

Trans and non-binary person-centred therapists' experiences of, and responses to, transprejudice from clients: A reflexive thematic analysis

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Abstract

Aims: This qualitative study aimed to explore what it is like for trans and non-binary (TNB) person-centred therapists to be exposed to transprejudice in their client work, and how they navigate such relationships. In so doing, the study aims to amplify TNB perspectives, encourage better allyship from cisgender colleagues, workplaces and professional bodies, and inform understandings of person-centred theory and practice.

Method: Five White, TNB, person-centred therapists took part in non-directive interviews. A reflexive thematic analysis was performed with a phenomenological and hermeneutical approach.

Findings: Therapists perceived their encounters with transprejudice in client work to be infrequent or less intense than in other areas of their lives. Clients who expressed transprejudice were seen as situated in a transprejudiced context, which allowed the therapists to maintain unconditional positive regard and empathy. The therapists nonetheless reported an adverse effect on their well-being, which required proactive support from peers.

Implications: This study demonstrates the need for cisgender colleagues of TNB therapists to be sensitive to the dynamics of transprejudice. Further research is necessary to elucidate the role of internalised transprejudice in shaping TNB therapists' understandings of their person-centred practice. Further research is also required to account for the range of identities and backgrounds in the TNB community.

KEYWORDS

person-centred therapy, person-centred experiential counselling, social justice, thematic analysis, therapeutic relationship, therapist self-care

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1 | INTRODUCTION

Prejudice against transgender and non-binary (TNB) people is evident across English-speaking countries. In the UK, Trans Actual (2021) found that 71%–85% of TNB people had experienced street harassment from strangers, and 99% had experienced transprejudiced abuse on social media. In Australia, 63% of trans people surveyed by Bretherton et al. (2021) had experienced transprejudiced verbal abuse. Meanwhile, trans people in the United States are facing increasing restrictions on their legal rights. In 2022, 'more than 145 anti-transgender bills were introduced across 34 states' (HRC Digital Reports, 2022). Given these statistics, it is highly likely that many therapy clients hold transprejudiced views. Responding to client prejudice is a concern for all therapists, but the issue is of specific concern to TNB therapists and their experience working with transprejudiced clients.

First, how does it feel? Therapists are assumed to be psychologically well-adjusted. However, this does not mean that prejudice is not hurtful. Person-centred theory does not equate psychological adjustment with an absence of unpleasant emotions—in fact, a person's congruence may increase their awareness of such emotions (Rogers, 1951, 1959). Rogers (1965, p. 20) described humans as highly social organisms with a 'fundamental craving' for relationship. Furthermore, Hope (2019) posits that prejudice is harmful because it undermines one's social connections. Emotional hurt is therefore a reasonable reaction to transprejudice, just as grief is a reasonable reaction to loss, loneliness to isolation, and so on.

There is a dearth of literature exploring TNB therapists' experiences of clients' transprejudice. Shipman and Martin (2017) and Kahn (2021) reflect on their lived experience as trans therapists, which provides some first-hand insight. The former briefly describe being misgendered by clients, which causes feelings of unacknowledgement, and a destabilising effect on their identity. Similarly, Kahn (2021, p. 410) recounts being 'exposed to some of the deepest and darkest pits of transphobia' in their work with parents of transgender youth. Both studies reported perceiving their clients' transprejudice in terms of unintentional prejudice, in turn allowing them to maintain therapeutic feelings. Studies on TNB therapists' experiences have also focussed on navigating the workplace, supervision, self-disclosure and boundaries when working within the TNB community (Blumer & Barbachano, 2008; Elad, 2022; Lurie, 2014). Although these issues doubtless have a mediating effect on TNB therapists' experiences of clients' transprejudice, this is not the primary focus of the studies.

Related literature has explored the experiences of therapists holding other marginalised identities. Porter et al. (2014) report gay male therapists' hurt at clients' homophobia. Ali et al. (2005) and Dhillon-Stevens (2011) also report that therapists of colour struggle to navigate therapeutic relationships when clients express racism. The wider literature therefore suggests that therapists with other marginalised identities can experience counter-therapeutic feelings towards prejudiced clients. However, conclusions about TNB experiences should not be drawn uncritically from accounts of other forms of prejudice.

Implications for practice and policy

- In general, participants felt that clients' transprejudice did not pose a major barrier to their ability to experience person-centred attitudes in therapy. This finding may be significant to prospective or newly practising TNB therapists who are concerned about encountering transprejudice from clients. For cisgender therapists, it should also demonstrate the skill and commitment of their TNB peers.
- Participants nonetheless reported that transprejudice has a negative impact on their well-being, requiring additional self-care outside work. This finding implies that TNB therapists ought to be supported to promote their well-being. It is therefore recommended that workplaces, supervisors and colleagues adopt proactive and affirming attitude towards TNB therapists, to ensure the best outcomes for them and their clients.
- The need for a supportive professional community entails a need for a supportive policy framework, to provide TNB therapists greater security against transprejudiced discrimination from clients and colleagues alike. The subtleties of such discrimination described in this study imply that policy should be thorough and requires more nuanced understanding from its executors.
- This study is small in scale and is intended to begin further discussion. Most importantly, further research is required to account for the diversity of identities and backgrounds in the TNB community. The study also invites further research into the role of internalised transprejudice in shaping TNB therapists and understandings of person-centred theory and practice.

It is the goal of the therapist in person-centred therapy to experience unconditional positive regard for and empathic understanding of the client, while being genuinely themselves. The challenge for a therapist is in navigating the situation when the therapist feels hurt, anger or even fear at the client's prejudice. Rogers (1965) stated that he believed therapist congruence (being integrated and genuine in the therapeutic encounter) was the most fundamental of the three therapist conditions. He states that the therapist's unconditional positive regard for the client must be *real* and, in turn, is a prerequisite for entering empathically into the client's frame of reference and remaining sensitive to their moment-to-moment experiencing. However, the extent the therapist is transparent about their own feelings, from within their own frame of reference, is the subject of long-standing debate among person-centred practitioners and scholars. Rogers' later writings state that therapists' 'realness' is key to successful therapy (Rogers, Sanford, 1984, p. 1381, cited in Kahn, 2012), while Bozarth (1999) and Brodley (1999) argue for a highly cautious

approach, prioritising the client's autonomy and the therapeutic relationship over the therapist's transparency.

For this reason, all person-centred therapists face a high degree of nuance in decisions about disclosing personal feelings to client. However, it has not been explored whether TNB therapists face additional complexity in being a witness to, or target of, transprejudice. TNB therapists must balance their 'role power' (Proctor, 2002, p. 9) while also experiencing some level of hurt—and perhaps even physical danger—due to the continuing prevalence of transprejudiced hate crime (Human Rights Campaign Foundation, 2023; Kelly, 2023; Stop Hate UK, 2021). One would expect this type of situation to impact the therapist's capacity for experiencing the necessary therapeutic attitudes.

This research study aimed to explore the following question: What it is like for TNB therapists to be exposed to transprejudice in their client work, and how do they maintain the person-centred therapeutic attitudes of empathy, congruence and unconditional positive regard? The question was initially intended to reveal whether transprejudice poses a serious dilemma for the TNB person-centred therapist, which person-centred theory must account for. However, other aspects of this question became apparent in the course of the data analysis, which have implications for the wider context of person-centred practice, namely, how TNB therapists' general well-being is affected by exposure to transprejudice, and the role of the workplace and cisgender colleagues in mediating the experience of transprejudice.

2 | METHOD

All decisions regarding research design were shaped by a social justice focus. Tagonist (2009) warns that research can become another form of exploitation for TNB people when their participation is not met with any measurable benefit to the community. Therefore, the social justice principles of 'equity, access, participation, and harmony' have been considered at every stage of the project (Crether et al., 2008, cited in Lyons et al., 2013, p. 12). 'Equity' refers to the fairness with which the research topic is chosen, the data are handled and the findings are disseminated. 'Access' refers to the sharing of knowledge and power with stakeholders. 'Participation' refers to stakeholders' ability to contribute to the direction of research. 'Harmony' refers to the prioritisation of the self-identified needs of the community over the researcher's own interests.

Qualitative methodology is most suited to answering the research question, in line with social justice principles, because it aims to 'draw out the salient features of an experience rather than measure it' (Sanders & Wilkins, 2010, p. 117). It can therefore elucidate subtler, perhaps unexpected dynamics of prejudice, and deepen understanding. Moreover, qualitative methodology allows participants to directly shape the production of knowledge, thereby challenging pathologising or disempowering narratives (Lyons et al., 2013; Tebbe & Budge, 2016).

A reflexive thematic analysis was performed, following the model of Braun and Clarke (2018, 2019, 2020a, 2020b). The primary researcher reflected repeatedly on the data and their own subjectivity, to form a story about how participants' make sense of their experience. The 'theoretically flexible' method of thematic analysis (Braun & Clarke, 2018, p. 109) was informed foremost by phenomenology, to bring the analysis into the most 'direct contact' with participants' experiencing (Van Manen, 1990, p. 9). A hermeneutical approach was also employed, accounting for the collectively constructed, 'taken-for-granted understandings', which underpin a participant's sense-making (McLeod, 2001, p. 59). A combination of these approaches serves to honour participants' experiences', while acknowledging, demystifying and de-reifying the wider narratives at play.

2.1 | Sampling

Participants were sought who fulfilled three criteria: identifying as TNB, practising as a person-centred therapist and having encountered transprejudice from at least one client. Regarding participants' person-centredness, it was decided that self-identification should be sufficient, given the many forms of person-centred practice. A general definition was provided in recruitment materials, stipulating that participants 'strive to provide Rogers' therapeutic conditions of congruence, empathy and unconditional positive regard'. Further exclusion criteria were initially considered to represent the variety of identities and backgrounds evident within the TNB community. However, after receiving a small number of viable responses, further exclusions were deemed too limiting.

Adverts were posted on social media, after which 13 therapists expressed interest via email. One was excluded by a lack of experiences of transprejudice; four did not respond to follow-up emails; and three later dropped out due to scheduling issues. This left a sample of five TNB person-centred therapists. Participants were asked to disclose their gender identity and any other relevant aspects of their identities they felt intersected with their experience of gender and being gendered. Participants were also asked to describe their training and current practice as person-centred therapists. Table 1 shows a breakdown of the different characteristics represented in the sample.

2.2 | Data generation

Data were collected via non-directive interviews, conducted through video calls lasting 45–60 min. Participants were asked to recall how they had experienced and responded to transprejudice from their clients, after which minimal prompts were offered. This method was chosen to maximise the richness of data (Rogers, 1945). It was also the most ethical approach, giving participants control over the process, and minimising research fatigue (Ashley, 2021).

TABLE 1 Sample breakdown.

Therapist characteristic		Frequency
Racial identity	White	5
Gender identity	Non-binary	2
	Non-binary and man/transmasculine	3
Neurodivergence and disability	Neurodivergent	3
	Hard of hearing	1
	None disclosed	1
Country of practice	UK	2
	USA	2
	Australia	1
Therapeutic approach	Person-centred only	2
	Person-centred and integrative ^a	3

^aThe three participants who reported integrative practice stated that this included trauma-informed therapy, Jungian therapy, cognitive behavioural therapy, dialectical behavioural therapy, somatic experiencing therapy, attachment theory and system theory.

In accordance with the principles of access and participation described previously, interviews were transcribed and sent to participants for checking. The video recordings were then deleted to avoid confidentiality breaches.

2.3 | Ethics considerations

Research was conducted in line with the ethics guidelines of the University of Nottingham and the British Association for Counselling and Psychotherapy (BACP, 2018; University of Nottingham, 2023). Ethics approval was granted through the research ethics process within the School of Education prior to commencing.

In addition to the basic requirements of 'confidentiality and anonymity with secure data storage' (Bond, 2015, p. 112), the potential vulnerability of TNB participants, and their clients, was also considered. Although word of mouth was encouraged during recruitment, social media adverts asked prospective participants not to interact with them publicly, to maintain anonymity (Bush & Blackwell, 2022). To further the principles of equity and harmony, participants were invited to choose their own pseudonyms, ensuring that they would be comfortable with how they were represented in the writing (Lahman et al., 2022; Vincent, 2018). Interviews began and concluded with invitations for the participants to share how they were feeling, and country-specific signposting information was prepared in case participants' well-being had been severely affected. These provisions were made in line with the recommendations of Adams et al. (2017).

2.4 | Data analysis

Analysis was performed in stages, in line with the recommendations of Braun and Clarke (2006), as listed below:

1. Familiarisation with the data: After verbatim transcription, summaries were produced of each interview's content, including significant data extracts.
2. Generating initial codes: Keywords and data extracts in the interview summaries were colour-coded to highlight similarities in content across the data set.
3. Searching for themes: Similarities in content were examined with reference to data extracts, to establish underlying patterns in the experiences of participants.
4. Reviewing themes: Initial themes were viewed in the context of the whole data set. A deeper immersion, or 'dwelling' in the participants' language (Ho et al., 2017), was sought. At this point, the primary researcher's own subjective position was also reflected upon as a factor in assigning meaning and importance to different themes.
5. Defining and naming themes: The key aspects of the analysis were decided and laid out in a map of the findings.
6. Writing a report: The most evocative data extracts were selected. Several drafts were written in which the themes underwent final revisions.

The first four stages of the analysis were performed by the primary researcher, since the study was performed for their dissertation project. Due to the qualitative and experiential nature of the analysis, it was also felt that the primary researcher's own lived experience of transprejudice was a helpful tool in guiding the interpretation of the data. The latter two stages of analysis were supported by the second author, in clarifying the language used and ensuring coherence and rigour in the report.

2.5 | Researcher identity

The primary researcher completed this study as part of their master's degree. They identify as White, queer, non-binary and abled. They

were responsible for designing the study, recruiting and interviewing the participants and led the analysis of data and report writing. The second author acted as the supervisor for the study. He identifies as a White, cisgender, heterosexual man. He was responsible for and contributed to designing the study, supporting with data analysis, theoretical and critical analysis of findings and report writing.

3 | FINDINGS

The results of the analysis are presented in two main sections. The first is concerned with the predominant ways that transprejudice was enacted, according to the therapists. The second section is concerned with the therapists' internal experiences during and after encounters with transprejudice. Figure 1 provides a map for the findings.

Quotations have been edited for clarity and conciseness. '[...]' denotes that irrelevant material has been removed, whereas '...' denotes a pause taken by the participant.

3.1 | How transprejudice was enacted

3.1.1 | Transprejudice was not as frequent or intense as expected

Three of the five therapists emphasised that they did not encounter a high intensity of transprejudice in their client work. For example, Kit (he/they) reported as follows:

I've never had anything, um, sort of directed at me,

I've never had the experience of someone, I don't think, saying it in order to like, provoke me or whatever.

Therapists generally shared a sense that clients who explicitly expressed transprejudice were few and were not hostile to them personally. Several therapists worked primarily with LGBTQ+ clients, which seems to have reduced the amount of transprejudice they experienced, although TNB clients were also reported to express transprejudice. Furthermore, private practice allowed therapists to centre their TNB identity in their professional profile, in turn letting clients make informed choices in line with their views. Levi (they/them) commented as follows:

Now that I am in private practice, and I mean it's obvious that I work – and am queer. So like, I think it filters out some of those people.

In addition, Oberon (they/it) felt that their power as the therapist had a larger effect on clients' attitudes than their TNB identity. They saw clients as primarily concerned with accessing support from an 'expert'. Any transprejudiced views were therefore withheld for fear of that support being withdrawn. Oberon said as follows:

Even just being a therapist, I think there's a level of formality [...] There's this traditional old-fashioned view of the therapist in some kind of like Freudian psychoanalytic sense where it's like "Expert" and [...] there's lots of nuanced power dynamics going on and certainly therapists have - hold a lot of power in that relationship.

3.1.2 | Transprejudice is enacted in an absent or inaccurate perception of the therapist

Where transprejudice did occur, it was most commonly experienced by therapists as an absent or inaccurate acknowledgement of their TNB identity. When clients bring cisnormative and binary ways of

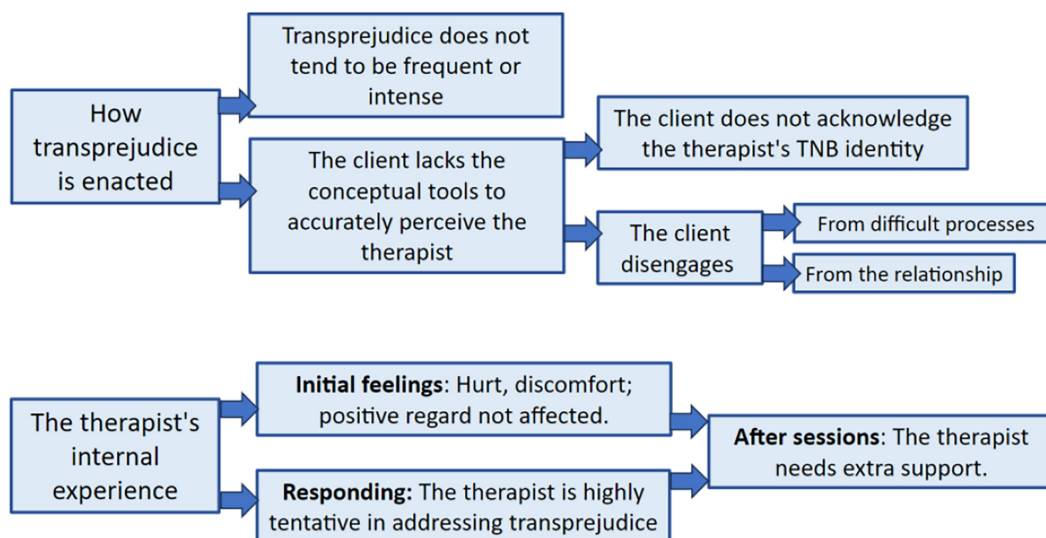


FIGURE 1 Map of findings.

understanding into the relationship, the person of the therapist is necessarily warped in the client's perception. They may lack the conceptual tools to perceive the therapist as trans, or as non-binary, resulting in misgendering. The therapist therefore does not feel received by the client as the self that they have offered. Whereas all therapists can expect to experience distortion in clients' perceptions, cisgender therapists can usually count on the basic fact of their gender being consistently, accurately acknowledged.

Misgendering was reported across all cases despite all therapists making their pronouns available to clients—verbally, on email signatures, on name badges and so on. Therapists experienced most instances of misgendering being due to clients' obliviousness, rather than intentional disrespect. For example, Rowan (they/them) reported that:

Most of what I get is just - they don't know, don't notice, and I don't point it out. [...] And I'm pretty OK with that. I usually present pretty femme at work.

Similarly, Levi observed as follows:

Sometimes the parents, [...] they're not aware enough to notice flags or whatnot.

Both Rowan and Levi perceived clients as lacking the basic awareness that might sensitise them to symbols of TNB identity, such as flags or pronoun badges. It is as though clients required an explicit and overwhelming body of evidence to perceive their therapist as trans, resulting in many subtle communications being missed. Meanwhile, the therapist may be highly sensitive to signs that the client is not convinced of their transness. For example, Oberon said as follows:

I think in the past a lot of clients, even if they technically knew that I identified as trans, in their minds, they didn't think of me as trans.

Oberon's confidence in this belief stemmed from a wealth of lived experience receiving various levels of validation from peers. Over time, they have become skilled at reading the gendered dynamics in relationships. Meanwhile, their clients seemed to dwell in a cisnormative, binary framework, which had no room (or no adaptive use) for such nuanced sensitivity. What is a vivid, experiential reality for the TNB therapist is therefore felt to be diminished in the client's understanding to a misguided fiction, or an unimportant afterthought.

3.1.3 | Transprejudice is enacted in the client's disengagement

When therapists reported intentional expressions of transprejudice, it was often seen as a deflection from difficult processes. Unlike in

cases of oblivious clients, these clients seemed to perceive their therapist as trans. But relying on transprejudiced tropes to make sense of trans identity, their perception became a caricature, obscuring any other aspects of the therapists as individuals. Distance thus increased between the client and therapist, allowing the former to disengage from difficult processes. Oberon described a case in which the client expressed complex grievances solely in terms of their transness:

There's this like narrowing that can happen. It's like zooming in on this one area about someone's identity that is less understood or more niche or marginalized or whatever, that maybe, that's an easy target to kind of go to.

Oberon's sense of its transness being an 'easy target' suggests that it felt that the client relied on readily available tropes as an outlet for more tangled and painful feelings. Storm (he/they) similarly described a client's disproportionate focus on his transness:

It was like... partly like I was a curiosity to him. Partly it was a bit of a deflection.

The client's perception of transness as a novelty meant that anything else offered by Storm was received as abstract learnings about TNB people, rather than personal insights that might strengthen the relationship in the here-and-now. As in Oberon's case, Storm recognised this focus as a 'deflection', an attempt to distract away from the client's own vulnerability. In both cases, there is a sense of wilful misunderstanding. The therapists saw that their clients were not ready to engage authentically with them due to the vulnerability it would entail.

Clients who seemed to have genuine, deeply held transprejudiced beliefs tended to disengage entirely from the therapy relationship. Therapists reported that they usually did so without giving a reason. Clients thereby not only avoided accountability but also left the process unresolved for themselves and the therapist. Without alternative explanations, therapists had a strong sense that transprejudice was at play. This assumption was experienced as knowledge despite being unverifiable. For example, Levi reported as follows:

Sometimes [...] they disappear and never come back. And I'm like, "OK. I know what happened here."

Again, the therapist's wealth of lived experience rendered them experts in recognising prejudice, even in its subtlest forms. Oberon also reported as follows:

I'd sometimes get emails and then have to say, "Oh actually, like, this is my name now," [...] and then wait for a response and see, well, how does this person take that? And will they say "Oh, cool, thanks for letting

me know." Or will they go completely silent and not respond anymore?

Oberon's offering of their authentic self-served as an implicit invitation for the client to reveal themselves in turn. By declining to do so, the client—intentionally or not—conveyed an unwillingness to engage with the therapist as a fellow person.

3.2 | The therapist's internal experience

3.2.1 | Transprejudice is the object of hurt and discomfort—Not the client

As already discussed, participants were well-versed in the dynamics of transprejudice, having a wealth of lived experience. Consequently, the expressions of transprejudice were experienced as being laden with meaning. Storm said as follows:

One of those trauma responses feels like the apt way of discussing it. [...] When you've introduced yourself with your pronouns, there is something in someone then not using it that feels heavier than a slip of the tongue.

The 'heaviness' of transprejudice suggests that microaggressions carry the cumulative weight of all previous incidents. It communicates not only the ignorance of the speaker but also the ignorance in society, which the TNB person navigates every day. When the therapist is still processing trauma related to transprejudice, further incidents bring back those feelings. Kit echoed this sense that their initial reaction to transprejudice was informed by previous experiences:

In that moment, I maybe have a bit of a response of, like, "Ooh, that feels jarring." Um, and actually, maybe that jarring-ness comes from those things being said by people [...] who do come from a very different place than where my client is at.

Kit felt uncomfortable when encountering transprejudice in sessions, but he saw this response as having been learned in a different context, in which transprejudice was intended to be hurtful. In such contexts, responses reported by therapists seem to have served an adaptive purpose. Becoming more alert, more accommodating or avoidant was recognised as necessary to therapists' comfort and safety. However, in therapy sessions, therapists tended not to see such reactions as helpful. Levi described transprejudice as 'hurtful' and 'hard to hear' but also reported:

We don't want to like, attack or like completely invalidate because they - they got those opinions from somewhere.

For Levi, it did not feel appropriate to hold clients accountable for internalising predominant narratives about gender. Therapists tended to share a sense that clients were doing their best to make sense of a bewildering and polarising socio-political landscape and that they were harmed by transprejudice as well. This was especially the case for TNB clients expressing transprejudice. Rowan said as follows:

I'm actually, like, pretty OK digging into that like, fear and discomfort. And like, I get where a lot of that comes from.

Clients' transprejudice was seen to stem from vulnerability, which was recognised as a valid response to fearmongering in politics and the media. Therapists' negative feelings were therefore directed at transprejudice as a societal norm, rather than at the individual client. These feelings did not substantially affect the positive regard they felt for their clients.

3.2.2 | The therapist prioritised the client's process and the relationship

Therapists' responses to transprejudice depended on how it was brought by the client. However, the prevailing sense was that the client's process, and the therapeutic relationship, should take priority. Therapists reported a more straightforward process when clients brought transprejudice as their own topic of conversation. In such cases, therapists tended to note their own negative feelings, as described above, and then adopt an explorative attitude towards the client's prejudice. Oberon said that when a client brings transprejudice into the session:

It's kind of like, because I have that, um, you know unconditional positive regard of my client, I kind of just hold that as "OK, like there's something about this that they wanna share and how interesting that they're sharing it with me, a trans therapist."

Oberon felt that their understanding of transprejudice, despite serving them well in other contexts, might close them off to the specificity of the client's experience. They therefore expressed positive regard by holding space for the client to process.

When clients made offhanded remarks, though, therapists reported more uncertainty in responding. While navigating their own negative feelings, therapists had to consider whether addressing the transprejudice would jeopardise other aspects of the therapeutic process. Rowan observed as follows:

If someone brings it up directly, you know, it's easier for me to politely disagree with things, but when it's sort of an in-passing comment, it's always trickier, because then there's the question of, like, OK, do I derail what we were working on to address that?

Rowan's comment shows a reluctance to deviate from the client's chosen material. This was despite a feeling that opportunities should not be missed for making their own views clear. Therapists across cases shared Rowan's cautious approach, more often choosing to hold space for the client than to address transprejudice.

In Rowan's case, it seems that their tentativeness stemmed from an awareness of their own power to direct therapy. The perceived risk of 'derailing' the client's process was therefore greater. Several therapists also recognised that bringing their own view had limited effectiveness when the client was not ready to receive challenging information. Storm reflected that they were able to bring themselves more fully over time, as the relationship became stronger:

I think because we were near the end [...] and the relationship had grown, maybe because of denying myself earlier in the relationship, he was kind of able to receive seeing that someone else is receiving what he's doing, like, not so great, and that maybe he's causing hurt.

Until the client could trust in Storm's valuing of him, he could not accurately perceive the hurtfulness of his comments. Storm was therefore required to put himself aside for a large portion of therapy.

Several therapists also noted that they might be received as 'biased' when addressing transprejudice, whereas addressing other forms of prejudice from a privileged position felt easier for them. Moreover, the therapists were aware of how popular discourse sometimes portrays TNB people as intolerant when they try to address transprejudice. Oberon described as follows:

Kind of this, kind of reversal of the common narrative, like using, I guess like using the... the messages that [...] I guess trans people in general put out there by saying, "Hey, we don't want transphobia because that sucks" - kind of reverse it in the same way, you know, that there's white people who accuse people of colour of being racist towards them or something.

Again, the therapist is aware that the client has internalised transprejudiced narratives, which prevent them from accurately receiving the therapist's realness. An attempt to address transprejudice is judged to be too challenging for the client and therefore unhelpful to their process and the relationship.

3.2.3 | The therapist needs space and support to maintain their well-being

A picture has so far emerged of therapists shelving their feelings about transprejudice in service of the client's process. However, the hurt and discomfort, though not directed at the client, did not

automatically dissipate. Rather, therapists described a cumulative effect, which had to be balanced outside sessions. Without balance, there was a sense that client work would become unsustainable. Kit described how sitting with transprejudice took a 'toll' on him:

In me standing up to those things in the outside world when people say stuff, it's like I haven't just let it go. I haven't just let things like, just taken things lying down. [...] But then in the therapy session, when I choose not to, [...] there's something I have to attend to in myself afterwards.

For Kit, immersing themselves in a transprejudiced frame of reference was experienced as not only an active choice but also a disempowering 'lying down'. Kit was then left with a need for acknowledgement and care from himself.

The negative impact on therapists' well-being could be compounded by a lack of support from employers and professional peers. Three therapists had had clients complain about their expressions of TNB identity, and their experience was profoundly affected by their colleagues' attitudes. Storm, who had not experienced complaints, was nonetheless concerned about how the situation would be handled by their organisation.

Are you going to be [...] seen as just kind of being too kind of like a dog with a bone about your transness? [...] That's kind of this feeling in your head of what might be, what you come up against if someone complains about it.

Storm's feeling of 'coming up against' transprejudiced tropes suggests a lack of space for his transness. He felt that he had to restrict his own self-expression to be perceived as reasonable by his peers. In contrast, good support from professional peers was identified as helpful when therapists were processing experiences of transprejudice. Levi explained as follows:

I could go to my supervisor. I could say like, "I don't know what I need, I just need to say this." And she would just listen and validate and be like, "That's really hard." [...] And like, it was OK. Like, that's all I need.

It was important for Levi to have someone to share experiences with, who understood the dynamics of prejudice at play. The supervision space met their need to be received, which had been denied in their client work. There is a sense of the scales being tipped, a deficit being filled or a breath being taken, which prevents the toll of transprejudice becoming too much. Levi also shared that they found peer support to be vital:

It's not case consultation, it's not supervision. [...] It's more of a space just to talk and be like "This, this client

said this," or like, "I've experienced this at my workplace." And we can just, we can chat and hang out. And like, that's been a lifesaver.

Having space to process experiences, without expectation or judgement, was felt to be highly restorative. Otherwise, therapists tended to feel isolated and overburdened, which affected their ability to be present with their clients.

4 | DISCUSSION

This project aimed to elucidate TNB therapists' experiences of providing person-centred therapeutic conditions while exposed to clients' transprejudice. The findings suggest that participants did not feel that they had experienced intense transprejudice from clients. Clients who were overt in their transprejudice were perceived as either unintentionally ignorant or deflecting from a deeper process. Meanwhile, clients with genuine transprejudiced convictions seemed to remove themselves from the therapeutic relationship. The therapists' nuanced perceptions seem to have informed their reactions to transprejudice. Although undoubtedly unpleasant to experience, it did not have a substantial effect on therapists' positive regard for their clients. They maintained a preference for giving primary regard to the client's process, at least in the early stages of the therapeutic relationship. However, the therapists also noted a need for a supportive work environment and supervision, as well as contact with the TNB community.

The findings corroborated Kahn (2021) and Shipman and Martin (2017) in that transprejudice was described as unpleasant but was not detrimental to the therapists' experiencing of the therapeutic conditions. Kahn (2021, p. 410) says that knowing their clients' prejudice was coming from ignorance rather than hostility allowed them to sit with 'the deepest and darkest pits of transphobia'. Similarly, the therapists in this study did not see clients as individually responsible for their transprejudiced views, since they are so prevalent across society. This is evident in Levi's comment that the client 'got those opinions from somewhere'. Furthermore, clients who overtly expressed transprejudice in sessions were not perceived as genuinely hostile, but working through pain, betrayal, vulnerability and so on. Consequently, therapists did not see a need to admonish or educate clients as much as to facilitate processing these feelings.

Shipman and Martin (2017) describe how misgendering had a greater negative effect when the therapist was not secure in their own identity. Similarly, the findings suggested that ongoing processes within therapists affected their feelings towards clients' transprejudice. Storm stated that previous incidences of trauma made microaggressions far more impactful. The client's transprejudice caused a defensive reaction in Storm, which made it difficult to remain therapeutically present. However, Shipman and Martin, like the therapists in this study, demonstrated awareness of their defensive reactions, and an ability to restore their

presence. Shipman and Martin (2017, p. 95) report that remaining open to their own inner process 'allowed me to be reflective, kind, and patient, as my clients adjusted to my transition'. Likewise, the therapists in this study remained aware that their feelings did not entirely belong in the here-and-now. They could then separate their feelings about transprejudice from their feelings about the client. Maintaining unconditional positive regard in turn provided a bridge back into the client's frame of reference. For example, Oberon saw its curiosity about the client's individual meaning-making as a direct result of its unconditional positive regard for them.

The need for therapists to hold their own process, while remaining present for the client, is discussed at length in person-centred theory. Rogers (1957, 1959) stresses the importance of the therapist being aware of and accepting of their own experience, while striving to maintain unconditional positive regard and empathy. Vanaerschot (1990, p. 283) describes a 'tension' in therapy—'between knowing and not-knowing, between holding and letting go'. However, therapists with marginalised identities may find this tension especially difficult when facing prejudice from clients (Dhillon-Stevens, 2011). A TNB therapist's knowledge may have been hard-learned from a lifetime of exposure to prejudice. Letting go of such knowledge to maintain openness demonstrates a high level of commitment and skill.

It is surprising that participants did not seem to experience significant non-therapeutic feelings towards their clients. Ali et al. (2005, p. 127) report therapists of colour feeling 'angry', 'scared' and 'repulsed' due to clients' racism, while Porter et al. (2014, p. 174) describe a gay therapist withdrawing from a client 'almost in a punishing way'. Furthermore, in person-centred literature, non-therapeutic feelings are taken to be inevitable in client work, though there is extensive debate about how transparent one should be with them.

The low intensity of transprejudice reported by the therapists may mean that incidents did not meet a threshold to cause non-therapeutic feelings. The power inherent in the role of the therapist was felt to protect therapists from transprejudice, as was the freedom offered by private practice. Meanwhile, a wealth of experience with transprejudice may mean that therapists were desensitised to such situations.

Alternatively, the study's design could explain the absence of intense non-therapeutic feelings from the data. Due to time constraints, the sample size was capped at six from the outset and eventually limited to five. It is therefore possible that the sample, being small and relatively homogenous, did not capture the full range of experiences among the TNB community. The experiences reported may be typical for White, TNB therapists, due to their specific configuration of marginalisation and privilege. However, further research is needed to establish whether these experiences are representative of the wider TNB community.

Another explanation worth considering—tentatively, at the risk of second-guessing participants' accounts—is that internalised transprejudice prevented participants from disclosing non-therapeutic feelings. For example, Storm worried that they would

be seen as 'too much like a dog with a bone' about their TNB identity in the workplace. Storm felt that, by showing their real feelings about being misgendered, they would be perceived as irrational and unreasonable. This speaks to pervasive tropes, which accuse TNB people of being attention-seeking, or of unfairly villainising cisgender people. Just as Storm felt they had to limit their outward expression of TNB identity to protect himself in the workplace, it might be that participants chose not to emphasise their negative reactions to transprejudice in this research. Due to the sparsity of the literature on TNB therapists, participants may have felt pressure to represent the community in an uncontroversially positive light.

Internalised transprejudice, as well as affecting therapists' willingness to disclose non-therapeutic feelings during research, may have shaped decisions about addressing transprejudice in sessions. Person-centred therapists all have their own sense of how directive they can be. Likewise, participants disclosed different levels of willingness to address clients' transprejudice in sessions. However, all were tentative in their approach. While the power of the therapist and the stage of the relationship were both considered, the therapists were also aware that their TNB status may adversely affect how the client perceived their directivity in relation to transprejudice. The therapists felt vulnerable to accusations of bias or intolerance. Again, a dilemma that all person-centred therapists face is made more complex for TNB therapists in the presence of transprejudice.

Person-centred literature is clear that having non-therapeutic feelings does not render one a 'bad therapist'. Equally, the literature contains many reasons as to why a therapist may become directive. However, transprejudiced tropes may have subtly changed what it means to be a good *trans* therapist. There is plenty of precedent for a TNB therapist to find a client boring (Rogers, 1961) and even to tell the client so (Rogers, Sanford, 1984, cited in Kahn, 2012). But to admit to feeling repulsion or fear at a client's transprejudice, let alone to the client, may feel too radical. Certainly, more research is needed to establish whether this is the case. But if it is, the person-centred community must work harder to examine how transprejudice implicitly shapes understandings of theory and practice.

Another surprising finding is that therapists tended to feel empowered relative to their clients, despite holding marginalised identities. Kit described sitting with transprejudice as 'taking things lying down'. However, he also recognised that his immersion in queer and trans communities had given him language and concepts that helped him constructively navigate transprejudice. He saw this as a privilege that clients did not have. Oberon similarly felt that their 'expert' status in the perception of the client took precedent over any negative feelings related to their TNB identity. The findings therefore present a more complex picture than initially expected.

While therapists did not tend to report feeling disempowered by their client, it did emerge that their wider context, workplace and professional peers could have this effect. Whether therapists felt safe in their community, or secure in their jobs, affected their ways of being with clients. Levi emphasised that the hostility of their workplace had a much greater effect on their well-being than any prejudice expressed by clients, and eventually made their work

unsustainable. The findings therefore flesh out the picture provided by Lurie (2014) and Elad (2022), who highlight the detrimental effect of a lack of support in supervision and the workplace.

4.1 | Implications for practice

This study was designed with two audiences in mind: TNB therapists and their cisgender colleagues. Hopefully, TNB readers feel validated reading the experiences of their peers. Otherwise, this study has aimed to start a conversation, to which more TNB voices shall be added.

For cisgender colleagues, it should be clear that transprejudice tends to take nuanced forms in client work. Clients themselves are often unaware of the effect they are having. Or, prejudice is enacted in such a way as to avoid accountability and resolution. Conversely, the findings show that TNB therapists are highly sensitive to the playing-out of transprejudiced dynamics. The burden then falls upon them to explain why their well-being has been affected. The impact of clients' transprejudice is compounded when cisgender colleagues also misperceive the therapist; for example, because they think that TNB people are irrational or unreasonable. Cisgender colleagues should therefore be more proactive in talking about transprejudice, and believing TNB therapists when they identify it. Otherwise, they risk perpetuating harmful patterns of non-acknowledgement and non-engagement.

Beyond the implications for individuals, the need for a supportive professional community entails a need for a supportive policy framework, to provide TNB therapists greater security against transprejudiced discrimination from clients and colleagues alike. Professional bodies and employers should take a proactive approach in listening to and advocating for their TNB members. Doing so is likely to promote TNB therapists' well-being and, in turn, provide a benefit to their clients.

4.2 | Strengths, limitations and future research

This study was shaped by a social justice focus, aiming to uphold the principles of 'equity, access, participation, and harmony' (Crether et al., 2008, cited in Lyons et al., 2013, p. 12). Due to scale and scope, potential for collaboration with TNB peers was limited. However, 'participation' and 'equity' were served by inviting participants to give feedback on both the process and the results of the research. A reflexive approach has allowed the findings to get closer to participants' experiences and has revealed 'unexpected dynamics of oppression and resilience' (Levitt et al., 2021, p. 364). To uphold 'access', participants were given detailed information during recruitment and updates after interviews. The primary researcher's TNB identity and experience of transprejudice suggests that the project's aims are in 'harmony' with the needs of the community. There has also been a positive reaction from community members, and participants asked that the research be widely disseminated.

The limited diversity of the sample suggests problems with 'participation' regarding therapists of colour, and those identifying as women. It may be that people with these identities were uninterested in participating due to research fatigue, which 'disproportionately burdens more marginalized subgroups' (Ashley, 2021, p. 273). Additional layers of oppression may create barriers that limit their free time or their ability to enter the therapy profession in the first place. Perhaps, with more time, better connections could have been fostered within the community, leading to a more diverse sample. Doubtless, more research is needed to adequately account for the 'complexity and heterogeneity of trans experiences' (Vincent, 2018, p. 109). However, the small scale of this study means that a narrower focus on White TNB experiences has increased the integrity of the findings.

5 | CONCLUSION

This project has provided insights into White TNB person-centred therapists' experiences of, and responses to, transprejudice. The results were surprising in that therapists did not report significant difficulty in maintaining UPR towards transprejudiced clients, nor did they feel disempowered within therapeutic relationships. Nonetheless, the findings should not be interpreted to mean that transprejudice does not have an adverse effect on TNB therapists. Rather, participants stressed the importance of proactive support from cisgender employers, colleagues and supervisors, as well as LGBTQ+ peers. However, the generalisability of the findings to the wider TNB community is unknown. As a small-scale qualitative study, the authors hope that this project invites additional research to provide a fuller intersectional account.

FUNDING INFORMATION

This is an unfunded study, undertaken as part of the primary researcher's master's degree at the University of Nottingham.

CONFLICT OF INTEREST STATEMENT

None declared.

DATA AVAILABILITY STATEMENT

The data associated with this study are held by the University of Nottingham.

ETHICS STATEMENT

Research was conducted in line with the ethical guidelines of the University of Nottingham and the British Association for Counselling and Psychotherapy. Ethics approval was granted through the research ethics process within the University of Nottingham's School of Education prior to commencing.

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How to cite this article: Wright, M., & Murphy, D. (2024). Trans and non-binary person-centred therapists' experiences of, and responses to, transprejudice from clients: A reflexive thematic analysis. *Counselling and Psychotherapy Research*, 00, 1–12. <https://doi.org/10.1002/capr.12798>