

Dreaming trans affirming mental health care into existence:  
A wish list from trans folks



*Photo by Sonn*

Edited and formatted by Tiffany Sostar (they/them)

September 2026

## Intro

This wish list was created from ideas that trans and nonbinary people shared to an online form in 2023, and from feedback provided by early readers. It was inspired by Daphne Hewson's work<sup>1</sup>.

Our hope with this small offering is to share community knowledge with therapists about what affirming and supportive mental health care might look like.

We know that there are many therapists who support trans and gender expansive community, and who want to stand with us against hardship and injustice. Some of those caring therapists are outside the cisgender binary themselves – trans, nonbinary, agender, two-spirit, brotherboy or sistergirl, or otherwise gender expansive or gender non-conforming. There are also many cisgender therapists who care and want to stand with us. All therapists, regardless of their own gender identity or expression, can offer useful care and conversations for trans and other gender expansive folks.

We also hope that this wish list offers something useful for gender creative community members. You can share this wish list with your therapist or a potential therapist, use it as a jumping off point for a conversation with your therapist or potential therapist, or make changes to this wish list to make it personal and relevant for you in your own context. You might agree with some things and completely disagree with others – this 'wish list' isn't meant to be 'the truth' of what 'trans community' needs or wants, but rather a set of ideas that come from some people within the community. There are many ideas not included here, and many ideas included here that aren't relevant in every context and won't resonate with every person.

Many of the people who contributed to this project have had mental health care experiences that were either unhelpful, or actively harmful. We share some of those experiences, with the hope of preventing other people from going through the same, or reducing the sense of isolation that can come from going through those experiences.

Many of us have also had great experiences with therapists. For example, one person said that having their therapist find and share trans-friendly resources "has been a lifesend". There are so many ways to be alongside us, to make a positive difference in someone's life.

We hope that you'll stick with us through this wish list, take the pieces that feel useful and relevant, and discard the pieces that aren't relevant for your context.

Contributors<sup>2</sup> were located in Canada, the United States, the UK, Australia, and elsewhere.

---

<sup>1</sup> Hewson, D. (2002). Heterosexual Dominance in the World of Therapy? In D. Denborough (Ed.), *Queer Counselling and Narrative Practice* (pp. 52-62). Dulwich Centre Publications.

<sup>2</sup> Contributors include Aidan, Frances Larina, Rowan Garwood, Mathilde M, and others who wished to remain anonymous. Aakhil, Emily Salja, Sonn, Nathan Viktor Fawaz and Pedrom Nasiri offered feedback on earlier drafts.

## Good experiences with therapists

Some of us shared specific good experiences, and we'll start with those. We hope for more of these stories.

- “My current therapist is really great. He has a trans-inclusive intake form. He made sure to go through preferred pronouns, name, etc. We are able to talk about all sorts of issues that impact me beyond just my gender. He's gone to bat for me when dealing with doctors and finding a psychiatrist that is trans-friendly. That last part, finding trans-friendly resources, has been a lifesend for me, and I'm glad he is able to do that.”
- “She's a queer therapist and while not trans she is a very active ally, she keeps up to date with what's going on, she's never misgendered me, she doesn't bring me being trans into the conversation unless I do, while still having that acknowledgment that it does have an impact. Also, when sharing how hard it is to cope with how the government is treating the lgbtq+ community, instead of trying to pretend it was something you can therapy your way out of, she shared some of the ways she's been coping with it which felt a lot more like someone understanding me.”
- “They were consistent, grew and changed as I did, and affirmed my experiences. They listened and they believed me.”
- “She trusted me to tell my experience accurately, and since I was her first trans patient, she agreed to contact other colleagues and organisations to gather the resources she'd need to support me.”

## A foundation for supportive care

We would like therapists to...

- Learn about trans joy, and what can support and catalyse it. Without intentionally looking for a range of stories, including stories of joy and possibility, it's too easy to only encounter trans stories of tragedy or trauma.
- Know something about the many ways our communities have found to survive and flourish across time and around the world. Helping us to build time machines and transporter beams<sup>3</sup> that connect us to each other might be nice.
- Know that there are many different paths for trans and gender expansive people to take. We have many different desires for our lives.
- Be careful with the concept of ‘authenticity,’ and other assumptions about someone ‘living their truth’ and what that could or should look and sound like.

---

<sup>3</sup> Find whatever metaphors resonate with the people that you're speaking with. For some contributors to this project, metaphors from science fiction offer space for imagining more possible presents and futures.

- Know that nonbinary people exist and should be respected just like anyone else. And we would like therapists to know what a gift nonbinary thinking about gender (and the world) is.
- Get their information from trans people directly. There are many of us who can do trainings, but we've seen so many being told bad information with language that treats us like specimens rather than people. So get the information from trans folks and use our resources. We have so many! (The best way to get started is to learn what trans community and trans advocates are doing in your specific context. But you can also look for books, podcasts, essays, comics, shows, music and other media created by trans and gender expansive folks<sup>4</sup>.)
- Recognize that many trans and nonbinary and gender splashy<sup>5</sup> people also identify as neurodivergent in some way. This doesn't mean that all neurodivergent people are trans, or that all trans people are neurodivergent, but it's worth knowing that there's a lot of overlap. We would also like therapists to be aware that the way the DSM criteria and neuropsych testing is interpreted can exclude some trans/gender expansive folk with lived experience of neurodivergence.
- Know that people are the experts on their own experience of gender, whether that is trans or nonbinary or any other gender (such as Two Spirit, Brotherboys or Sistergirls, or other culturally-specific genders). Therapists don't become the 'expert' even if they've had a prior trans client or a hundred, or even if they are trans themselves. We want them to know that every one of our experiences and life situations are as diverse as those of cis people.
- Not assume pronouns based on physical appearance. It would be great for therapists to have in their forms and begin sessions with pronouns. Ideally in a way that is not made out to be a big, weird deal, but just as an expected process of introduction. We would love for pronoun introduction to be 'normal' in the same way payment is taken at the end of the session.
- Be open about their biases and any ethical conflicts they may have in working with transgender individuals. If a therapist does not support trans people existing or transitioning, we need to know that.

## Engaging with the wider context

We know that keeping up with the wider context can be challenging, because a lot is happening all the time. One contributor said that “the world and the stresses we are under seem to be

---

<sup>4</sup> You can find an incomplete but growing list of recommended resources at <http://www.groundfireccw.ca/trans-recommended-resources>

<sup>5</sup> 'Gender splashy': feeling gender as a wide-open space to splash around in playfully. (Credit to Sonn for this definition.)

moving faster than therapists can keep up". We know this is hard. We feel it, too. But finding ways to stay engaged, to keep connected to what is happening, can make a big difference.

Beyond the therapy room, we would like therapists to...

- Know that when we ask for trans rights, we don't just mean the right to transition between two pre-defined genders, but rather rights associated with gender freedom. What gender means can't be defined by laws and politicians; each person must have the ability to live their life and make their own choices. There is a serious risk in equating transitioning with requiring people to choose to be a 'man' or a 'woman'. For many people, it can also mean simply defining what gender, or lack of it, means in their life. Often the best way to support this is to just affirm the person however they are now, and however they want to be later, and however they want to be after that. This means that we hope therapists will resist the idea that transitioning is about 'switching gender' and other binary ideas. If they really want to care for trans folks, they need to deconstruct their ideas surrounding gender and sex.
- Explore their own gender in a meaningful way, regardless of their own personal gender identity. We want them to recognize that everyone has some relationship with gender, and with the gender norms and expectations that we are all surrounded by.
- Examine their own privilege, not just related to gender but also to race, disability, and other identities and experiences that mean people face injustice and hardship and the many effects of these injustices.
- Be aware of the way dominant gender norms and expectations in many places are linked to the continuing processes of colonization and imperialism, and to also be aware that cultural contexts are diverse and have rich and varying ideas about gender. Being able to share local and online resources related to different ways of thinking about gender and connecting in with many specific communities for resources, especially in languages other than English, can help. Please work with us to build collections of resources.
- Know the political living situation for someone who is trans. Is the government trying to get rid of us, what are hate crime rates like... therapists need to be up to date on what is happening in the world and how that affects us.
- Know that some trans and nonbinary folks believe that political enfranchisement through legal rights and recognition is a prerequisite to dignity and safety, or the only way we can be connected to a sense of wholeness or wellbeing. We may need support with imagining otherwise, particularly in contexts where we are facing legislative violence and erasure.
- Really be aware of their social and historical position. Therapists have the power to inflict a lot of harm on trans patients, and we have little reason to assume they won't use it, because others have. Many therapists have been positioned as the gatekeepers of access to care, and other therapists and researchers have built careers on trans lives in ways that have not always benefited trans community. Knowing this history and refusing

to continue it is important. Trust is hard-won. To a trans person, medical professionals aren't allies by default, so just sounding like a professional isn't enough. We want therapists to be actual allies and offer trans-affirming care.

- Spend time in community so that their perspective isn't just academic, especially for therapists who are not already part of the community or connected to trans and gender expansive community in some way. If you've only learned about trans people from books, it shows. Show up to our events when they are open to the public, read books by trans and nonbinary authors, engage with our music and art. There are lots of ways to get connected to the community, to witness both the joy and the pain in our lives. One significant way you can do this is to go to a Trans Day of Remembrance service and understand it. Feel that pain with the community without trying to take from that space. Pronouns and up to date language are the bare minimum; showing up to TDoR and other events means that they're stepping out of that bare minimum stage.

## What we talk about in therapy

We would like therapists to...

- Recognize how much it means that we are willing to ask for the help we need.
- Take our lead on what we want to talk about and how they can help. This means resisting the position of 'expert' that therapists have historically been invited into, collaborating with us rather than trying to guide us.
- If we do want to talk about gender, ask about our gender goals rather than assuming what they should be. Ask what we wish people knew or understood about our gender experiences. In conversations about gender, we would like therapists to not assume that we need their insight on our identity. Maybe we need help with difficult circumstances surrounding it, maybe we need a paper for insurance, maybe we're here to placate an unsupportive family member. There's always going to be a lot that therapists can offer, but often not with figuring ourselves out.
- Not always ask about personal history right away. It can easily sound like the old 'let me judge if you're really trans by digging into your past' gatekeeping routine. Show us that you trust us first and then we'll trust you with information.
- Be able to focus not just on gender but also the collection of experiences that can come with being trans or gender non-conforming (either in our outward presentation or our inner experience of ourselves). Some examples are shame, fear of rejection or violence, self-loathing, anxiety, depression, self harm, suicidal ideation, etc. We want therapists to know that these experiences are not because something is 'wrong' with us, and it's not helpful to mis-identify transness as the reason for these experiences. It can be hard to hold onto joy and possibility in a context that is often hostile to trans people (or even

gender non-conforming cisgender people, or queer people, or so many others whose genders are judged and rejected<sup>6</sup>).

- Not make assumptions about the 'root cause' of our sadness or suffering. And especially don't assume that gender is the cause of any 'mental illness' or distress.
- Understand that many of us need supports for managing the ongoing effects of oppression and the many forms of grief that can invite, and to be ready to have conversations about that. We would also like therapists to be able to speak about this without assuming that just because we're living with the effects of oppression, that's the entirety of our story.
- Know that if they work in a place that still requires a diagnosis to access transition, a lot of patients will be reaching out to them for that reason first and foremost. Sure, therapy will still be helpful, but their number one need might be staunch and competent \*administrative\* support in navigating the system. This can make such a powerful and positive difference. If therapists don't learn to offer that, they won't be able to serve those patients well.
- Know the basics of medical transition and the effects of HRT and/or surgeries, so that we don't have to explain everything about what we're experiencing. A little research goes a long way.
- Know that we want to be affirmed and believed for our lived experiences.

## Helpful things that therapists can do: forms, websites, documents and office spaces

- List their pronouns in their bios and signatures. Ask for our pronouns and honour them. Verify the name we prefer and use it consistently. Never use our deadnames or refer to us by the sex we were assigned at birth. That establishes the foundation, and from there we can sort through goals. They also need to demonstrate a willingness to explore issues that impact us that go beyond gender. Gender isn't all we are.
- Leave the gender line blank so that we can fill it in with whatever our gender is. Allow us to tell you whether we identify as trans, rather than assuming. Remember that intersex people exist, too.
- If their forms include questions about gender experiences, include gender dysphoria *and* gender euphoria.
- Let us fill in our own pronouns rather than a tick box, with space to say 'yes I'm trans, I'd like to discuss this in therapy/I would not like to discuss this in therapy' (and then

---

<sup>6</sup> Gender intersects with race, class, ability, sexuality, neurotype, and any other aspect of social location, identity, and privilege or marginalization. This means that the gender expectations that people are facing are also affected by the other sets of expectations, norms, and pressures that they are facing.

honour whatever we decide). Don't just assume that we're here to talk about being trans.

- Putting up a trans flag is obvious, but not always trustworthy (we've seen trans flags in some very corporate spaces that we know are not actually safe). But put the flag where everyone can see it – if you're willing to risk conflict with transphobes then we'll be more willing to trust you. Similarly, make it visible on websites and brochures if they are 2SLGBTQIA+ affirming and inclusive.
- We often find it helpful when therapists list the trainings they've attended and their experiences working with trans community, but only if this isn't done to 'tick a box' and treat us as a novelty that can add to their marketing. One way to demonstrate that they have gone beyond this is by being willing to explain their understanding of what trans means, and, if relevant, their understanding of neurodiversity or other aspects of identity that are part of our experiences if we ask them about it.
- At the same time, some trans folks are worn out from the constant politicization we face, especially these past few years, and may actually not want to engage with flags or pronouns or allyship or community at all. There is complexity there, and different people will find different things welcoming.

## Learning and growing

We don't expect therapists to always get it right. In fact, making mistakes and then learning and growing can build trust and connection. Here are some ideas for handling the inevitable mistakes.

- Be curious, not just about us as people but also about what we know. Normalize sharing knowledge both ways. Then if we think you're wrong, we can easily tell you and it's just another exchange.
- We would like therapists to learn how to interact with trans people without being nervous about getting it wrong. Be confident and curious in their allyship. Places like queer-led allyship sessions and living libraries are good places to learn these skills.
- Self correction goes a long way, and so does being willing to ask if you don't know. Just say you don't know. Acknowledging the limits of your knowledge shows a willingness to learn and to not always be the authority.
- It helps when therapists work to create an open, honest and direct relationship where we can tell them if they've made a mistake and they will listen, affirm, apologize, and adapt/respond if possible. Don't make the apology long-winded. Just say, 'I'm sorry. I will do that from now on.' And then move on and do the thing from now on.
- Be aware of what it feels like for you to get defensive. Mistakes happen, but defensiveness can shut down conversations and relationships.
- Some of the people who contributed to this wish list are therapists too, and we have found it helpful us to have a community of people who support us in our learning. It's

also worth knowing that trans and nonbinary and other gender expansive people are also learning and growing. Terminology, identities, community and personal practices... these are changing all the time. It's a process of learning and growing that continues across our lives, just as it does for everyone.

## Experiences we don't want other people to go through

One of the reasons this wish list exists is because too many of us have had unhelpful or even harmful experiences with therapists, and we want to support therapists to avoid these mistakes.

- “[A therapist] misgendered my child repeatedly in my child's presence, even after having been told previously what their gender was and after me repeatedly correctly gendering my child in the conversation.”
- “My family shoved me into a Catholic therapy practice that turned out to be conversion therapy. It was horrific, and I struggle to talk about it still. It started out like ‘normal’ therapy, but it went into horrific gaslighting, tearing me apart mentally, and other awful practices that were a nightmare that haunts me to this day. It's torture. Therapists who have no training on trans people? They often will regurgitate arguments that have their roots in conversion therapy, especially the bullshit of gender being only a binary and transitioning a myth or detransitioning being common (it's NOT common. [Few] trans people detransition, and if we do it's because we have to in order to not die because of our situations being that dangerous<sup>7</sup>).”
- “I was her first trans client and she knew nothing about anything, I was the first nonbinary person she had met, I got gendered wrong a lot, I had to educate her constantly on trans rights and the current political climate and how trans community works. It would take ages to be able to talk through something as I'd have to teach all the context first. She was willing to admit where she didn't know things but also still expected me to do the work bringing her up to speed.”
- “[Some therapists ask] loaded questions like asking if magic could change us to be cisgender would we do it? Don't Fucking Ask That. That's not helpful and not why I'm

---

<sup>7</sup> Transition is not a linear, predetermined path. People can change direction in their transition, adjust their gender expression or the medical supports they are accessing, detransition or retransition, for a wide range of reasons. Gender freedom means being able to continue on our gender journeys, no matter where they take us.

It is true, though, that social and structural challenges make it hard for some people to stay on the gender path they have chosen. According to the 2022 US Transgender Survey, “Among the 9% of respondents who had ever gone back to living in their sex assigned at birth for a period, the most common reason was that it was ‘just too hard to be trans in my community’ (41%). Further, a third (33%) of those who went back to living as their sex assigned at birth for a period of time did so because they faced too much harassment and discrimination for being trans. Taken together, 82% of those who went back to living as their sex assigned at birth at least for a little while did so because of social and structural factors that made it difficult to be trans in their community.” (p. 51)

Rastogi, A., Menard, L., Miller, G. H., Cole, W., Laurison, D., Caballero, J. R., Murano-Kinney, S., & Heng-Lehtinen, R. (2025, June). *Health and wellbeing: A report of the 2022 U.S. Transgender Survey*. Advocates for Transgender Equality. <https://ustranssurvey.org/download-reports/>

there. And yet some therapists have had the gall to ask that! That's edging way too close to the starting tactics of conversion therapy, which always starts there and then gets a million times worse by the 2nd or 3rd sessions."

- "They were judgemental, did not take time to know me and made assumptions, interpreted my trauma/giftedness/neurodiversity as a problem... I felt shamed."

## Final thoughts

- We want better community-based information on alternatives to therapy.
- We've written a lot about community and about the wider political context in this wish list, and we also want to acknowledge that some trans and gender non-conforming folks experience challenges with balancing our desire to participate in community struggles while taking care of our immediate or individual needs. Having available lists of actions we can take that combine those two things can really help.
- We want more trans, autistic therapists! (And trans therapists of all types.) Not so long ago we weren't even \*allowed\* to be in the profession because we'd be 'biased'.
- The most important work for therapists will be done outside of the session before working with trans clients. This necessary learning and listening process can make our conversations so much better.

*This small offering is part of a larger collection of work in support of trans lives. This work is done in honour and memory of Bekett and Theda and other beloved trans kin who are no longer living, and in hopes of contributing to a world in which more trans and gender expansive people can find pathways into liveable lives. This is an incomplete wish list. We would love to hear from you, too, and add to this list. You can reach Tiffany at [tiffany@groundfireccw.ca](mailto:tiffany@groundfireccw.ca).*

This wish list is shared under a Creative Commons CC-BY-NC license. Please feel free to share this content, with attribution.