the course of the interview as they wondered if their expectations of gender affirmation as a supervisee were too low.

It was distressing for participants to experience supervisors as dismissive or cisgenderist when the supervisor was also supportive or participants felt connected to them. Distress was present in Olive’s story of a supervisor and professor with whom she was most connected but who did not correctly gender her throughout their time in supervision. Olive denied this as transantagonism, repeatedly trying to meet with this supervisor hoping to reconcile the tension between the support she felt and the supervisor’s cisgenderist behavior. Henry alluded to the relational labor of investing in educating their supervisor regarding trans-affirming approaches but then finding out she did not translate these ideas to the trainings she conducted. Henry said this “felt really hard and, like, disappointment and a, like, letdown.” Henry’s reactions suggests that they expected the growth and learning in supervision to be mutual and authentic, that is, embodied in the world outside supervision.

These examples also indicate the potential depth of connection in supervisory relationships. The individual drive for connection and the need for safety become dissonant in the context of structural oppression. The following section provides examples of participants’ internal processes as they navigate complex dynamics in supervision. Their voices express the interplay of connection and disconnection both with self and with the other.

Voice of Connection and Voice of Disconnection
RCT’s central relational paradox (Jordan, 2018) conceptualizes the way in which participants fear both relational disconnection and connection with supervisors whose support is intertwined with cisgenderism. Participant voices of connection and disconnection weave in and out of one another and meet at moments of conflict. Joseph’s narrative provides a good example of these voices as he confronts the cisgenderism within his training program. He contended with both the need for support and direction as a trainee and the disconnection caused by the system’s transantagonistic framework. The I-poem captured in his narrative summary depicts his struggle as he tried to appeal to his supervisor to get the training he needed while being blamed for his distress. The voice of connection repeated, “I kept saying,” while the voice of disconnection entered saying, “You’re trapped.” Reflecting on his experiences, the length of time he held this tension, and the way he was able to maintain a positive relationship with these systems, Joseph said, “I chose to stay engaged.” His emphasis on choice communicates that he believes in his own agency despite his circumstances. He expressed disconnection through the voice that said, “I'm watching my training years go by,” feeling disconnected from a sense of power in his training experience. He was both connected and disconnected from power and relationship, but he maintained agency. When the dissonant voices of connection and disconnection met, Joseph endured by holding on to “limits and boundaries and supports.” The voice of connection is persistent through his oppressive circumstances, saying, “I kept inviting and kept inviting, kept inviting.” He expressed his belief that “for me, cutting off all communication is violent,” conveying the knowledge that although conflict can mean difficulty, he needs relationship, that people need relationship, and that disconnection violates that basic need.
While comparing positive and negative supervision experiences, Morgan shares their experience of dissociating in supervision where gender variance was pathologized and a gender binary was perpetuated. Morgan contrasts that experience near the end of the poem with supervision in which they were fully present and able to conceptualize their strength.

I felt like with some supervisors
I had to sort of split myself
I think that’s probably
I don’t know
I think that
I wasn’t always being
I didn’t want to sacrifice
I really needed
I was like sort of finding
I could get that
I was dealing with that
I didn’t allow myself to feel
I think that
I could be my full self
I just didn’t feel that
I felt much more
I also offered as a strength
I had to separate it out
The voice of disconnection is heard through the “I don’t know” and “I didn’t allow” statements and descriptions of splitting, sacrificing, and separating parts of self. Given the cisgenderism of their supervisor and lack of attunement to power and identity, Morgan may have felt that additional vulnerability risked too much distress and further disconnection. The voice of disconnection showed Morgan’s strategy for disconnection that allowed them to be physically present but self-protect in the supervision space. The voice of connection developed as Morgan related to a supervisor who addressed issues of identity with compassion and competence. This voice spoke of the full and authentic self that was able to be present in the relationship and told how this allowed Morgan to foster a sense of value in their identities, use of therapeutic self, and belonging in the field.

Sara demonstrated the voices of connection and disconnection while receiving the support of her supervisor and coworkers. They were checking in to ensure her safety with a patient who Sara felt frightened to see. This patient’s presentation cued Sara that he was a gang member and a white supremacist, which led Sara to feel threatened. Her I-poem depicts the movement of these voices as she experienced fear as well as support.

I would hope
I would
I actually decided
I had just
I’m like
I’m in
I’m freaking out
I was pretty familiar
I began to follow my breath
I wanted to
I was with someone
I felt safe
I keep walking
I noticed
it’s just him and I
I sit down
I open the door
it’s just him and I
I sit down
I try to
I’m like waiting
not thinking I had been
I look back
I’m still
I say
Yeah, I think so
I look back
I go back
I asked him to
I said
I don’t think
He said, “I feel safe around you”

Sara’s voice expresses the significance supportive supervision has for the therapeutic work of supervisees. Sara’s voice of disconnection begins to sound as she “freaks out” and starts to dissociate. However, her voice of connection with her supervisor and coworkers is echoed in how she reconnects with her own body through her breath. This affects her ability to stay present and connect with her patient, as his voice of connection resounds the chain of relational connections in this story. As therapists confront the structural violence that is expressed within therapeutic dynamics, having the support of a supervisor and work environment can help facilitate connection and reconnection to self and with their client.

This discussion has used the practice of listening to participant narratives, I-poems, and contrapuntal voices to understand their experiences as supervisees and to enhance concepts regarding the practice of supervision. Participants speak to structures of dominant culture that permeate institutions, relationships, and their own psychological processes of experience. This chapter utilized contrapuntal voices of participants to expand and deepen understanding of the constructs of power, identity, and relationship in the supervision processes. Integrating these understandings, I now discuss a proposed concept for supervision practice.

**Critical Relational Capacity**

This chapter has discussed how positive and negative psychopolitical forces influence power, identity, and relationship, which interplay at the institutional, interpersonal, and individual levels of supervision experience. In this section, I integrate these concepts to make the case for a critical, relational, and liberative approach to
As a practice of developing supervisee competence, supervision fosters a bridge between theory and practice (Bernard & Goodyear, 2019). This study shows that supervision carries the potential for harm and perpetuation of structural violence present in theory, research, and training programs. However, there is ample evidence from this study that supervision may also involve deep relational meaning and transformative potential. While cisgenderism contextualizes and influences all of us, it has the potential for causing traumatic stress among trans people by targeting their safety, belonging, and dignity. The findings regarding supervisors also illustrate how cisgender people are impacted by cisnormativity and highlight the importance of mutual liberation. Because of this, intentional relational and critically reflective processes of supervision are important in supervising transgender therapists, and indeed for all supervision praxis. The idea of critical relational capacity is rooted in critical feminist, queer, and liberation epistemologies, draws upon concepts of structural violence and political trauma and utilizes principles from relational cultural theory.

There is a gap in research related to supervision modalities considering transgender therapists’ development as supervisees and their unique experiences as clinicians. Within the landscape of current scholarship, there is literature on models of therapy with transgender clients (Hendricks & Testa, 2012; Sennott, 2011; Singh, 2013; Singh, 2016; Singh et al., 2017; Singh & McKleroy, 2011; Singh & Moss, 2016), models of supervision when working with LGBT clients (Bieschke et al., 2014; Halpert et al., 2007; Mitchell, 2010; Perlstein, 2010; Phillips & Fitts, 2017), and a critically reflexive practice for trans supervisors of color (Singh & Chun, 2010). While there is some theoretical literature regarding issues relevant to transgender therapists, this qualitative
study generates considerations regarding the research gap related to models of supervision when the supervisee identifies as transgender.

Considering supervision praxis, the minority stress and RCT models of supervision offer important tenets regarding relationship and power. However, they do not adequately acknowledge and deconstruct dominant structures of white supremacy, heteropatriarchy, and colonization that create and perpetuate social hierarchies of rugged individualism, binary categories of gender, and cisnormativity. While RCT, for example, developed as a way to understand women’s experiences, it continues to hold a binary framework for understanding gender (Jordan, 2018). This approach acknowledges that there is a dominant culture without adequately or specifically naming and deconstructing these structures. The minority stress models (Hendricks & Testa, 2012) similarly do not adequately deconstruct these dominant structures, capture the trauma of being targeted by structural violence, or conceptualize the mutual change necessary in both the supervisee and supervisor in liberative work. While these models are useful in understanding concepts such as growth in relationship and internalized shame, supervision approaches are needed that move us further toward liberation. Existing supervision models need to be decolonized and queered in and of themselves, which would require movement away from perpetuating dominant cultural categories of identity, recontextualizing the psychological fields within the history of colonization, and expanding ways of knowing that center indigenous peoples (Arvin et al., 2013; Burnes & Stanley, 2017). Liberative approaches to therapy and supervision emphasize critical consciousness and social action and hold the tension between liberative potential and perpetration of structures of power by the field of psychology (Singh, 2016).
Formulating a critical relational capacity is my response to the call of transgender therapist participants for supervisors to engage in liberation and draws on the ways in which through their stories, participants model both relational and critical processes. Given the considerations within literature regarding transgender care, liberation models, and the findings in this study, I propose applicable qualities of a critical and liberative supervision approach. In the next section, I build on tenets of RCT, relate them to supervision and integrate ideas about critical consciousness. The following categories comprising critical relational capacity perform in synchronicity with one another but are distinguished here for clarity: relationality, critical consciousness, and power analysis, which together form a liberative approach to supervision praxis.

**Relationality**

Iantaffi (2021) writes, “Healing from gendered trauma lives in the spaces between us: the spaces across which we try to reach for one another when we dream of community, when we create structures centered around healing justice and liberation” (p. 202). The relationship in supervision is a space of liberative potential. Relational cultural theory (RCT) provides useful concepts for enhancing relational capacity, as it has been applied in therapy with transgender clients and with supervisees caring for transgender clients (Singh & Moss, 2016). Mutual empathy is a key tenet of RCT’s concept of grow-fostering relationships. The supervisee and supervisor are both learning, growing, and affected by one another. This disrupts dominant cultural norms that limit how knowledge is shaped (hooks, 1994). In this way supervisors can also experience care and growth, as these processes are not monodirectional.
Tracking relational connections, disconnections and reconnections is key in RCT to foster the safety and mutuality that supervisees need to approach supervision with vulnerability and openness (Jordan, 2018). Relational safety also means attending to transgender supervisee safety and the nuances of threat within their contexts. It is important to process relational connection and disconnection in supervision (Lenz, 2014). In maintaining a strong relational connection, it is important for supervisors, together with their supervisees, to track the connections and disconnections in supervision, respect the ways disconnection is used as a strategy for protection, and address repair when relational ruptures occur (Jordan, 2018; Lenz, 2014). RCT emphasizes a relationship in supervision that holds complexity, denounces shame and isolation, and enhances mutual empathy and connectedness (Singh & Moss, 2016). Supervision is a process that is isomorphic to therapy, affecting how supervisees are then able to show up as therapists (Bernard & Goodyear, 2019). How supervisors show up to the supervision space in some way becomes reflected in their supervisee’s work with clients. If supervisors are disconnected from consciousness of their identities and their positions of privilege and oppression, then aspects of supervisees are unable to be present and therefore unable to be processed in terms of their therapeutic work. This disproportionately disadvantages transgender therapists in their work as aspects of their identity are erased in supervision conversations. In fostering critical reflection regarding identity, attunement to the relevancy of supervision processes to the needs of the supervisee is imperative. Maintaining strong relational connection while facilitating nuanced conversations about identity requires the self-work of critical consciousness.

**Critical Consciousness**
Several participants refer to self-work in their recommendations for supervisors and all participants allude to it by asking that supervisors educate themselves and challenge their assumptions about gender and sexuality. These aspects of self-work in conjunction with relational connection make up the process of critical consciousness. Critical consciousness is “a dialectical process of thought, action, and reflection” (Sánchez Carmen et al., 2015, p. 826). Singh and Chun (2010) asserted that “supervisors who are fully conscious of their own experiences with privilege and oppression are better equipped to engage in interpersonal process discussions about diversity with supervisees” (p. 42). Supervisors are socialized in a profession that perpetuates cisgenderism, and they have a critical role in socializing new therapists in the field. Subsequently, part of socializing therapists must include critical consciousness of the psychological and political underpinnings of wellness and justice (Prilleltensky & Fox, 2007).

Supervisors may need to develop important competencies regarding knowledge of gender and sexuality given the generally inadequate education on these matters in training programs (Alessi, 2013; Burnes et al., 2017; Richards, 2013). Many therapists have not had adequate training in this area, or the training they have received has perpetuated harmful ideas from dominant culture. Burnes et al. (2017) found that there is a lack of critical reflection in supervision on the intrapersonal and relational dynamics of intersectional identities of supervisor, therapist, and client. This makes sense given the deficiencies in training in these areas. Supervision is the primary way therapists access professional development, and therefore it is a space where supervisees and supervisors may have to make up for the gap in education regarding gender and sexuality (Burnes et al., 2017). It is important that as supervisors participate in self-education, they seek out
queer and transgender experts and resist divorcing cultural and structural contexts from knowledge of gender and sexuality. Particular topics that are salient and require a nuanced understanding in supervision are: gender identity development, intersectionality, coming out processes, self-care, safety, self-disclosure and transference (Burnes et al., 2017; Chang et al., 2018; Shipman & Martin, 2017). Many of the participants in this study worked with transgender clients, which inevitably involves an understanding of medical procedures and terminology and often involves interfacing with medical professionals or processes. This means that supervisors and clinicians will need to be versed in the standards of care as well as the language of therapy with a relational and liberative kind of model, while engaging in systems based on medical models.

A critical and liberative model of supervision honors gender expansive identities and expressions regardless of the genders represented in the relationship. If the supervisor and supervisee are both cisgender, critical dialogue about gender is still important to disrupt cisnormativity and raise consciousness about what it means to be cisgender. It is important also for supervisors to realize that their understanding of gender and self-identity work is imperative whether they have an out transgender supervisee or not. In fact, many supervisors may never know that their supervisees identify as trans, whether because of the supervisee’s gender identity awareness or because the supervisee may choose not to disclose their trans identity to the supervisor. For example, supervisors cannot assume they know where someone is in their gender identity development or that their current identity will not change over time. Supervisees may be questioning their gender, learning how they relate to their gender, and critically reflecting on the implications of transantagonism and cis privilege. For example, Henry described
supervision experiences as positive but was also confronted with their own trans identity in alternative spaces that facilitated conversations about trans identity. What would Henry’s experience have been if their supervision had included support for critical reflection on their identity related to gender and had been affirming of trans identities generally? Supervisors who practice critical and liberative supervision use the names and pronouns offered by their supervisees, correctly gendering supervisees and recognizing gender expansive identities as a small, initial aspect of affirmation. Affirmation goes beyond this to include knowledge that is often erased regarding nuanced understandings of gender and critical consciousness.

Ansara (2010) encouraged therapists to “take the journey of discovery” with their transgender clients. This process of discovery is based in learning information as well as an embodied and relational experience that increases capacity for complexity and connection. It is important to have information about various gender identities and pronouns, typical microaggressions, and safety concerns for transgender people, but as Sara stated in her interview, much of this can be gained from flashcards. Participants are calling on supervisors to move beyond basic knowledge to raise their critical consciousness through regular reflective practice. Hernandez and McDowell (2010) asserted that critical dialogue about identity fosters a supportive relationship conducive for learning in supervision. When supervisors have a developed consciousness of their own identities, then supervisees feel safer, more empowered, and validated (Jernigan et al., 2010). The supervisees in this study reported feeling more supported when their supervisor had an understanding of power and of their own identities. Richards et al. (2014) suggested applying an understanding of informed consent used in therapy to use
in academic work about the transgender community. The same can be applied to supervision as a supervisor acknowledges with their supervisee their own social position, social analysis, and approach to supervision to enhance mutuality in the relationship as well as initiate critically reflective dialogue. Naming dominant structures such as colonization, white supremacy, cisnormativity, and heteropatriarchy, provides a basis for critical dialogue and growth regarding psychopolitical literacy within supervision. Supervisors also need to be overt and genuine with their supervisees about their commitment to trans people (Nadal, 2018). This commitment includes a supervision lens that honors identity and fosters deeper critical reflection.

Fostering critical reflection engages the messy-ness of relationship. As Richards et al. (2014) pointed out, “Clinicians, regardless of their gender identities, sit in uncomfortable places” (p. 255). Having complex conversations is part of our role as therapists and ought to be even more so in supervision as this space holds both the supervision process and the therapeutic dynamic. Critically reflective dialogue values nonbinary thinking, social/political/historical contexts, and the complexity and tensions inherent in identity, relationships, and institutions. When relationships are fostered through connection, mutuality, and critically reflective dialogue, the sociopolitical wisdom that is generated can move both the supervisor and supervisee toward liberation (Sánchez Carmen et al., 2015). When a democratic culture is applied to supervision, there is value in the sociopolitical wisdom of each person in the relationship. By integrating identity and cultural understandings, Morgan’s supervisor helped them feel their strengths, or a sociopolitical wisdom, to offer in their work. This kind of wisdom can be
cultivated and used to promote self-understanding and a critical relational capacity for therapeutic work.

**Power Analysis**

Prilleltensky & Fox (2007) wrote about psychopolitical literacy as the ability to understand the relationship between political and psychological factors that enhance or diminish wellness and justice. Psychopolitical literacy allows supervisors to use their power to promote wellness and justice within the supervision relationship. Conducting power analyses is an important aspect of fostering critical consciousness in supervision and is a relational act. Growth-oriented relationships attend to power and foster “power with” dynamics versus “power over” ones (Jordan, 2018). Overt and vulnerable conversations about power and dominant culture with supervisees result in a better supervisory relationship, better learning outcomes, and greater critical awareness for supervisees (Cook et al., 2018; Inman, 2006; Inman & Ladany, 2014; McKibben et al., 2018; Wilson et al., 2016). Prilleltensky & Fox (2007) described how teachers and therapists often minimize the role that power plays in relationships, which does not allow for a true or complex understanding of intersectionality and difference. Relationally, this also does not allow for openness regarding limitations in understanding and missteps due to privilege. Participants benefited from conversations about sociopolitical identities both in feeling more connected as well as in support of their growth. Supervision conversations would also reasonably include how supervisees navigate issues of structural power such as cisgenderist policies and practices within workspaces and their community of professionals. Not having these conversations might be considered microaggressive in that it erases the opportunity for supervisees to be mentored in
supervision, and as Morgan put it, to conceptualize how there is “a place for [them] in this field.”

Supervisors can use their power to resist cisgenderist structures and foster this kind of resistance within the supervision relationship. Binary thinking must be examined and dismantled through critical dialogue in supervision to create space for healing and liberation. Black feminist educator hooks (2013) modeled a kind of self-reflective practice and accountability, deconstructing binaries of identity and power needed in the supervision dialogue.

I am compelled to locate where my responsibility lies. In some circumstances I am more likely to be victimized by an aspect of that system, in other circumstances I am in a position to be a victimizer. If I only claim those aspects of the system where I define myself as oppressed and someone else as my oppressor, then I continually fail to see the larger picture. Any effort I make to challenge domination is likely to fail if I’m not looking accurately at the circumstances that create suffering, seeing the larger picture. (pp. 30-31)

Fostering a practice of critical reflection about power allows for the supervisor and supervisee to resist structures of oppression together in their relational process and in their clinical work (Prilleltensky, 2003). Binary thinking about either having power or not having power creates false dichotomies that impede resistance. It is important in this relationship that supervisors move away from binary thinking and hold the complexity of well-being and justice of their supervisee at individual, relational, and systemic levels. For example, I theorize that the over- and underfocusing on issues of identity in therapeutic work comes from a lack of attunement. However, this may also be related to a
supervisor’s binary thinking that addressing identity is good and not addressing it is bad or that if one cannot address identity perfectly, one should not bring it up. Binary thinking about being right and wrong, expert and novice, also present impediments to working toward liberation. Practicing critical reflection requires some degree of self-possession, profound care, and a personal practice that deconstructs these binary beliefs and assumptions. Fostering critical reflective dialogue in supervision, in turn, grows the supervisor’s critical consciousness, and thus power is used to promote mutuality.

To promote authenticity, supervision theory must not be applied only in supervision; it is a way of being, an embodiment practice, a capacity. “When our lived experience of theorizing is fundamentally linked to processes of self-recovery, of collective liberation,” said hooks (1994), “no gap exists between theory and practice” (p. 61). Critical relational capacity integrates qualities needed to build a safe enough relationship with a supervisee to foster growth, critical reflection, power analyses and the potential for mutual liberation. Drawing from the findings of this study, I present implications for counselors and supervisors to develop their own critical relational capacity.

**Implications for Clinical Supervision Theory and Practice**

This study situates transgender supervisee experiences within the contexts of their supervisory relationships and training/clinical institutions. The findings suggest important implications for working with transgender supervisees within a critical and liberative framework. Based on participant suggestions as well as findings generated from their descriptions of cisgenderism and affirmation in supervision, I present recommendations for supervisors who are supervising transgender supervisees. These recommendations are
important for growing and exercising critical relational capacity and facilitating a liberative approach to supervision. However, just as Singh (2015) declared that trans liberation is for everyone, these recommendations are important for supervisors working with supervisees of any gender identity. Indeed, these implications are applicable for therapists as considerations for their therapeutic work with the understanding that most therapists function as supervisors at some point in their careers (Bernard & Goodyear, 2019).

**Recommendations:**

1. Supervisors need to acquire education regarding basic knowledge of gender and human sexuality rooted in an understanding of structural oppression. As our collective understanding of gender and sexuality continues to evolve, supervisors can adopt a regular practice of learning and growing.

2. Supervisors ought to increase their relational capacity, practicing relational attunement and tracking connections, disconnections, and reconnections with supervisees. Supervisors could check in with supervisees when missteps are made and use those as opportunities for growth. Supervisors could increase their capacity to hold nuance and complexity in relationship with supervisees, not only when processing the therapeutic dynamic but in acknowledging the dynamics in supervision. Supervisors can help supervisees utilize their supervision time through openness, flexibility, and attunement to their needs for learning.

3. Supervisors can benefit from taking a developmental perspective in their work with supervisees in the anticipation that supervisees’ identities may evolve as they engage with academic learning, therapeutic relationships, and critical self-
reflection. Supervision can provide an avenue for this growth process as it integrates self-of-the-therapist issues, clinical work, and academic knowledge.

4. Supervisors ought to establish a practice of critical reflexivity to develop a nuanced understanding of their own social location with an openness to evolving. They can utilize multidisciplinary learning in their growing understanding of wellness and justice, positioning the practices of counseling and supervision within sociopolitical history.

5. Supervisors can bring their own critical consciousness practices to supervision to foster critical reflection, initiating discussions regarding identity and power with supervisees. Supervisors can develop their psychopolitical literacy (Prilleltensky & Fox, 2007) as they socialize new therapists, acknowledging both wellness and justice implications for supervisees and their clients, and question how they understand issues of wellness and justice from multiple perspectives on a particular topic or case.

6. Supervisors can name structures such as colonization, white supremacy culture, cisnormativity, and heteropatriarchy. They need to be clear with supervisees about their commitment to transgender people and efforts to create equity in the workspace. With the understanding that theory is praxis, supervisors ought to employ a liberative theoretical model to supervision. Supervisors can identify and challenge binaries and question the function of the binaries as they occur.

7. Supervisors can employ a critical analysis of their power as having both psychological and political functions within the supervision dynamic. Supervisors can work toward mutual and democratic learning with supervisees, remembering
that their supervisee will eventually become their colleague. Supervisors can use power to foster supervisees’ sense of safety, belonging, and dignity both in supervision and in the environments contextualizing supervision.

8. Supervisors can develop systems of accountability in their work and in their personal lives that continue to foster critical consciousness and resist binary thinking and behavior. Supervisors can ensure supervisees have channels to raise concerns and make complaints within their institutions without recourse. Supervisors can consider how they hold their organizations, agencies, and professional associations accountable in providing opportunities for critical consciousness development, for equitable, trans-affirming practice, and anti-oppression policy.

9. Supervisors ought to advocate for hiring transgender therapists, supervisors, directors, professors, and researchers. Mental health institutions need to facilitate access for transgender therapists and supervisors to grow professionally and to have positions of leadership within the field, disrupting normative and cisgenderist frameworks long held by psychological fields.

10. As a matter of authenticity, solidarity, and collective liberation, supervisors ought to advocate for transgender people at every level, from personal inner work to voting on public policy. They can cultivate relationships with people of different identity categories that foster both care and challenge through critical dialogue. They can also follow Black queer and trans liberation healers, mental health providers, educators, and activists of color on social media and work through their
educational and experiential material. One example is the National Queer and Trans Therapists of Color Network (https://www.nqttcn.com).

**Psychopolitical Validity**

This study considers both psychological and political implications in supervision as well as ways in which both individual and structural processes meet in the relational space (Prilleltensky & Fox, 2007). As I address systems of oppression that permeate clinical spaces including supervision, I trouble dominant discourse by centering transgender supervisees. Not only does the focus of this study disrupt typical power dynamics, but it also employs both trans therapists’ professional expertise as well as lived experience to gain further understanding about supervision practice. My research methods and interpretations are based on my epistemology that includes critical reflexivity, intersectionality, and social change. As Teo (2010) stated, “Interpretations are actions” (p. 299), and my research process is guided by a resistance to essentializing and objectifying participants as well as reducing their experiences to a singular meaning. Using I-poems, contrapuntal voices, and the sequence of the Listening Guide engages the reader, evoking emotion and response. Rather than a “reporting on” approach or a search for certainty in data, these poems capture movement and dialogue inherent in research that privileges relationship in the process of knowing and knowledge creation.

As they shared their stories, I considered how this research methodology affected participants, and how it may affect other trans clinicians who read about this project and see aspects of themselves represented or perhaps see ways this study is problematic. It was imperative that I utilize a relational approach and form connections with participants in interviews and through the member checking process. As a matter of relational and
dialogic understanding of knowledge, I invited critique of my understandings and was intentional about being responsive to questions and discomfort. I was open to alternative perspectives and viewpoints and employed member checking, engaging with participant feedback as an interpretive and reflexive process.

I situate this study within a specific time and place, in the context of my own developmental trajectory as a researcher and within the conversation in the literature on supervision practice, counselor education, and transgender experience. As I wrote and discussed the findings, my understandings changed. While my dissertation has been written and is hence static in this form, the meaning-making regarding trans experience, supervision, and liberative relationships will continue to evolve. This study will be situated in this ongoing research conversation, inviting critique and hopefully adding to our expanding knowledge and praxis.

**Summary of Discussion**

The findings in this study covered the complexity of identity and identity development as it pertains to trans therapists, their experiences of affirming and cisgenderist supervision, the impact of positive and negative experiences, participant resilience and resistance to cisgenderism, and direct recommendations for supervision practice. These findings illustrate the interdependence of individual psychological processes with relational dynamics and institutional policy and practice in stories of supervision experience.

This chapter has synthesized findings through interpretations of several salient constructs. The discussion seeks to honor the complexity inherent within lived experience. As this study employs a voice-centered methodology, a discussion of voice
and silence makes evident the multiplicity and layered meaning-making within participants as individuals and across participants. Listening for contrapuntal voices, the third step of the Listening Guide, yields dualities of perspectives within one experience and provides a means to hold tensions during interpretative analysis (Gilligan, 2015). I attended to voices of resilience/resistance, knowing/knowing, and connection/disconnection. I used examples of contrapuntal voices to deepen understanding of three interrelated constructs of power, identity, and relationship contextualized by the structural violence of cisgenderism. The first construct, power, is a psychopolitical force that carries influences from dominant culture in supervisory relationships. Supervisors possess power to foster connection and growth as well as power to control and abuse. Participants responded through their expressions of self-preservation and resistance to cisgenderism exhibited in supervision. The complexity of identity, the second construct, is broken down and replaced by binary frameworks due to power structures of dominant culture. Participants’ expressions of identity exemplified the complexity and nuances inherent in the language of identity and provided understanding of how intersectional identities carry both disadvantage and privilege within dominant structures. This complexity becomes important to supervision processes as participants moved through gender identity development and explored aspects of therapeutic self. The contrapuntal voices of knowing and not knowing evoke a sense of conscious and unconscious self-understanding as they navigated both support and cisgenderism within supervision. Relationality is the final construct considered, utilizing tenets of relational-cultural theory to integrate concepts of power and identity in the ways that relationships provide connection, mutuality, authenticity, and growth. Participant
voices of connection and disconnection can be heard, shifting in response to both safety and cisgenderism.

Interpretations regarding the complexity of power, identity, and relationship within the context of dominant culture are then used to propose a concept of supervision practice that moves supervisor and supervisee toward liberation. This critical relational capacity involves relationality and critical consciousness-raising through fostering critical reflection and conducting power analyses. The following section discusses the limitations of this study and future research directions before my final reflections on this process as a researcher.

**Limitations and Future Directions of Research**

Participants in this study were licensed therapists, which excluded trans people who were supervisees in training and did not continue to licensure, were burned out, or changed careers, perhaps due to the obstacles. On the other hand, the participants in this study were all successful therapists engaged in clinical work, effective in their jobs, and yet still with stories of the structural violence from cisgenderism in supervision and in their professional careers. This points to their obstacles as well as their resilience. However, this study does not capture the experience of those who could not access counselor training or continue their training programs.

A limitation of this study is that it had predominantly white participants. Also, while there is one person of color represented, there are no Black trans participants in this study. This study does not adequately explore the intersectional oppression faced by trans therapists of color and the challenges working and being supervised in a predominately white field. Future research could explore the experiences of trans therapists of color at
the intersection of race and gender. Research may examine how white supremacy culture influences training and work experiences for trans therapists. There was certainly not representation of all trans identities, and future research might include more varieties of gender expression and identity. As a qualitative study the findings are not generalizable; however, the themes discussed suggest implications for supervision and generate knowledge as a basis for further investigation.

Future scholarship should investigate supervision experiences of transgender therapists in training programs and supervisees from different geographical areas to explore trends in trans therapists’ experiences in various regions. This study was limited to the United States and specifically to New England, whereas future research may include trans therapists in supervision or training in various parts of the world. Future research could utilize participatory action research or focus groups to capture dialogic findings regarding transgender therapists’ experiences. Research should work to create access and investigate barriers for transgender people entering the field of counseling and ascending to leadership roles. Research could examine barriers specific to different mental health disciplines including social work and marriage and family therapy. Further research is also needed in the area of supervision models that promote collective liberation as well as supervisor development related to critical relational capacity.

**Researcher Reflections**

In critical voice-centered research, “the ethical challenge is the challenge of relationship: how to stay in connection both with oneself and with others” (Gilligan, 2015, p. 73). These eight participants and I have shared a unique relationship over the course of this project, and I feel as though I have been in continual conversation with
them, hearing their stories and listening again and again to the layers of meaning they reveal. In this relational method, I have cried and laughed in response to their experiences and carry a deep admiration for their vulnerability, warmth, resilience, resistance, and expertise. I wanted to take each of them for coffee and talk more about our lives and our work.

Through my investigation of relational and critical methodologies and research praxis, I developed further in my capacity to embody holding complexity and nuance, practice reflexivity, and engage in relationships that enhance liberatory potential in the context of therapy, supervision, and research. Deconstructing how dominant culture shows up in me is part of reflexive, healing, and liberatory practice, central to my work. During my researcher reflections on voice, I have recalled pieces of my own history in evangelicalism during which time I was taught that women should keep silent and later how I struggled against heterosexism to voice my own identity as a queer person. I connect this to my experiences as a supervisee grappling with internalized oppression, the dominant culture that contextualized that space, and the warmth and connectedness of therapists and supervisors. Therapeutic and supervisory relationships have been a source of my own healing and reclaiming voice.

Despite the structural violence and oppression that contextualizes our society and the field of psychotherapy, I believe space can be made for healing. Adrienne Marie Brown talked about the idea that “utopias live on top of dystopias,” and new ways of being happen even as the world needs to change (Hemphill & Brown, 2020, 5:15). This idea inspires me to think about the simultaneous existence of oppression and potential for healing and liberation in therapy and supervision. Like the space that can be created
within dominant structures for the kind of relatedness and connection I long for in healing relationships and promote regarding supervision practice, I have found it necessary to offer that space to myself in this research process. I summoned voices of challenge to stretch me, to expand my thinking, and to help me resist dichotomous categories and singular meanings. This practice invited me into a dialogue that does not dissociate cultural structures from ways of producing knowledge but seeks to help me find what liberation can mean in this time, this space, this body, and this research conversation.

Resisting divorcing structural violence from the knowledge generated in this study required an embodied practice of feeling. I was surprised by the grief I experienced while conducting this research, and then I was surprised that I was surprised. I am a trauma therapist who understands trauma as psychological and political, that it is individual, relational, and structural. Yet, I still felt the pulse of my own contrapuntal voices in my research process regarding the emotions evoked in a critical approach to investigating a marginalized community. Even as I write this reflection, a belligerent United States congressperson has posted a sign outside her office emphasizing a gender binary, bills across the country threaten to strip trans people of basic rights, and an eighth (and as I revise, now tenth) trans person this year was killed by anti-trans violence.

Dominant culture did not pause during the writing of this study, and I held a consciousness of how the experiences my participants shared here connect to current sociopolitical oppression. I grieved participant stories at times for the hurt they experienced and for the losses incurred as structural forces denied access to creative, compassionate, and skillful clinicians. Perhaps I also grieved the ways I have participated in perpetuating harm or how their stories resonated with parts of my own. As a trauma
therapist, I believe in making space for emotional processes and connecting with empathy as part of healing, resilience, and resistance. Embracing the grieving process allows us to come back to a sense of wonder about the world and about difference, and thus to reimagine new ways of being (Kaur, 2020).

This research process shifted my way of being. My queer identity and experiences with partners have affected my relationship to gender and inform how I understand this research. I have loved and been loved by people occupying a variety of gender identity categories. As my own sexuality is fluid, I have held the gender of my partners as a less important variable in those connections. Because of this, I have a flexible and more expansive relationship with gender in general. This is useful to me as I relate to clients in therapy and as I supervise therapists who are developing in their own identities. While I have long held gender with some complexity, I realized while doing this research that I had much more capacity for reflexivity regarding my own gender identity. Through the embodied practice of critical reflection alongside this study, I have found that my connection to my identity as a cisgender woman feels fluid, salient to me in some instances and not salient to me in others.

The research process has also deepened my self-work around other identities of privilege that I hold, the ways my voice and silence have resisted structural violence and the ways they have perpetuated it. I have white privilege, am economically resourced, and have educational status. I am queer but often perceived as straight. I hold tensions within my identity as a queer woman but also a person with immense privilege. Understanding white supremacy culture and my own whiteness has been integral to conceptualizing structures of power as well as how my identity and way of relating to
others is shaped by whiteness. This has caused me to invest more deeply in understanding dominant culture, decolonizing methodologies, and healing practices that center collective liberation. Now as a therapist and supervisor, I have grown in my capacity to understand relational disruptions rooted in systems of oppression, and I am committed to growing in my understanding of healing situated in collective liberation.

As I listened to participant voices, I discovered the contrapuntal voices within my own mind and body: the voices of knowing and not knowing traumatic effects of cisgenderism, knowing and not knowing the grief that comes with acknowledging structural violence in any context, in this case supervision; the knowing and not knowing the depths at which I can question and step outside of my own gender identity; knowing and not knowing how much more unlearning and relearning I have to do to move away from perpetuating dominant culture; and knowing and not knowing the truly liberative potential in relationships. As I have engaged in this research journey with this question about transgender therapists in supervision, I realized that I am on my own journey of liberation, to find out what liberation means and how to practice it. This research process has been transformational for me as a therapist, supervisor, and now researcher in my personal liberation journey.

**Conclusion**

Love, defined as “the material and conceptual pursuit of our own or someone else’s humanity” (Laura, 2016, p. 215), has been a primary motivation in this study. To write about love as an impetus for research disrupts traditional academic discourse. Prilleltensky and Stead (2012) assert that “the basic assumptions we hold about justice affect the type of caring we espouse and how much autonomy and inclusion we foster”
(p. 327), and Ulmer (2017) imagines what critical qualitative inquiry might be if it were considered an act of love. In a society formed by structures of oppression, it is crucial that we build our capacity as therapists and supervisors to dismantle dominant culture within ourselves and cultivate spaces of care, connection, and critical reflection. It is love that motivates my commitment to resistance within myself and in my professional roles, and to fostering spaces for relationship, healing, and collective liberation.

In conclusion, I offer an I-poem taken from my reflections on my own gender and research journey.

I understand
I have loved
I have held
I have a flexible
I relate to clients
I supervise therapists
I have long held
I realized
I had much more capacity
I have found

There is a resonance I feel as a researcher with Skye, who when asked about their reason for participation in this study, called this “a labor of love” and said that people who have experienced trauma hold a longing that “their story or their pain can be transformed into something.” My hope is that this study has an impact on moving practitioners toward more liberative approaches to therapy and supervision.
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Appendix A

Recruitment Email

Hello!

My name is Kimberly Cherry, and I am a PhD student at Lesley University conducting research under my chair, Dr. Sue Motulsky. My project focuses on the experiences of transgender therapists in clinical supervision and I am looking for transgender identified clinicians who are interested in supporting this project by sharing their own stories.

Specifically, I am interested in amplifying voices not typically heard in the academic discussion of clinical supervision. This research explores transgender therapists’ experiences in supervision and how they negotiate their transgender identity, get support, and deal with challenges in the supervisory relationship. As a queer cisgender woman with social justice values, I am committed to centering the voices of transgender supervisees in this study to expand the practice of supervision and clinical practice in general.

I am seeking participants who are practicing clinicians, and able to report on their clinical supervision experiences whether past or present. Data collection includes a providing brief demographic information, a personal interview that lasts 60-90 minutes and an invitation to offer feedback regarding interpretations. There is also potential to be involved in a small 2-hour focus group at a later date that will facilitate making meaning of supervision experiences and issues through collective dialogue. Participation is confidential and is done with participant consent throughout the process.

Thank you for taking the time to read about this project. If you have any questions or are interested, please feel free to contact me at kcherry2@lesley.edu

Kind regards,

Kimberly Cherry, MMFT, LMFT
she/her/hers

PhD Student of Counseling and Psychology
Lesley University
29 Everett St, Cambridge, MA 02138
kcherry2@lesley.edu
Appendix B

Informed Consent for Interview

Thank you for agreeing to participate in the interview for this study. Kimberly Cherry, a doctoral student at Lesley University, will conduct the research as part of her dissertation requirements. Dr. Sue Motulsky, my chair, is supervising this study. Beyond this, aspects of this study may be used for class discussion and learning purposes, while your name and identifying information is kept confidential.

Your participation will entail an in-depth interview, which will last approximately 60-90 minutes. Prior to the interview, you will be asked for brief demographic information. You will also be invited to participate in a follow up correspondence to clarify findings and offer feedback regarding interpretations. You will be invited to participate in a 2-hour focus group with other participants to further discuss this topic and share observations. All interviews will be recorded and transcribed for analysis.

The results of this research will be submitted to the dissertation committee as a requirement of Kimberly Cherry’s doctoral program. Direct quotes from your interview may be used to clarify research conclusions. However, pseudonyms will be given to all participants and identifying information will be concealed. By signing this consent form, you give the researcher permission to use statements you make during the interview.

By volunteering to be interviewed, you may develop greater insight about the experience of gender identity, clinical considerations in supervision and contribute to knowledge about supervision with transgender therapists. Minimal risks are anticipated with your participation in this study as this topic may lead to distressing feelings. You can stop the interview at any time. You may also withdraw from this study either during
or after your participation without negative consequences. Should you withdraw, your data will be eliminated from the study and destroyed.

The information you provide will be kept strictly confidential. The informed consent form will be kept separate from the interview data. The interview data will be labeled with a number code, pseudonyms will be used, and your name and other identifying information will be concealed in the write-up of the research results to protect your identity.

If you have any questions about this study or your involvement, please ask the researcher before signing this form. There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at irb@lesley.edu. Two copies of this informed consent form have been provided to you. Please, sign both forms, indicating that you have read, understood, and agree to participate in this research. Return one to the researcher and keep the other for your files.

Name of participant ___________________________________________________________
Signature ___________________________ Date _______________________

Name of researcher __________________________________________________________
Signature ___________________________ Date _______________________

Contact information:
Researcher: Kimberly Cherry, MMFT- kcherry2@lesley.edu, 502.387.4558
Appendix C

Interview Protocol

Introduction: gratitude for participation, brief reflexivity statement, brief explanation of the study, purpose and framing the interview

Discussion about informed consent: confidentiality, right to withdraw and recording interview

Questions:
1. You have been a (title) for (length of time). Can you tell me about your professional journey, perhaps beginning with your decision to become a therapist?
2. I am interested in your experience as a (self-identified identity) supervisee. Can you tell me a story about your experience?
   a. Follow up questions and topics
      i. Can you tell me about when you have felt very aware of your gender identity in supervision?
      ii. How was gender identity discussed?
      iii. What impact did that have on you?
      iv. Support/Challenges
      v. Empowerment/Disempowerment
      vi. Coping strategies
      vii. Supervision relationship
      viii. Clinical relationship
      ix. Systemic issues
      x. Gender identity development
3. How was gender identity discussed and what was the impact on you?
4. What topics are important to be able to process in clinical supervision related to transgender identity?
5. I’d like to understand how your clinical identity has evolved in the time since you were in supervision. Can you tell me about your clinical development since then or about what is next for you in your development as a therapist?
   a. Identity development
   b. Understanding of therapeutic self
   c. Clinical support
   d. Self-care
6. Are you a clinical supervisor? How has your experience in supervision influenced how you supervise?
7. What advice do you have for supervisors who are supervising transgender therapists?
8. Are there other stories that you feel might get to your experiences in supervision that we have not covered?

Wrap Up:
• How did you feel about the interview? What are your thoughts on how this interview has affected you?
• Do you have any feedback for me regarding the interview or questions themselves?
• Gratitude for participation.
• Discuss contacting in the future for feedback and reactions to analysis; recruiting other participants who might be interested in participation; invitation to participate in focus group.
Appendix D

Interview Questionnaire

Name: ________________________________________________________________

Age: __________________________________________________________________

Pronouns: __________________________________________________________________

Gender Identity: ____________________________________________________________

Racial/ethnic/cultural identities: _____________________________________________

Additional identities that are important to you: ________________________________

Degree/year: __________________________________________________________________

License: __________________________________________________________________

Years of clinical experience: ______________________________

What type of clinical work do you do? __________________________________________

Are you a supervisor as well? _______________________________________________